

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear _____

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

App Generated: _____

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: **617-536-8561**



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

Boston Redevelopment Authority

Application for BRA Affordable Rental Units

Please make sure you have a copy of the **Certificate of BRA Income Certification**.
A completed copy of this form is required at time of application.

Development Name and address:

Anticipated move in date (Completed by Marketing agent/ Property Manager):

Unit number/income category:

Applicant's Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Employer: _____

Email address: _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone:(_____) Work Phone:(_____) _____

Cell Phone:(_____) Employer: _____

Email address: _____ @ _____

(Please note: the use of the singular "I" or "my" shall include the plural in the case of more than one prospective tenant.)



INCOME: “HOUSEHOLD INCOME” DEFINED

Immediate family members of any developer or “Applicant” (as the contracting party is sometimes referred to) are prohibited from entering any lottery held for any Boston Redevelopment Authority Inclusionary/Affordable housing unit. Immediate family members of any Marketing Agent hired by developers/Applicants are prohibited from entering any lottery for housing units at the project for which the Marketing Agent has been hired. “Immediate family” shall be defined as it is in Massachusetts General Law c.268A, the Conflict of Interest Law. However, this policy may be further expanded to include a broader degree of kinship, and may be refined to encompass a broader range of parties other than a named developer or named applicant.

If no lottery is held because there were not a sufficient number of applications submitted, the same rules apply (i.e., the same rules apply to a “First-Come-First-Served situation”).

Please fill out the chart below with income information for the prospective tenants and all members of the household. Attach supporting documentation in the form of the **two most recent consecutive pay stubs, W-2 statements** and the **two years most recent state and federal income tax returns** (including all attachments and amendments) for each member of the household.

For the purpose of **income determination**, “**Household**” shall mean all persons whose names appear on the lease, and also all persons who intend to occupy the housing unit as their permanent primary residence, even if they are not included on the lease. Legally married couples shall both be considered part of the household, even if separated. Children shall be considered part of the household if they spend more than 50% of the year (183 days, including partial days) in the residence. The incomes of *all* household members will be included, with one exception:

- Income from employment is not counted for household members under the age of 18.

The BRA reserves the right to **request additional** information at any point in the Income Certification process. Income Information can include but is not limited to the source of income and the estimated current annualized gross amounts of income, from any source, both taxable and non-taxable income, such as:

1. Wages, salaries, tips, overtime, bonuses, commissions, fees, credits, sick pay, deferred income, and any other compensation received for personal services;
2. Dividends, interest, annuities, pensions, IRA or other retirement accounts distributions, social security benefits;
3. Income received from: trusts, business activities including partnership income and Schedule K-1 information, corporate distributions, rental or lease income, investments, and any other income or gains from any asset;
4. Alimony, support payments, disability payments, workers and unemployment compensation, public assistance, etc.
5. All assets

Please note:

1. Gross income from current wages, salaries, tips, etc. is the full amount, before any deductions, and is the amount used to determine estimated current annualized income. The BRA does not use income as reported on your W-2 to determine *estimated current annualized income*.
2. Full-time students over the age of 18 are **not** eligible to apply as a tenant **unless** they are a co-applicant with a related, non-full-time student. The BRA’s determination of full-time student status will be final.
3. If you are **substantially** below the income limit, the BRA reserves the right to request additional documentation to determine your ability to lease the unit.

NAME A.	AGE B.	TENANT OR OCCUPANT C.	RELATIONSHIP TO TENANT D.	ESTIMATED CURRENT ANNUALIZED GROSS INCOME E.

Do you currently receive or do you have a Section 8 mobile voucher or certificate? (Agent does not discriminate based on source of income. This question is asked for the sole purpose of determining ability to pay rent.)

☐ Yes

☐ No

If yes please provide copy of current voucher from appropriate Housing Authority

HOUSEHOLD ASSETS:

Please complete the chart below and attach supporting documentation (no more than 60 days old) for all assets held by each household member over the age of 18. Assets include but are not limited to the following: Checking or savings accounts, CDs, money market accounts, Treasury bills, stocks, bonds, securities, trust funds, gifts, pensions, IRAs, Keoghs, other retirement accounts, real estate, rental property, other real estate holdings, all property held as an investment, and safe deposit box contents (include the value). All accounts must include complete statements with all pages and list dividend and interest information if applicable.

