

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



<input type="radio"/>	Head of Household's FIRST Name
<input type="radio"/>	Head of Household's MIDDLE Name
<input type="radio"/>	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	<input type="radio"/>	GENDER	<input type="radio"/>	HoH's DATE OF BIRTH	<input type="radio"/>
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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!
<input type="radio"/>	<input type="radio"/>

<input type="radio"/>	YOUR MOTHER'S MAIDEN NAME
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YOUR HOME TELEPHONE	SECOND TELEPHONE
<input type="radio"/>	<input type="radio"/>
YOUR EMAIL ADDRESS	
<input type="radio"/>	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
<input type="radio"/>
<input type="radio"/>

SECOND CONTACT ADDRESS
This is:
<input type="radio"/>
<input type="radio"/>

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
<input type="radio"/> # Adults <input type="radio"/> # Children <input type="radio"/> Total #	<input type="radio"/>	<input type="radio"/> .0 <input type="radio"/> 0

INCOME SOURCES
<input type="radio"/>

MOBILE RENTAL ASSISTANCE, if any
<input type="radio"/>

REQUESTED ACCOMMODATIONS
<input type="radio"/>

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
<input type="radio"/>

Thank you for your interest in Waterside's affordable housing program. Please find attached the applications for entering the housing lottery.

We will need the following completed and sent back to us in one of the following ways:

1. In person: **We will collect documents in person until 5pm on July 1st, 2015**
2. Mail: You may mail your documents to

Waterside Place Leasing Office

505 Congress Street

Boston, MA 02210. **Please note that these MUST be postmarked by July 1st.**

You must return to us:

1. Signed and dated certificate
2. BRA Application for Affordable Rental units
3. The Bozzuto rental application

We can be reached at 617.936.0004 or watersideplace@bozzuto.com

-Waterside Place Management Team

**Waterside Place
505 Congress Street
Boston, MA 02210
Affordable Rental Opportunity**

# of Units	Type	Rent	% Income
3	1 Bed	\$1365	Up to 80%
1	2 Bed	\$1560	Up to 80%
1	3 Bed	\$1755	Up to 80%

Maximum Income Limits for Households is 80% AMI which is as follows:

HH size	80%
1	\$55,150
2	\$63,050
3	\$70,900
4	\$78,800
5	\$85,100
6	\$91,400

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

Date: _____

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 contact the Marketing Agent directly.

Applicant's Name: _____

Address: _____

City: _____ State: _____ 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. Full-time undergraduate students age 18 and over are **not** 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. Full-time graduate students without income are **not** eligible **unless** they are a co-applicant with an immediate family member who is a non-full-time student.

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 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 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

☐ 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; e.g., (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 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 lieu 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
☐ 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

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

- ☐ 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

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

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.



