

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

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!

REQUESTED ACCOMMODATIONS ○ = ● Do you need a:

☐ Fully Accessible Wheelchair Unit☐ Blind Accessible Unit☐ Need an Interpreter☐ No-Steps unit (elevator to any floor)☐ Deaf Accessible Unit☐ Domestic Violence Victim☐ First-Floor unit only☐ unit designed for Environmental Allergies

HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

MOBILE RENTAL ASSISTANCE

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

Head of Household -Any Felony/Conviction?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No

Other Members: Any Felony Convictions?

☐ Yes ☐ No

Any Misdemeanor Conviction?

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

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?☐

←# Adults

←# Children

←Total #

☐

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*☐ Disability☐ Elder☐ Veteran☐ Fleeing Domestic Violence☐ Displaced by: _____☐ Rent-burdened☐ Other

Boston Redevelopment Authority

Application for BRA Affordable Rental Units

To be completed by Marketing Agent.

Development Name and address: Gateway Boston: 900 Beacon Street, Boston, MA 02215

Deadline: May 29th, 2017

Location: 900 Beacon Street, Boston, MA 02215

For Questions regarding this application, please contact the Marketing Agent directly at:

Email: irhousing@gatewayboston.com

Telephone: 518-423-0309

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 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.

"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 (landline only).

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.**

- ☐ 1 bedroom

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 from 2 different providers (see above) OR
- ☐ A copy of a signed housing lease and proof of voter registration or vehicle registration (see above)

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.

If you believe you have been discriminated against in seeking housing, you should contact the Boston Fair Housing Commission at 617-635-2500 or the Mass Commission Against Discrimination at 617-727-3990.

In an effort to better understand who the Boston Planning & Development Agency (“BPDA”) serves in income-restricted housing, and to provide program level data to the U.S. Department of Housing and Urban Development, the BPDA requests that all residents of units monitored by the BPDA have the opportunity to complete this form on race and ethnicity. This information will only be used in aggregate, for the purposes of reporting and analysis. **There is no penalty for persons who do not complete the form.**

General Instructions

This form is to be completed by individuals who are seeking to live (applicants) or are currently living (residents) in deed restricted housing monitored by the BPDA.

Owners and agents are required to offer the applicant/resident the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household changes.

Completing the Form

To complete the form, the response is for the race and ethnicity of the head of household only.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 - a. **Hispanic or Latino.** A person of Dominican, Puerto Rican, Cuban, Mexican, South or Central American, or other Spanish culture of origin, regardless of race.
 - b. **Non-Hispanic or Latino.** A person not of Dominican, Puerto Rican, Cuban, Mexican, South or Central American, or other Spanish culture of origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you. You may also check “other” and provide additional information.
 - a. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North, Central, and South America, and who maintains tribal affiliation or community attachment.
 - b. **Asian.** A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian subcontinent including, for example, Vietnam, China, Taiwan, Cambodia, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, and Thailand.
 - c. **Black or African American.** A person having origins in any of the black racial groups of Africa.
 - d. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - e. **White.** A person having origins in any of the original peoples of Europe, the Middle East (West Asia), or North Africa.

Race and Ethnic Data
Reporting Form

Name of Property:

Property Address:

Name of Developer/Property Manager:

Name of Head of Household:

Name of Co-Head of Household:

Ethnic Categories	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other _____	

Head of Household Signature

Date

Co-Head of Household Signature

Date