Asset Limitation:

- (A) For a household at or below the 80% of the area median income category, the combined total assets of the household cannot exceed \$75,000. For a household above 80% of the area median income category, the combined total assets of the entire household cannot exceed \$100,000. Government-approved college savings accounts and qualified retirement accounts, such as IRAs, Keogh plans, pension plans, and similar that have been established at least six (6) months prior to applying for an affordable unit, are exempt from consideration as part of the household's total assets unless they are being liquidated.
- (B) Applicants applying for affordable rental units can exceed the set forth asset limitations if all of the household members are over 65 years of age. In this instance, a household can have combined assets, **including all retirement funds of \$250,000.**
- (C) **If a household has disposed of an asset for less than the fair market value during the two years preceeding the filing of an application for affordable housing, then the BRA will count the asset as belonging to the applicant and will use its fair market value as part of the asset calculation.**

Please also note that the information provided above only serves to determine for which units an applicant may qualify. **Once a tenant is selected, formal income verification will be done by the developer or its agent in conjunction with the BRA.**

Account Holder's Name	Balance	Type Of Account or Asset	Account Number	Date Account Opened

****Disclosure: If it is determined that all of an applicant's assets were not disclosed at the time of application, an applicant can be denied approval.

****Households that are determined to be ineligible cannot restructure their finances and reapply. There will be a two year waiting period to reapply for an affordable unit in the same income category after an applicant is deemed ineligible for being over the income/asset limit.

****An applicant or household currently residing in an affordable unit who is not in compliance with the covenant for affordable unit requirements or income/asset limit for such affordable unit may not be eligible as an applicant for a different affordable Unit. The Authority reserves the right to deny approval of such applicant or household.

PREFERENCE INFORMATION:

The following are the preferences attached to this project. Lottery participants who qualify for these preferences will be ranked higher than those that do not.

“Handicap Household” shall mean applicant with a disabled household member who is in need of an accessible unit.

Adaptable units are available to persons with mobility, hearing, or vision impairments that substantially limit one or more major life activities. This shall include but not be limited to those who have the inability to walk, difficulty walking, hearing difficulties, lack of coordination, and difficulty interpreting and reacting to sensory data.

Do you or a member of your household need an accessible unit?

- ☐ Yes
☐ No

If yes, you will be required to provide supporting documentation.

“Boston Resident” shall mean any individual whose permanent principal residence, where he or she normally eats, sleeps and maintains his or her normal personal and household effects, is in the City of Boston.

Are you seeking preference as a resident of the City of Boston?

- ☐ Yes
☐ No

If yes, attach proof of residency – copy of two (2) utility bills 1 from each utility company in your name dated within the last 60 days. (1)electric, (1) oil, (1) gas, or (1) telephone.

If utility bills cannot be provided the following documentation must be provided: current signed lease **AND** proof of voter registration from City of Boston Election Department or proof of automobile insurance.

Household Size: Households with at least one person per bedroom occupying the unit have preference over household with fewer than one person per bedroom.

My household size is _____

Bedroom Size Information: For which bedroom size are you applying? Choose one only.

- ☐ Studio
- ☐ 1 bedroom
- ☐ 2 bedroom
- ☐ 3 bedroom

Fill in this section only if this development has artist preference units.

“BRA Certified Artist” shall mean applicant or member of applicant’s household has received a BRA Artist Certificate from the Boston Redevelopment Authority which qualifies candidate for a units set aside for artists.

- ☐ Are you a BRA Certified Artist?
(If so, attach copy of the BRA Artist Certificate.)

OR

- ☐ Is your application for a BRA Artist Certificate currently under BRA review?
(If yes, date Artist Application submitted to BRA: _____)

OR

- ☐ Not a BRA Certified Artist

“Urban Renewal Displacee” shall mean persons displaced from the specific property and/or displaced from the relevant Urban Renewal Plan Area by clearance and redevelopment activities carried out by the BRA.

