

Full Name:  
Address1:  
Address2:  
City State Zip:  
Email:  
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto:support@housingworks.net)  
HousingWorks  
P.O. Box 231104  
Boston, MA 02123  
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: \_\_\_\_\_
- Name of Waitlist Administrator *optional* \_\_\_\_\_
- Phone of Waitlist Administrator *optional*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

**Date Time Received.** Application will be stamped to show when it was received:

**DO NOT LEAVE ANY QUESTION UNANSWERED!**

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER  
Male, Female, etc.

- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- |   |  |  |
|---|--|--|
| <input type="radio"/> Fully Accessible Wheelchair Unit      | <input type="radio"/> Blind Accessible Unit            | <input type="radio"/> Need an Interpreter      |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit             | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only                 | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> Personal Care Attendant  |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: \_\_\_\_\_

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- \_\_\_\_\_ ← # Adults \_\_\_\_\_ ← # Children \_\_\_\_\_ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other \_\_\_\_\_



# Affordable/Income Restricted Housing Lottery Application

**Development Name:** A.O. Flats at Forest Hills

**Development Address:** 95 Hyde Park Avenue, Boston, MA 02130

**Deadline to Submit Application:** Monday July 15, 2019

**Location to Return Application:** fill out the online application OR mail to Woodbourne Apartments, Attn: Leasing Office, 6 Southbourne Road, Boston, MA 02130

**More Information:** [www.aoflats.com](http://www.aoflats.com)

**For questions regarding this application, the development, affordability, or requests for reasonable accommodations, please contact the person listed below:**

**Contact Person:** The Community Builders, Inc.

**Email:** [aoflats@tcbinc.org](mailto:aoflats@tcbinc.org)

**Telephone:** (617) 245-8692

Minimum incomes may apply except to households who receive housing assistance (for example, a Veterans Affairs Supportive Housing (VASH) voucher or a section-8 voucher). Minimum incomes are based on the number of bedrooms in a unit. The developer or her agent determine these minimums. For more information, please contact the agent or developer (on the paper version reference the contact details at the top of the application, for the online, the contact details in the right-hand column of the first page of the application).

## 1. Main Applicant Information

If you are facing immediate housing crisis, are currently homeless, or are about to become homeless, please contact the City of Boston's Office of Housing Stability at (617) 635-4200. The Office can set up an appointment to guide you through the types of emergency housing assistance that might be available.

Please pay careful attention to the deadline to return and other deadlines throughout the application process. If you need an extended deadline or other types of assistance due to a disability or limited language efficiency, you have the right to reach out to the marketing agent above to make a request for a reasonable accommodation.

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**1a. Full Name:**

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**1b. Mailing Address:**

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**1c. City:**

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**1d. State:**

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**1e. Zip:**

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**1f. Phone Number:**

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**1g. Email:**

If provided, this will be the main means of contact

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## 2. What kind of housing are you looking for?

[illegible]

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**2e. Please feel free to add any additional details about your household (optional)**

For example, you are co-parenting with someone who doesn't live in the household, you are expecting a child

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**3. Income and Assets**

Affordable housing units are restricted via a measurement known as "Area Median Income" (AMI). We need to know more information about your income and assets to make sure you qualify under the AMI restrictions for this project.

Assets from 401(k), 403(b), IRA, Roth Keogh, or Pension Plans must be listed but, unless you're drawing down on those accounts, they are exempt.

These totals apply to the entire household, so make sure you are considering the income and assets of all household members. Make sure you are totaling your pre-tax income.

You will be asked for documentation proving any of your claims below if you become eligible for an income-restricted unit. If you don't disclose assets or income now or you submit fraudulent information, you may lose your opportunity at an income-restricted unit.

For more information on income, asset, and price limits, visit:

<http://www.bostonplans.org/housing/income,-asset,-and-price-limits>

For a worksheet on income calculations, visit:

<http://www.bostonplans.org/getattachment/ef43933c-f41f-4e65-8575-8a79cac1ef78>

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**3a. Please select all income sources that apply to you or your household and provide the total annual income from the selected source(s) before taxes are taken out.**

Please format the income as follows:

For example, 10000

Please do not include letters, decimals, or dollar signs.

