

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because:

Name of Waitlist Administrator *optional*

Phone of Waitlist Administrator *optional*: - - X

Date Time Received. Application will be stamped to show when it was received:

DO NOT LEAVE A SINGLE QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ)

☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If “Yes” you must provide the full SSN!* ☐ GENDER
☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD's DATE OF BIRTH Male, Female, etc.

- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino
- ☐ RACE: Asian , Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:

☐ Fully Accessible Wheelchair Unit

☐ Blind Accessible Unit

☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)

☐ Deaf Accessible Unit

☐ Domestic Violence Victim
- ☐ First-Floor unit only
- ☐ Unit for Environmental Allergies
- ☐ Personal Care Attendant

- ☐ HoH's CAREER STAGE

☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student
- ☐ ANY VETERANS in HH? ☐ Yes ☐ No

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any

☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER

Head of Household: Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No

Other Members: Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No

Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____
- ☐ HOUSEHOLD SIZE AND COMPOSITION

_____ ← # Adults _____ ← # Children _____ ← Total # in Household

☐ Yes ☐ No

☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?

- ☐ CURRENT HOUSING STATUS

☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status

☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE
- ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE (OR BACKUP MAILING ADDRESS)

Address Line 1

Apt # or "care of" name:

City

State

Zip

- ☐ PREFERRED MAILING ADDRESS

Address Line 1

Apt # or "care of" name:

City

State

Zip

- ☐ # BEDROOMS NEEDED?

☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.

☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.

Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other: _____

PRELIMINARY APPLICATION

Affordable 2 and 3 Bedroom Rental Units at 154-156 Boylston Street, Brookline (no available overnight parking)

ELIGIBILITY CRITERIA AND APPLICATION PROCESS: Please read carefully prior to filling out application.

- 1. Eligible households are families whose total income, including return on investments and other assets, is within the indicated limits, and who require the number of bedrooms for which they are applying.
- 2. Families must be headed by persons over the age of 18 years who are U.S. citizens or permanent resident aliens in order to participate.
- 3. Preference may be given as follows:
 - a.) Current residents of the Town of Brookline;
 - b.) current employees of the Town of Brookline or the Brookline Housing Authority;
 - c.) households with one or more children attending Brookline Public Schools through the METCO Program; and
 - d.) all others.
- 4. All applicants must complete and sign this application as well as for rental voucher holders the Release of Information Form on the back of this preliminary application.
- 5. Persons who fill out and return this Preliminary Application by 5PM on Tuesday, January, 18 2005 to the address below and who appear to qualify based upon the information provided, will be ordered within the priorities identified above for review by the Owner.
- 6. Information provided on this application will be treated as confidential. Incomplete preliminary applications will be disqualified without review.



All preliminary applications must be returned to the following address:
Department of Planning & Community Development
Housing Division
333 Washington Street
Brookline, MA 02445

Name of Head of Household: last first middle initial

Address: street number and name city or town state zip code

Phone: home daytime number where you may be reached – work/cell/other

Are You a U.S. Citizen? yes/no Have Permanent Resident Alien Status? yes/no

Annual Gross Household Income: \$ For ALL household members 18 years of age and older, include gross income from employment, including overtime, bonuses and commissions; pensions; annuities; dividends; interest on assets; social security; social security supplement; alimony and child support; veteran’s benefits; unemployment and disability compensation; welfare assistance; regular gifts; etc.. Exclude from income student financial assistance; foster child/adult payments; reimbursements of medical expenses; earnings over \$480 of full-time student over 18 except for household head and spouse; temporary, non-recurring or sporadic income or gifts.

What are your total family assets? \$ Include, for example, the current value of all checking, savings, CD & investment accounts (including educational accounts), real estate, investment property etc., but exclude personal automobile(s) & other personal property.

Do you or any member of your household currently own your home or any residential property? yes/no

Rental Subsidy: Do you currently have a rental subsidy, like Section 8? yes/no Voucher size: number of bedrooms

From what agency? For example: Brookline Housing Authority, Metropolitan Housing Partnership, Boston Housing Authority, etc..

Please Check any that apply:

- Are you a current resident of the Town of Brookline?
- Are you currently employed by the Town of Brookline or the Brookline Housing Authority?
- Have one or more children attending Brookline Public Schools through the Metropolitan Council for Educational Opportunity (METCO) Program?

Maximum household members for a 2 bedroom unit is 4 persons. Maximum household members for a 3 bedroom unit is 6 persons.

List all permanent members of your household, starting with head, who will live with you at this address:

| name: | first | last | relationship to head of household | age | current status: student, employed, retired, homemaker, etc. |
|-------|-------|------|-----------------------------------|-----|---|
| 1. | | | head | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

Certification: I certify that the above information and attachments are true to the best of my knowledge and understand that my household will be accepted or rejected for review by the Owner on the basis of that information. I understand that, if I am selected, all of the above statements will be verified, and the intentional falsification or misrepresentation of any information will result in the rejection of my household’s application. In addition, inaccurate or missing information may jeopardize my household’s opportunity to qualify for the appropriate unit.

head of household’s signature date

For Office Use Only:

| | | | | | |
|--------------|--------------------------|----------------------|----------------------|--------------|---------------------|
| received on: | preliminary eligibility: | agency confirmation: | notification mailed: | reviewed by: | application number: |
|--------------|--------------------------|----------------------|----------------------|--------------|---------------------|

The Brookline Improvement Coalition, Inc. reserves the right of final review and approval of eligibility for all participating households.

Continued on reverse side – Rental Subsidy Holders be sure to complete BOTH sides of this preliminary application.

Release of Information Form (Rental Subsidy Holders Only)

name and complete mailing address of the agency administering your rental subsidy – PLEASE PRINT CLEARLY

To the attention of: _____
name of your rental subsidy representative representative’s phone number

This is to authorize the release of any and all information gathered by the above named Agency that will document my/our eligibility for my housing subsidy. This information is requested by the Town of Brookline, the Brookline Improvement Coalition, Inc. and its management agent for the affordable housing units located at 154-156 Boylston Street, Brookline, MA.

At this time, kindly send the following information:

a photocopy of HUD Form 50058 and/or other relevant documentation that will verify my/our gross household, adjusted gross household income and household size.

to:

Department of Planning & Community Development
Housing Division
333 Washington Street
Brookline, MA 02445
Fax 617-730-2442

Your prompt response is greatly appreciated.

If you have questions or concerns, do not hesitate to leave us a message at 617-730-2091

Sincerely,

Household Head: _____
signature date

print your full name clearly