Required Documentation: Proof of displacement by the BRA from the relevant Urban Renewal Area during the official Urban Renewal Period (displacement notice and proof of residency during the Urban Renewal Period in the form of utility bills, voting record, bank statement, record of birth or any other official documents).

Are you seeking preference as an urban renewal displacee?

- ☐ Yes ☐ No

Before you sign this form, please make sure you have attached the following documents:

- ☐ Copies of the **two** most recent consecutive **pay stubs** for each household members 18 years or older
- ☐ Copies of utility bills (if applicable)
- ☐ Copies of current **supporting documentation** for all **assets** held by each household member over the age of 18 (e.g., bank statements, mutual fund statements, retirement/ 401(k) statements etc.)
- ☐ Copies of **two years** most recent **federal** income tax returns (including all attachments, amendments, W-2 forms, and any income reported on form 1099) for each household member 18 years or older
- ☐ Copies of **two years** most recent **state** income tax returns (including all attachments and amendments) for each household member 18 years or older
- ☐ A year –to-date profit and loss statement for every member of the household 18 years old or older who is self-employed
- ☐ Signed Acknowledgement of BRA Income Certification

Marketing Agents/ Property Manager's Signature:

Marketing Agent's Signature

Date

Please read each item below carefully before you sign.

1. I hereby certify that the information provided in this preliminary application is correct to the best of my knowledge.
2. I understand that this is a preliminary application and the information provided **does not** guarantee housing. Additional information and verifications will be necessary to complete the income certification process, which will take place if the marketing agent offers me a unit that I find acceptable.
3. I understand that any material change in the income or assets of my household that occurs after the submission of this application may make me ineligible for affordable housing.
4. Co-signers and Guarantors **are not** permitted unless they are co-tenants who will reside in the unit.
5. I understand that approval from any source other than the BRA **does not guarantee** BRA income certification approval.
6. I understand that I may submit only one application per household and that submitting duplicate applications will disqualify my household from the lottery.

Applicant's Signature

Date

Applicant's Signature

Date

Race: (OPTIONAL)

Information will be used to determine effectiveness of affirmative outreach and compliance with fair housing programs. Response is **strictly voluntary** and will not affect your application.

- ☐ American Indian/Alaskan Native
- ☐ Black (not of Hispanic origin)
- ☐ White (not of Hispanic origin)

- ☐ Asian or Pacific Islander
- ☐ Hispanic
- ☐ _____

The information provided in this document is intended for **confidential purposes** used only for internal verification and confirmation and is exempt from public disclosure to the fullest extent permitted by law.

Revised 9/1/09

CERTIFICATE

**Acknowledgement of Income Certification
Affordable Rental Units Restricted by the Boston Redevelopment Authority**

I/We understand that the Unit I/we propose to lease at _____ is restricted by the Boston Redevelopment Authority (the "Authority").

I/We further understand that these restrictions include an income-eligibility requirement. I/We shall submit an Affidavit of Eligibility with all necessary back-up information to verify my/our household income, so that the Authority can verify whether my/our household is eligible to lease the Unit.

If the Authority determines that my/our household is eligible, such determination shall be good for 60 days. I/we understand that if more than 60 days elapse between the Authority's determination and my/our occupancy of the Unit, my/our household income will need to be re-certified by the Authority, and I/we must still be income-eligible to lease this unit.

I/we understand that if my/our household income is determined to exceed the income and/or asset limits for this unit at certification or re-certification, I/we will not be eligible to lease this unit.

I/we understand that the Authority's determination of my/our household income is based on information provided by me/us, as verified by the Authority, and that such determination is administrative in nature and therefore **final** when made.

Applicant

Applicant Signature

Date: _____

CERTIFICATE
Acknowledgement of BRA Income Certification

(Please note, the use of the singular “I” or “my” below, shall include the plural in the case of more than one prospective tenant.)

I understand that the Unit I propose to lease at _____ is restricted by the Boston Redevelopment Authority (the “BRA”).

I further understand that these restrictions include an income-eligibility requirement. I shall submit an Affidavit of Eligibility to the BRA with all necessary back-up information to verify my household income, so that the BRA can certify whether my household is eligible to lease the Unit.