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| <u>Source</u>  | <u>Annual income</u> |
|--|----------------------|
| <input type="checkbox"/> Employer/Job                      | _____                |
| <input type="checkbox"/> Self-Employment                   | _____                |
| <input type="checkbox"/> Investment                        | _____                |
| <input type="checkbox"/> Social Security Income            | _____                |
| <input type="checkbox"/> Child Support/ Alimony            | _____                |
| <input type="checkbox"/> Social Security Disability Income | _____                |
| <input type="checkbox"/> Pension/Retirement Funds          | _____                |
| <input type="checkbox"/> Workman's Compensation            | _____                |

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**3b. Please list all other income sources and the annual income they bring in.**

Other than the income sources already listed above, this is where you should mention potential irregular or one-offs income. For example, bonuses, commissions, work in the gig economy where income fluctuates. Income listed in this section is in ADDITION to the income listed above. If you have included it in Question 3a, please do not add it here.

If you do not have additional income to report, please just write N/A or not applicable in the space below.

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**3c. Please estimate the combined total annual household income of all household members over 18 years old before taxes are taken out.**

The answer provided here should be the sum of all income disclosed in questions 3a and 3b.

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**3d. Please select all assets that you or a member of your household possess**

Please note that, unless you're drawing down on these accounts, 401(k), 403(b), IRA, Roth Keogh, and Pension Plans are exempted from being counted towards asset limit.

| <u>Source</u>   | <u>Amount</u> |
|---|---------------|
| <input type="checkbox"/> Checking account   | <hr/>         |
| <input type="checkbox"/> Savings / money market account                             | <hr/>         |
| <input type="checkbox"/> Certificate of deposit (CD)                                | <hr/>         |
| <input type="checkbox"/> Stocks, Bonds, Treasuries, or Investment Accounts          | <hr/>         |
| <input type="checkbox"/> Real estate  | <hr/>         |
| <input type="checkbox"/> 401(k), 403(b), IRA, Roth Keogh, or Pension Plans (exempt) | <hr/>         |
| <input type="checkbox"/> Special needs trust  | <hr/>         |
| <input type="checkbox"/> Other:   | <hr/>         |
| <hr/>   | <hr/>         |

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**3e. What is the combined value of all household assets held by all household members over 18 years old?**

The answer provided here should be the sum of all assets disclosed in question 3d.

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**3f. Do you or a member of your household currently receive housing assistance?**

Please note that the marketing agent cannot discriminate based on source of income, this question is only to determine your ability to pay rent. You will be asked to provide documentation from appropriate housing agency during the tenant selection process.

- ☐ Yes  
☐ No
-

|  |  |  |
|--|--|--|
| <b>3f-1. If yes, please select the type of assistance received</b> | <input type="checkbox"/> MRVP (Massachusetts Rental Voucher Program)<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Section 8 / Housing choice voucher<br><input type="checkbox"/> VASH (Veterans Affairs Supportive Housing) |
|--|--|--|

#### 4. Information that may improve your ranking in the lottery

Some things might improve your ranking in the lottery of this particular project. We call them preferences. Lottery participants who qualify for these preferences will be ranked higher than those that do not. If you certify for a preference falsely, you will lose your spot in this lottery.

If you have any questions, please contact the developer or their marketing agent at the number listed on the first page.

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>4a. Are you a City of Boston resident*?</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

**\*Residency Certification**

If you are picked from the lottery, you'll be asked to provide two of the following to prove your Boston residency. All certifications need to display your name and the Boston address. Bills need to be dated in the last 60 days. If you submit false residency information, you'll lose your spot in the lottery.

- A dated letter from transitional housing or a homeless shelter
- Signed lease (At-will lease counts)
- Car registration / insurance cover page
- Renter's Insurance
- Heating bill (Gas, Electric, Oil)
- Cable / Data / Internet bill
- City of Boston voter registration / Resident listing
- Cell / Landline phone bill

|  |   |  |
|--|---|--|
| <b>4a-1. In which Boston Neighborhood do you live?</b>   |   |  |
| <input type="checkbox"/> Allston<br><input type="checkbox"/> Back Bay<br><input type="checkbox"/> Bay Village<br><input type="checkbox"/> Beacon Hill<br><input type="checkbox"/> Brighton<br><input type="checkbox"/> Charlestown<br><input type="checkbox"/> Chinatown/Leather District<br><input type="checkbox"/> Dorchester | <input type="checkbox"/> Downtown<br><input type="checkbox"/> East Boston<br><input type="checkbox"/> Fenway/Kenmore<br><input type="checkbox"/> Hyde Park<br><input type="checkbox"/> Jamaica Plain<br><input type="checkbox"/> Mattapan<br><input type="checkbox"/> Mid-Dorchester<br><input type="checkbox"/> Mission Hill | <input type="checkbox"/> North End<br><input type="checkbox"/> Roslindale<br><input type="checkbox"/> Roxbury<br><input type="checkbox"/> South Boston<br><input type="checkbox"/> South End<br><input type="checkbox"/> West End<br><input type="checkbox"/> West Roxbury |

