

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
○

Affordable Unit Application

45 Marion Street

Brookline, MA

Applications must be completed and delivered by 2 pm April 19th, 2016.

MAXIMUM Household Income Limits:

\$34,500 (1 person), \$39,400 (2 people), \$44,350 (3 people), \$49,250 (4 people)

Rents are \$765* (studio), \$805* (1 BR) and \$958* (2BR) and do not include any utilities except water and sewer. **No parking spot is included.**

**Rents for the units available in 2015 are subject to change. If the AMI increases or the utility allowances decrease, the rent may increase as further described in the Regulatory Agreement.*

Households must make approximately \$22,950 to lease a Studio unit, \$24,150 to lease a 1-BR unit and \$28,740 to lease a 2-BR unit (please read the Information Packet for more details).

This is not subsidized housing. Rents do not change based on applicant's income and tenants will be responsible for paying the full rent themselves. Applicants with Section 8 Vouchers should contact their local housing authorities before applying. **Please read the Information Packet for more details.**

Units are planned for occupancy in July/August 2016

Directions:

Applications (and proof of Brookline preference, if applicable) must be completed and delivered by the date at the top of this page. This application must be filled out entirely in order for your application to be processed. Every space given to initial must be initialed, even if you answer "N/A". If a question does not apply to you, check "N/A". LEAVE NOTHING BLANK.

Send or drop off all applications by the date at the top of this page to:

SEB
Re: 45 Marion Street
165 Chestnut Hill Ave, Unit #2
Brighton, MA 02135
Fax: 617.782.4500
Phone: 617.782.6900
Email: seb.housing@gmail.com

If faxing or scanning, be sure to transmit both sides of double sided pages



45 Marion Street

Please provide all the following contact information for the Head of Household:

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Cell Phone:(_____) _____ Employer: _____

Email address: _____@_____

Please note: Providing your email should facilitate the process of completing your application as you will be notified of missing documentation faster than if we can only send notifications via postal mail. If you do not provide your email address or do not have an email address, we will contact you via postal mail. We will not contact you about future lotteries unless requested.

Anticipated Move-In/Lease Renewal Date: _____

Bedroom Size Information: For which bedroom size are you applying (you can select more than one)

- ☐ Studio
- ☐ 1 bedroom
- ☐ 2 bedroom

Do you currently receive or do you have a Section 8 mobile voucher or certificate? (The Lottery 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

Please fill out the chart below for everyone who will be occupying the unit:

NAME A.	AGE B.	HEAD OF HOUSEHOLD OR DEPENDENT C.	RELATIONSHIP TO APPLICANT LISTED AT THE TOP OF THIS PAGE D.

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

Initial(s): _____

Initial(s): _____

HOUSEHOLD TYPE (please check one, read the Information Packet for more details):

Type A

- ☐ 4 person household: all types
- ☐ 3 person household: all types
- ☐ 2 person household: 1 head-of-household plus one dependent
- ☐ 2 person household: 2 heads-of-household *who cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health*

Type B

- ☐ 2 person household: 2 heads-of-household
- ☐ 1 person household: all types

LOCAL PREFERENCE INFORMATION

Do you or any member of your household qualify for Local Preference? An applicant qualifies for local preference if the applicant or a member of their household fit into one of the following categories (A) a current resident of Brookline, (B) employee of the Town of Brookline, (C) employee of businesses located in Brookline or (D) a parent or guardian with children attending the Brookline Public Schools (including METCO students)

- ☐ Yes
- ☐ No

If you answered "Yes" for Local Preference you MUST attach the documentation specified below:

If qualifying under definition (A) as detailed above: I have submitted a Copy of two (2) utility bills 1 from each utility company in my name dated within the last 60 days, e.g., (1) electric, (1) oil, (1) cable, (1) gas, or (1) telephone **landline (not cell phone)**. If utility bills cannot be provided the following documentation **must** be provided: current signed lease **AND** proof of voter registration from Town of Brookline Election Department

If qualifying under definition (B) as detailed above: I have submitted copies of pay-stubs **AND IF THE PAY STUBS DO NOT SHOW THE ADDRESS OF THE JOB** I have submitted a **signed statement** from my employer on company letterhead the states the address of the job and the employee's name.

If qualifying under definition (C) as detailed above: I have submitted copies of pay-stubs **AND IF THE PAY STUBS DO NOT SHOW THE ADDRESS OF THE JOB** I have submitted a **signed statement** from my employer on company letterhead the states the address of the job and the employee's name.

If qualifying under definition (D) as detailed above: I have submitted copies of Brookline school transcripts **AND** proof of relation to the student (by birth certificate or legal guardianship or divorce decree)

- ☐ **I am not applying for Local Preference**
- ☐ **I attached the documentation specified above to this Application**

DISABLED-ACCESSIBLE PREFERENCE INFORMATION

Are you, or any member of your household, in need of an accessible unit? This is defined as persons with a physical disability that meet standards established by the Department of Housing and Community Development and state laws for disabled accessible housing and who needs the features of a disabled-accessible unit.

- ☐ Yes
☐ No

REASONABLE ACCOMODATION

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing.

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you?