I understand that the combined total assets of my entire household cannot exceed \$75,000 (for a household at or below the 80% HUD income category) or \$100,000 (for a household above the 80% HUD income category). I understand that assets include but are not limited to the following: The value of my present home(s), checking or savings accounts, CDs, money market accounts, treasury bills, stocks, bonds, securities, trust funds, gifts, cash on hand over \$500, real estate, rental property, other real estate holdings, personal property as an investment, and the value of safe deposit contents. I further understand that government-approved college savings accounts and qualified retirement accounts, such as IRAs, Keogh plans, pension plans, and similar, are exempt from consideration as part of the household’s total assets unless they are being liquidated, but that documentation of them must still be submitted.

If the BRA determines that my household is eligible, the BRA shall prepare a letter of approval and provide it to the Property Manager. This approval shall be good for 60 days. I understand that if more than 60 days elapse between the approval of my household and my occupancy of the Unit, my household income will need to be re-certified by the BRA. If my household is still income-eligible, the BRA shall issue a new approval letter.

I understand that if my household income is determined to exceed the income limits for this Unit at certification or re-certification, I will not be eligible to lease this unit. I also understand that if I am substantially below the income limit for the category of unit I would like to lease, the BRA reserves the right to request additional documentation to determine my ability to lease the unit.

I understand that Co-signers and Guarantors of leases are not permitted.

I understand that the BRA determination of my household income is based on information provided by me, as verified by the BRA, and that such determination is administrative in nature and therefore final when made.

Lessee

Lessee Signature

Date:_____

Boston Redevelopment Authority

AFFIDAVIT OF ELIGIBILITY FOR AFFORDABLE RENTAL UNITS

Attachments:

Appendix A: Instruction Sheet

Appendix B: Checklist of Required Documents

(I/We), _____
Name of Tenant(s)
currently reside at _____, _____,
Address Unit
_____, _____, _____
City/Neighborhood State ZIP
_____, _____
Telephone e-mail address

do hereby represent and warrant as follows:

(Please note, the use of the singular "I" or "my" below, shall include the plural in the case of more than one prospective tenant.)

1. **I understand that if I make any material misstatements or omissions in the following affidavit, I will be ineligible for any unit at this project, and will be required to vacate the unit if I have already occupied it.**

Initial(s): _____ Initial(s): _____

THE PROPERTY:

2. The Property I intend to rent is located within the City of Boston at the following address:

_____, _____
Street Address Unit

City/District/Neighborhood, ZIP

3. The monthly rent of the property is: \$_____

The rent for the parking space is: \$_____ (if applicable)

The Total Rent is: \$_____

4. I certify that the amount to be paid by me for the Property shall not be greater than the Total Rent stated in #3 above. The Total Rent shall include the total value of all money, property and services of every kind given or paid by me to or for the benefit of the owner of the Property in connection with the lease of the Property, including any amount paid for any other real property or personal property leased by the owner to me.

Occupancy Requirement: I intend to occupy the Property as my principal place of residence. I will occupy the Property within sixty (60) days of the lease signing. I understand that I must continue to live in the Property and that I may not lease/sublease or add household members.

Initial(s): _____ Initial(s): _____

MY INFORMATION:

Sections 5 and 6 is a requirement for any applicants participating in the lottery process

5. **For Boston Resident preference:** I certify that I am currently a resident of the City of Boston and have provided the required documentation.

“Boston Resident” shall mean any individual whose permanent and principal residence, where he or she normally eats, sleeps and maintains his or her normal personal and household effects, is in the City of Boston.

Required Documentation: Copy of two (2) utility bills 1 from each utility company in your name dated within the last 60 days: (1) electric, (1) oil, (1) cable, (1) gas, or (1) telephone.

If utility bills cannot be provided the following documentation **must** be provided: current signed lease **AND** proof of voter registration from City of Boston Election Department or proof of automobile insurance..

N/A ☐

Or

Yes ☐

Initial(s): _____ Initial(s): _____

6. **Urban Renewal Displacee:** I certify that I am an Urban Renewal Displacee and have provided the required documentation. (This preference is rarely applicable.)