#### 5. Demographics

The City of Boston (the City) uses this data only for analysis and reporting purposes. Filling it out helps us understand who we are reaching and how to better reach different communities. Sharing this information will have no impact on your lottery application.

It is unlawful for housing providers to discriminate based on these demographic details. Please select all of the categories with which you identify, or you may also opt not to share these details. There is no penalty for choosing not to share.

|   |  |  |
|---|--|--|
| 5a. Do you identify as Hispanic or Latino?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Choose not to share  |  |
| 5b. How do you identify your race?  |  |  |
| <input type="checkbox"/> American Indian or Alaska Native <sup>1</sup><br><input type="checkbox"/> Asian <sup>2</sup> | <input type="checkbox"/> Black or African American <sup>3</sup><br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander <sup>4</sup> | <input type="checkbox"/> White <sup>5</sup><br><input type="checkbox"/> Other, please specify: _____<br><input type="checkbox"/> Choose not to share |
| 5c. What is your gender identity or expression?   | <input type="checkbox"/> Male<br><input type="checkbox"/> non-binary   | <input type="checkbox"/> Female<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Choose Not to Share                             |
| 5d. Veteran's Status  | <input type="checkbox"/> Yes, myself or someone in my household is serving or has served with the U.S. armed force                                 | <input type="checkbox"/> No, none of my household has served with the U.S. armed force   |

## 6. Application Assistance

This information is only used to help the City better understand the needs of its constituency and ideally help developers and agents processing applications better serve households.

The marketing agent cannot discriminate based on disabilities, this question is only to collect information for the agent to better serve your needs throughout the process of application.

|   |   |   |
|---|---|---|
| 6a. Did you need help with this application?                                      | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| 6b. Did you need technical assistance with this application due to a disability?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> Choose note to share                                       | <input type="checkbox"/> No   |
| 6b-1. If yes, please specify:   |   |   |
| 6c. Did someone fill out this application on your behalf?                         | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| 6d. I needed language assistance while filling out this application.              | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| 6d-1. If yes, I needed assistance translating this application from English into: | <input type="checkbox"/> Arabic<br><input type="checkbox"/> Cape Verdean Creole<br><input type="checkbox"/> Chinese | <input type="checkbox"/> Portuguese<br><input type="checkbox"/> Russian<br><input type="checkbox"/> Spanish |

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> A person having origins in any of the black racial groups of Africa.

<sup>4</sup> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

<sup>5</sup> A person having origins in any of the original peoples of Europe, the Middle East (West Asia), or North Africa.



|  |   |                                     |
|--|---|-------------------------------------|
|  | <input type="checkbox"/> French         | <input type="checkbox"/> Vietnamese |
|  | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Other      |
|  |   | _____                               |

**Please read each item below carefully before you sign.**

By signing below, you declare under penalties of perjury that the information provided in this application is true, correct, accurate and complete in all respects.

If questions remain regarding this application or any of the following statements, please contact the marketing agent for further clarification. The contact details can be found at the start of this application.

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 for which I am eligible, that I find acceptable.
3. I understand that should any material change occur in the household size, income, or assets after the submission of this application may cause me to be re-ranked in the applicant pool or make me ineligible for the income restricted housing opportunity.
4. I understand that no cosigners or guarantors on a lease are permitted. Guarantors include persons who are not members of the applicant household but who make regular and substantial monetary contributions to members of the household.
5. I understand that approval from any source other than the BPDA does not guarantee BPDA 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.
7. I understand that if it is determined that all of my assets were not disclosed at the time of application, I can be denied approval.
8. I understand that I should not give notice on my existing unit until I've actually signed the lease.

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(Applicant Signature) (Date)

This 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.