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 envelope old on the line, a addresses will fit 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.

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

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

O Any other info you wish to tell HousingWorks?

Your position or title at this housing program:

Your signature:



HousingWorks Fax: 617-536-8516

	Head of Household's FIRST Name					
0						
	Head of Household's MIDDLE Name					
0						
	Head of Household's LAST Name					
0						
	HoH's SOCIAL SECURITY NUMBER				GENDER	HoH's DATE OF BIRTH
0				0		0
	ETHNICITY	RACE:	Asia	n , Blac	k, White, Native A	American, Pacific Islander, Multi-racial

	ETHNICTTY	RACE:	Asian, Black, White, Native American, Pacific Islander, Multi-racial
	Also provide your race at right!		Do NOT write Spanish, Hispanic, Latino here – and do NOT write your country!
0		0	

O YOUR MOTHER'S MAIDEN NAME

	YOUR HOME TELEPHONE	SECOND TELEPHONE
0		
	YOUR EMAIL ADDRESS	
0		

CURRENT ADDRESS OR LONG-TERM CONTACT ADDRESS

This is:	
0	
0	

	SECOND CONTACT ADDRESS
	This is:
0	
0	

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

	INCOME SOURCES
0	

MOBILE RENTAL ASSISTANCE, if any

0

REQUESTED ACCOMMODATIONS

Ο

SPECIAL CIRCUMSTANCES THAT SOME PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE

Boston Redevelopment Authority

Application for BRA Affordable Rental Units

To be completed by Marketing Agent.	
Development Name and address:	
Deadline:	
Location:	
For Questions regarding this application, please c	contact the Marketing Agent directly.
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.

"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. For the purpose of **income determination**, persons over the age of 18 who are not Immediate Family as defined by Massachusetts General Law c.268A and do not have employment income as well as minors/dependents who are not listed on the most recent tax return and do not have legal custody/guardianship paperwork will not be included as part of the household for income eligibility and certification purposes. Legally married couples shall both be considered part of the household, even if separated.

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. Legally documented alimony & support payments, disability payments & workers compensation.
- 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. Only income which is reported to the IRS or which is evidenced on official pay stubs and/or benefit letters may be considered as income. Unemployment compensation is not considered income for eligibility purposes unless applicant has a 2 year history of seasonal employment along with receipt of unemployment compensation.
- 3. <u>Full-time undergraduate students</u> age 18 and over are <u>not</u> eligible *unless* they are a co-applicant with an immediate family member who is a non-full-time student. The BRA's determination of full-time student status will be final.
- 4. <u>Full-time graduate students</u> without income are <u>not</u> eligible *unless* they are a co-applicant with an immediate family member who is a non-full-time student.

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5. 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	AGE	TENANT OR Occupant	RELATIONSHIP TO TENANT	ESTIMATED CURRENT ANNUALIZED GROSS INCOME
А.	B.	C.	D.	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 asets of the household cannot exceed \$75,000. For a household above 80% of the area median income category, the combined total asssets of the entire household cannot exceed \$100,000. Government-approved college savings acounts and qualifeid 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 65 years of age or older. 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 preceding 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

 \Box 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?

- \Box Yes
- \Box 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; e.g., (1)electric, (1) oil, (1) gas, or (1) telephone.

If utility bills cannot be provided the following documentation <u>must</u> be provided: current signed lease **AND EITHER** proof of voter registration from City of Boston Election Department **OR** proof of automobile insurance (showing the address where the car is garaged). An official letter from a shelter may also be accepted in leiu of a current signed lease.

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
- \Box 1 bedroom
- \Box 2 bedroom
- \Box 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.

<u>Required Documentation</u>: 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?

 \Box Yes \Box No

The following documents are required and must be attached to this application if you are seeking a Boston **Resident preference in the lottery:**

 \Box Copies of 2 utility bills

Please be aware that the following documents will be required if you are selected as a prospective tenant through the lottery:

- Copies of the two most recent consecutive pay stubs for each household members 18 years or older
- 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

Marketing Agents/ Property Manager's Signature:

Marketing Agent's Signature

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

Applicant's Signature

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.

Date

Date

Date