“Urban Renewal Displacee” shall mean persons displaced from the specific property and/or displaced from the relevant Urban Renewal Plan Area by clearance and redevelopment activities carried out by the Boston Redevelopment Authority.

Required Documentation: Proof of displacement by the Boston Redevelopment Authority from the relevant Urban Renewal Area during the official Urban Renewal Period (displacement notice or proof of residency during the Urban Renewal Period in the form of utility bills, voting record, bank statement, and record of birth or any other official documents).

N/A ☐ (This section not applicable to this development)

Initial(s): _____ Initial(s): _____

Or

a) Displaced from _____

Property Address

Initial(s): _____ Initial(s): _____

Or

b) Displaced from Plan Area _____

Initial(s): _____ Initial(s): _____

7. **This section is applicable only if this development has artist preference units.**

BRA Certified Artist: I am a BRA certified artist and have provided the required documentation.
(Required ONLY for Artist units. If you are not currently a BRA Certified Artist you are not eligible to apply for Artist units.)

“BRA Certified Artist” shall mean an individual who has received a BRA Artist Certificate. (For a full description of the artist certification process, please request the BRA Artist Certification Guidelines/Application Form from Heidi Burbidge at (617) 918-4306 or Heidi.Burbidge.bra@cityofboston.gov)

Required Documentation: BRA Artist Certification Letter

N/A ☐

Or

Yes ☐

Initial(s): _____ Initial(s): _____

8. Choose one:

- ☐ I, or a member of my immediate family, **am currently or have been** a City of Boston employee within the **last 12 months**. I understand that the City employee(s) must submit a Disclosure of Appearance of Conflict of Interest Form. This can be obtained from the marketing agent and filed with the City Clerk’s office, Rm. 601, Boston City Hall. Department/Agency of City Employee(s): _____

Immediate family members of any developer or “Applicant” (as the contracting party is sometimes referred to) are prohibited from entering any lottery held for any Boston Redevelopment Authority Inclusionary/Affordable housing unit. Immediate family members of any Marketing Agent hired by developers/Applicants are prohibited from entering any lottery for housing units at the project for which the Marketing Agent has been hired. “Immediate family” shall be defined as it is in Massachusetts General Laws, c.268A, the Conflict of Interest Law. However, this policy may be further expanded to include a broader degree of kinship, and may be refined to encompass a broader range of parties other than a named developer or named applicant.

If no lottery is held because there were not a sufficient number of applications submitted, the same rules apply (i.e., the same rules apply to a “First-Come-First-Served situation”).

- ☐ N/A

Initial(s): _____ Initial(s): _____

9. I have never been convicted of real property arson, tenant harassment in Housing Court or violating Fair Housing Laws. I am not presently in mediation with the Boston Fair Housing Commission or the Massachusetts Commission Against Discrimination nor presently a defendant in a criminal complaint in Housing Court for a Fair Housing violation or in an arson case.

Initial(s): _____ Initial(s): _____

INCOME: “Household Income” Defined

10. **“Household”** shall mean all persons whose names appear on the lease, and also all persons who intend to occupy the housing unit as their primary permanent residence, even if they are not included on the lease. Legally married couples shall both be considered part of the household, even if separated. Children shall be considered part of the household if they spend more than 50% of the year (183 days, including partial days) in the residence. The incomes of *all* household members will be included, with one exception:

- Income from employment is not counted for household members under 18

The BRA reserves the right to **request additional** information at any point in the Income Certification process. Income information can include but is not limited to the source of income and the estimated current annualized gross amounts of income, from any source, both taxable and non-taxable income, such as:

- Wages, salaries, tips, overtime, bonuses, commissions, fees, credits, sick pay, deferred income, and any other compensation received for personal services;
- Dividends, interest, annuities, pensions, IRA or other retirement accounts distributions, social security benefits;
- Income received from: trusts, business activities including partnership income and Schedule K-1 information, corporate distributions, rental or lease income, investments, and any other income or gains from any asset;
- Alimony, support payments, disability payments, workers and unemployment compensation, public assistance, etc.
- All assets – See item 18, “Household Assets”.

Please note: The BRA does not use income as reported on your W-2 to determine *estimated current annualized income*. Income from wages, salaries, tips, etc. is the full amount, before any deductions, of your gross wages, salaries, tips, etc.