- ☐ Yes
☐ No

If yes, please explain in the space provided here or write a signed statement and attach it:

RACE: (OPTIONAL)

You are requested to complete the following optional section in order to assist in determining preference. Completing this section may qualify you for additional lottery pools. (Please check all boxes that apply):

- | | |
|---|--|
| <input type="checkbox"/> Alaskan Native and Native American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Hispanic or Latino | |
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Other (please specify)_____ |

☐ **Marque esta casilla si lee o habla español.**

RELATED PARTY

Is any member of the household related to or employed by the developer or related to or employed by the Property Management Company?

- ☐ Yes
☐ No

If yes, please explain the relationship in the space provided here:

DATABASE INFORMATION

How did you find out about this affordable housing opportunity?

(please be as specific as possible, if found "online" please provide web address)

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INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE

Please complete the Income Table on the following two pages. You will later be asked to attach supporting documentation in the form of the **five most recent consecutive pay stubs and/or income statements for all sources of income, W-2 statements** and the **most recent 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. The incomes of *all* household members will be included, with the exception of income from employment for household members under the age of 18 or any income over \$480/year of full-time students who are dependents (but please note that documentation of income for those dependents still needs to be supplied).

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.
2. For self-employed applicants- include the contract or job name in the space provided. You will be directed to all the additional documentation you will need to submit in **Section 2**.
3. "Interest Income" refers to any amount that you receive from any asset except for amounts drawn down from a retirement account or 401K as those go on the lines for "pension" or "retirement funds".

INCOME

Household Member Name	Source of Income	Current GROSS Monthly Income
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Child Support/Alimony	
	Child Support/Alimony	
	Social Security Income	
	Social Security Income	
	Social Security Income	
	Social Security Income	
	SSDI	
	SSDI	
	Pension (list source)	
	Pension (list source)	
	Retirement Funds	

Household Member Name	Source of Income	Current GROSS Monthly Income
	Unemployment Compensation	
	Workman's Compensation	
	Severance Pay	
	Title IV/TANF	
	Full-Time Student Income (18 & Over Only)	
	Full-Time Student Income (18 & Over Only)	
	Periodic payments from family/friends & Recurring Gifts <i>(i.e. rent assistance from family)</i>	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Other Income (name/source)	
	Other Income (name/source)	
	Gross Monthly Household Income (GMHI)	\$ /month
GMHI x 12 = Gross Annual Household Income \$ /year		

ASSETS

If a section doesn't apply, cross out or write NA. In the next section you will be directed to submit detailed bank/balance statements for EVERY ASSET listed here. If any household member has divested themselves of an asset for less than full and fair present cash value of the asset within two years prior to this application, the full and fair cash value of the asset at the time of its disposition must be listed below.

	Bank Name	Last 4 Digits of Acct Number	Amount	
Checking Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Trust Account			Balance \$	
Certificates (or CDs)			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Bonds	Maturity Date:		Value \$	
	Maturity Date:		Value \$	
401k, IRA, Retirement Accounts (Net Cash Value)	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
Mutual Funds	Name:	# of Shares:	Interest/ Dividends	Value
			\$	\$
			\$	\$
			\$	\$
Stocks			\$	\$
			\$	\$
			\$	\$
Bonds			\$	\$
			\$	\$
Investment Property			Appraised Value \$	

REAL ESTATE

Do you, or anyone on this application, own any property or have owned property in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or anyone on this application, entitled to receive any amount of money from the sale of any property? (currently or thru an upcoming court settlement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to either question, type of property:</i>	
Location of property:	\$
Appraised Market Value:	\$
Mortgage or outstanding loans balance due:	\$

You must now read, sign and date the next page.

If you are applying for Brookline resident preference, you must also attach the documentation as directed by the question on the bottom of page 3.

Please read each item below carefully before you sign.

1. I hereby declare under pain and penalty of perjury that the information provided on every page of this application is true and correct.
2. I understand that this application will be incomplete if I do not sign and date this page and initial at all indicated points in the application.
3. I understand that if any of the information provided above is not true and accurate, this application may be removed at any point in the process.
4. I understand that while previous years' tax transcripts and documentation will be required, SEB LLC does not use income reported on the previous years' tax documentation to calculate current annualized income.
5. I understand that the lease or residency agreement for the units to be occupied through this affordable housing program may be subject to cancellation if any of the information above is not true and accurate.
6. I understand that this is a preliminary application and the information provided **does not** guarantee housing.
7. I understand this is not a lease application and if given the opportunity to move forward in the process of leasing an affordable unit, I will need to complete a lease application at the leasing office where my lease eligibility will be determined by additional factors such as credit score, tenant history and criminal background screening.
8. 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.
9. Co-signers and Guarantors **are not** permitted unless they are co-tenants who will reside in the unit.
10. I acknowledge that if my email address is provided in this application, SEB will correspond with me by email instead of postal mail unless I make a written request otherwise.
11. The undersigned give consent to the Town of Brookline, SEB LLC and MASSHOUSING to verify the information provided in this application.

Applicant's Signature

Date

Applicant's Signature

Date

Send applications (and if applying for local preference, all required local preference documentation) by the date on the cover page to:

SEB

Re: 45 Marion Street

165 Chestnut Hill Ave, Unit #2

Brighton, MA 02135

Fax: 617.782.4500

Email: seb.housing@gmail.com

If faxing or scanning, be sure to transmit both sides of double sided pages

For Questions call (617) 782-6900

This development does not discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.