Community _____
Address Leased _____
Date _____
Consultant _____



www.bozzuto.com

Massachusetts Management Rental Application

APPLICANT				CO-APPLICANT			
Applicant Name (include Jr. or Sr. if applicable):				Co-Applicant Name (include Jr. or Sr. if applicable):			
Social Sec. No:		Month/Day of Birth:		Social Sec. No:		Month/Day of Birth:	
Home Phone:		Daytime Phone:		Home Phone:		Daytime Phone:	
E-Mail Address:				E-Mail Address:			
Driver's Lic. No./State:		Are you over the age of 18? __Yes __No	Mother's Maiden Name:	Driver's Lic. No./State:		Are you over the age of 18? __Yes __No	Mother's Maiden Name:
Vehicle Make/Model/Year/Tag #:				Vehicle Make/Model/Year/Tag #:			
Provide Address for prior 24 months				Provide Address for prior 24 months			
Present Address (street, city, state, zip code)				Present Address (street, city, state, zip code)			
Own Rent M/I Date: _____ Lease Expires: _____ Rent/Mort. Amt \$ _____ Present Landlord: _____ Tel: _____				Own Rent M/I Date: _____ Lease Expires: _____ Rent/Mort. Amt \$ _____ Present Landlord: _____ Tel: _____			
Former Address (street, city, state, zip code)				Former Address (street, city, state, zip code)			
Own Rent M/I Date: _____ Lease Expires: _____ Rent/Mort. Amt \$ _____ Present Landlord: _____ Tel: _____				Own Rent M/I Date: _____ Lease Expires: _____ Rent/Mort. Amt \$ _____ Present Landlord: _____ Tel: _____			
Persons to occupy apartment in addition to applicants:							
Name:		Over age 18? __Y __N		Social Sec. No.:		Month/Day of Birth: _____	
Name:		Over age 18? __Y __N		Social Sec. No.:		Month/Day of Birth: _____	
Name:		Over age 18? __Y __N		Social Sec. No.:		Month/Day of Birth: _____	
Pet: Yes No		Type:		Breed:		Size: _____ Description: _____	
APPLICANT EMPLOYMENT INFORMATION				CO-APPLICANT EMPLOYMENT INFORMATION			
Name & Address of Employer:		Yrs. on this job:		Name & Address of Employer:		Yrs. on this job:	
Self Employed		Monthly Income: \$ _____		Self Employed		Monthly Income: \$ _____	
Position/Title/Type of Business:		Personnel Phone:		Position/Title/Type of Business:		Personnel Phone:	
If employed in current position for less than one year or if currently employed in more than one position, complete the following:							
Name & Address of Employer:		Dates (from-to):		Name & Address of Employer:		Dates (from-to):	
Self Employed		Monthly Income: \$ _____		Self Employed		Monthly Income: \$ _____	
Position/Title/Type of Business:		Personnel Phone:		Position/Title/Type of Business:		Personnel Phone:	

MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION

Additional Monthly Income	Applicant	Co-Applicant	Total
Bonuses/Commissions/Other			
Alimony/Child Support			
Total	\$	\$	\$

*Self Employed Applicants may be required to provide additional documentation such as tax returns and financial statements.

IN CASE OF EMERGENCY: (Please include one local contact)

Name:	Address:	Tel #:
Name:	Address:	Tel #:

I hereby give consent to contact the individual listed above to discuss an emergency situation.

Initials

DECLARATIONS

If you answer "yes" to any questions a through h, please use continuation sheet for explanation.

	Applicant		Co-Applicant	
	Yes	No	Yes	No
a. Are there any outstanding liens or judgements against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you had property foreclosed upon or given title or deed in lieu thereof in the past seven years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? If yes, give details as described in the preceding question?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you intend to occupy the property as your primary residence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. *Have you been convicted of a felony or a crime of violence against a person or property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. *Are you listed on any government-sponsored registry naming terrorists, Most Wanted criminals or sex offenders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Each occupant 18 years of age or older must answer questions "g" and "h" and sign an application with the answers. False statements will be considered false statements by the applicants.

ACKNOWLEDGMENT AND AGREEMENT

I understand that the Reservation Deposit will be refunded to me if this Application is not approved. If this Application is approved, the Reservation Deposit shall become part of the First Month's Rent and may be forfeited in accordance with applicable law if move-in does not occur.

I hereby authorize Bozzuto Management Co., and its employees or agents, to verify all of the information in this application, including specifically to obtain public and non-public references and credit reports or records and criminal (including sex offender) background records, if applicable. I also expressly authorize Bozzuto Management Co., and its employees or agents (including a third party collection agency), to obtain such references and reports at any time during the term of my tenancy and after termination of my lease, if such reports are needed in attempting to review my continuing eligibility to be a resident, collect any defaulted payments or charges, or for any other permissible purpose.

Applicant represents that all the statements herein are true, and if they change during the term of the tenancy, I will immediately notify the management staff.

This application is not an agreement to lease an apartment to the applicant and no such agreement shall be established until a lease is signed by the applicant and the owner.

Applicant Signature X	Date:	Applicant Signature	Date:
Management Representative Signature X	Date Received Completed Application: This application will be acted upon by the owner on or before:		