Please also note: If you are *substantially* below the income limit, the BRA reserves the right to request additional documentation to determine your ability to lease the unit.

Initial(s): _____ Initial(s): _____

11. **Earnings:** I have attached copies of the **two (2)** most recent consecutive pay stubs for every household member 18 years or older. If a member of my household is 18 years or older and is not employed, I have attached a notarized letter from him/her attesting to this fact.

N/A ☐

or

Yes ☐

Initial(s): _____ Initial(s): _____

12. **Earnings (SELF EMPLOYED ONLY):** I have attached copies of the most recent two years’ federal income tax returns (including any attachments and amendments) and a **year-to-date profit and loss statement** for every self-employed household member 18 years or older.

N/A ☐

or

Yes ☐

Initial(s): _____ Initial(s): _____

13. I have attached the **two years most recent state and federal income tax returns** (including any attachments and amendments) for every household member 18 years or older. I have attached an **IRS Form 4506-T and confirmation from IRS** for every household member 18 years or older who did **not** file taxes in one or more of the previous two years. (IRS Forms 4506-T can be found on the web at www.irs.gov.)

Initial(s): _____ Initial(s): _____

14. I have attached proof for every household member **18** years or older who is a full-time student of his/her full-time student status in the form of: Letter from the Registrar, or other enrollment verification.

Please Note: Full-time students over the age of 18 are **not** eligible to apply as a tenant **unless** they are a co-tenant with a related, non-full-time student. The BRA's determination of full-time student status will be final.

Initial(s): _____ Initial(s): _____

15. The following includes all persons who intend to reside at the Property. I am including their name(s), age(s), relationship to me and their estimated current annualized income.

NAME A.	AGE B.	TENANT/ OCCUPANT C.	RELATIONSHIP TO TENANT D.	ESTIMATED CURRENT ANNUALIZED GROSS INCOME E.

16. I certify that my Household Size is (total number of entries in column A) _____.

Initial(s): _____ Initial(s): _____

17. I certify that my combined Household Estimated Annual Income is (total of column E): _____.

Initial(s): _____ Initial(s): _____

HOUSEHOLD ASSETS:

Assets include but are not limited to the following: Checking or savings accounts, CDs, money market accounts, Treasury bills, stocks, bonds, securities, trust funds, gifts, pensions, IRAs, Keoghs, other retirement accounts, real estate, rental property, other real estate holdings, all property held as an investment, and safe deposit box contents (include the value). All accounts must include complete statements with all pages and list dividend and interest information if applicable.

Asset Limitation:

- (A) For a household at or below the 80% of the area median income category, the combined total assets of the household cannot exceed \$75,000. For a household above 80% of the area median income category, the combined total assets of the entire household cannot exceed \$100,000. Government –approved college savings accounts and qualified retirement accounts, such as IRAs, Keogh plans, pension plans, and similar that have been established at least six (6) months prior to applying for an affordable unit, are exempt from consideration as part of the household’s total assets unless they are being liquidated.
- (B) Applicants applying for affordable rental units can exceed the set forth asset limitations if all of the household members are over 65 years of age. In this instance, a household can have combined assets, **including all retirement funds of \$250,000.**
- (C) If a household has disposed of an asset for less than the fair market value during the two years proceeding the filing of an application for affordable housing, then the BRA will count the asset as belonging to the applicant and will use its fair market value as part of the asset calculation.

18. I have completed the chart below and have attached supporting information on **all** assets held by **each** household member.

Initial(s): _____

Initial(s): _____

TYPE OF ACCOUNT OR ASSET	ACCOUNT NUMBER	ACCOUNT HOLDER’S NAME	BALANCE	DATE ACCOUNT OPENED

*** **Disclosure:** If it is determined that all of an applicant’s assets were not disclosed at the time of application, an applicant can be denied approval.

*** **Households that are determined to be ineligible cannot restructure their finances and reapply. There will be a two year waiting period to reapply for an affordable unit in the same income category after an applicant is deemed ineligible for being over the income/asset limit.**

*** **An applicant or household currently residing in an affordable unit who is not in compliance with the covenant for affordable unit requirements or income/asset limit for such affordable unit may not be eligible as an applicant for a different affordable unit. The Authority reserves the right to deny approval of such applicant or household.**

19. **Third-party verification:** I authorize the BRA to verify the information contained in this Affidavit and obtain additional information regarding me and my household that is pertinent to eligibility for BRA sponsored affordable housing. (Every member of the household 18 years or older must sign below).

Signature: _____ Signature: _____

Signature: _____ Signature: _____

20. **Expiration Date of Income Certification: I understand that the BRA's Letter of Approval is required in order to sign the lease and is valid for 60 days from the date issued.**

Initial(s): _____ Initial(s): _____

Marketing Agent/Property Mangers Initial(s) _____

21. I understand that all original application documents will be shredded unless I make a written request for their return within seven (7) days of notification of ineligibility or withdrawal of application.

Initial(s): _____ Initial(s): _____

22. I understand that approval from any source other than the BRA **does not guarantee BRA income certification approval.**

Initial(s): _____ Initial(s): _____

23. I understand that Co-signers and Guarantors **are not** permitted unless they are co-tenants who will reside in the unit.

Initial(s): _____ Initial(s): _____

24. **I declare under penalties of perjury that the information provided in this Affidavit of Eligibility is true, correct, accurate and complete in all respects.**

Initial(s): _____ Initial(s): _____

Signed, sealed and delivered on this _____ day of _____, 20__.

Note: All Tenants should sign this form and have their signatures notarized. Attach additional sheets, if necessary.

Tenant

Co-tenant

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY, ss. _____, 20__

On this the ____ day of _____, 20__ , before me _____ , the

undersigned Notary Public, personally appeared _____,

proved to me through satisfactory evidence of identity, which was/were _____ to be the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose.

Notary Public
My Commission Expires:

BOSTON REDEVELOPMENT AUTHORITY

APPENDIX A: INSTRUCTION SHEET FOR AFFIDAVIT

Before you begin, please read the information below.

The proposed Tenant(s) must complete the following documents:

- **Affidavit of Eligibility** (completed in full, signed and notarized, **see Appendix B for list of attachments**).
- **Certificate** acknowledging income certification by the Boston Redevelopment Authority (“BRA”)

This information is provided to give you an overview of the application process, an outline of the eligibility requirements, and an understanding of the criteria used by the BRA. **If you have any concerns about the process or about your eligibility, please speak to the marketing agent before you begin the income certification process. Participation in an affordable housing lottery does not guarantee income certification approval.**

1. BRA employees and members of their immediate families are **not eligible** to lease BRA administered affordable housing.
2. If you are **substantially** below the income limit for the category of unit you would like to rent, the BRA reserves the right to request additional documentation to determine your eligibility to rent the unit.
3. Everyone who intends to occupy the Unit must be included in the “household”. Legally married couples shall both be considered part of the household, even if separated. Children shall be considered part of the household if they spend more than 50% of the year (183 days, including partial days) in the residence. Everyone included on the deed or lease, whether or not they intend to occupy the unit, shall also be considered part of the Household. The incomes of *all* household members will be included in the income certification process, with one exception:
 - Income from employment is not counted for household members under 18.
4. Full-time students over the age of 18 are **not** eligible to apply as a tenant **unless** they are a co-applicant with a related, non-full-time student. The BRA’s determination of full-time student status will be final.
5. If the tenant or a member of the tenant’s immediate family (whether or not they are part of the household) is or has been an employee of the City of Boston within the last 12 months, a Disclosure of Financial Interest form (available from Marketing agent or the City Clerk’s office, City Hall, Rm. 601) must be submitted for each such person.
6. Co-signers and Guarantors **are not** permitted unless they are co-tenants who will reside in the unit.
7. The **two (2) most recent consecutive pay stubs** must be submitted for tenant(s) and all members of the household 18 years or older (spouses are members of household, even if separated).
8. All other supporting documents must be dated within **60 days** of the submission of this Affidavit.
9. Original application materials will be shredded unless the Renter makes a written request for their return within seven (7) days of notification of ineligibility or withdrawal.
10. **Approval from any source other than the BRA does not guarantee BRA income certification approval.**

11. The BRA may request additional information from the proposed tenant, if it deems such information necessary to complete the income certification process.
12. An applicant or household currently residing in an affordable unit who is not in compliance with the covenant for affordable unit requirements or income/asset limit for such affordable unit may not be eligible as an applicant for a different affordable Unit. The Authority reserves the right to deny approval of such applicant or household.

BOSTON REDEVELOPMENT AUTHORITY

APPENDIX B: INCOME CERTIFICATION CHECKLIST OF REQUIRED DOCUMENTS FOR AFFIDAVIT

All applicable items on this list **must** be included in your income certification packet.
Incomplete applications will be returned to the marketing agent and will delay the processing of your request for affordable housing.

All supporting paystubs, statements, and other financial materials must be dated within 60 days of submission of the Affidavit. Submission of non-consecutive pay stubs or materials older than 60 days will result in the return of your application.

Required:

- ☐ Completed, signed, and notarized Affidavit of Eligibility
- ☐ Signed Acknowledgement of BRA Income Certification
- ☐ Two (2) **most recent consecutive** pay stubs must be submitted for tenant(s) and all members of household 18 years or older (spouses are members of household even if separated)
 - ☐ Current supporting information for all other sources of income (e.g., unemployment compensation, social security, self-employment), including all income reported on the most recent tax return.
 - ☐ If a household member **no longer receives** a source of income reported on the most recent tax return (e.g., no longer working for a particular employer), a letter signed by that person and a letter from the former employer attesting to this fact must be submitted.
- ☐ Notarized letter from any household member 18 or older and unemployed stating that fact
- ☐ Two years most recent **state and federal** tax returns **including all W-2s, attachments, and any amendments** for all members of the household over the age of 18.
- ☐ Form(s) 4506-T and confirmation from IRS(from www.irs.gov) for each member of the household 18 or older who did not file taxes in one or both of the last two years
- ☐ A year-to-date profit and loss statement for every member of the household 18 years old or older who is self-employed
- ☐ Proof of full-time student status for each member of the household who is 18 or older and a full time student (in the form of letter from the Registrar, or other enrollment verification)
- ☐ Supporting information on all assets owned by all members of the household, including but not limited to savings, retirement accounts, pensions, gifts, investments, real estate, all property held as an investment, and safe deposit box contents
 - ☐ All statements must include information on **interest, dividends, and gains or losses**, if any. See Household Asset section of the Affidavit of Eligibility for a more detailed list.
 - ☐ If a household member **no longer owns** an asset that generated income on the most recent tax return (e.g., if a bank account was closed), a signed letter by that person and supporting documents attesting to this fact must be submitted

- ❑ If the tenant or a member of the tenant's immediate family (whether or not they are part of the household) is or has been an employee of the City of Boston within the last 12 months, a Disclosure of Appearance of Conflict of Interest Form. This can be obtained from the marketing agent and filed with the City Clerk's Office, City Hall, Rm. 601) must be submitted for each such person
- ❑ Copy of application submitted at time of lottery (Marketing Agent/ Property manager must supply)

If applying for preferences:

- ❑ For the Urban Renewal Displacee preference, proof of that status, including a displacement notice or proof of residency at the time of displacement in the form of utility bills, voting record, record of birth or other official documentation
- ❑ For the Boston resident preference, the minimum acceptable proof of such status shall include a Copy of two (2) utility bills 1 from each utility company dated within the last 60 days: (1) electric, (1) oil, (1) cable, (1) gas, or (1) telephone.

If utility bills cannot be provided the following documentation **must** be provided: current signed lease **AND** proof of voter registration from City of Boston Election Department or proof of automobile insurance

For the BRA-certified artist preference, a copy of the BRA Artist Certification letter

FAILURE TO SUBMIT COMPLETE INFORMATION WILL DELAY THE INCOME CERTIFICATION PROCESS. Please note that incomplete packages **will be returned** to the agent. To avoid this delay we are asking agents to review packages for completeness before submission to the BRA.

The information provided in this document is intended for **confidential purposes** used only for internal verification and confirmation and is exempt from public disclosure to the fullest extent permitted by law.