

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
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 Unit Lottery Application

JFK Crossing

Brookline, MA

Applications must be completed and delivered by 2 pm August 16th, 2019.
DO NOT SEND APPLICATIONS TO THE PROPERTY. SEND APPLICATIONS TO THE NEEDHAM ADDRESS BELOW.

MAXIMUM Household Income Limits:

\$41,500* (1 person), \$47,400* (2 people), \$53,350* (3 people), \$59,250* (4 people), \$64,000* (5 people) and \$68,750* (6 people) *subject to change in 2020

Rents are \$932* (Studio) and \$982* (1 BR), \$1,151* or \$1,167* (2BR), and \$1,336* (3BR) and do not include any utilities except water and sewer. **Parking is included in all units except the Studio.**

**Rents for the units available in 2019 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 \$33,552 to lease a Studio unit, \$35,352 to lease a 1BR unit, \$41,700 to lease a 2BR unit and \$48,096 to lease a 3BR 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 Fall 2019.

Directions:

Applications 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 above to:

SEB Housing
Re: JFK Crossing
257 Hillside Ave
Needham, MA 02494
Fax: 617.782.4500 Phone: 617.782.6900
Email: info@sebhousing.com

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

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. For TTY Services dial 711. Free translation available through Certified Languages International. 這是一份重要文件。欲聯繫 SEB Housing 請發送電子郵件至info@sebhousing.com (將物業名稱放在電子郵件標題中) 或撥打617-782-6900 (撥1, 然後撥0並留下您的電話號碼) 以獲得免費語言幫助。Este documento es muy importante. Favor de comunicarse con el SEB Housing en info@sebhousing.com para ayuda gratis con el idioma.



JFK Crossing. 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: We will only use your email address to contact you about this Certification Application. Providing your email should facilitate the process of completing your Certification Application as you will be notified of missing documentation faster than if we can only send notifications via postal mail. We will not contact you about future lotteries unless requested.

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

- ☐ Studio
- ☐ 1 bedroom
- ☐ 2 bedroom
- ☐ 3 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

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

HOUSEHOLD MEMBERS AND STUDENT STATUS

You **MUST** circle Y or N in the student question in the table below for EVERY household member who will be occupying the unit.

A "full-time student" is an individual who is or will be a full-time student at an educational organization for 5 of the months in the 12-month lease-term. The 5 months need not be consecutive. The determination of student status as full or part-time should be based on the criteria used by the educational institution the student is attending. The term "educational organization" includes elementary schools, junior and senior high schools, colleges, universities, and technical, trade and mechanical schools. It does not include on-the-job training courses. **If a household member is a part-time student and expects to remain a part-time student in the upcoming year, mark "No" for them, but please note that supporting documentation may still eventually need to be submitted.**

NAME	AGE	HEAD OF HOUSEHOLD, CO-HEAD OR DEPENDENT	RELATIONSHIP TO APPLICANT LISTED AT THE TOP OF THIS PAGE	IS THIS PERSON A FULL-TIME STUDENT OR WILL BE A FULL-TIME STUDENT IN THE NEXT 12 MONTHS?
				Yes or No
				Yes or No
				Yes or No
				Yes or No
				Yes or No

Did you check/circle YES for ALL household members listed above? ☐ YES (answer the 5 questions below) ☐ NO (go to the next page)

If YES, to the question directly above, then is anyone in your household:

1. A single parent living with his/her children and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent? ☐ YES ☐ No
2. Married and file a joint return ☐ YES ☐ No
3. A student and receiving AFDC/TANF? ☐ YES ☐ No
4. A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act? ☐ YES ☐ No
5. A student enrolled in a job training program under the Job Training Partnership Act (federal, state or local)? ☐ YES ☐ No

I certify that my Household Size is _____

(This is the total number of people listed in the table at the top of this page)

Initial(s): _____

Initial(s): _____

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

Type III

- ☐ 6 person household: all types
- ☐ 5 person household: all types
- ☐ 4 person household: all types
- ☐ 3 person household: 1 head-of-household plus 2 dependents
- ☐ 3 person household: 2 heads-of-household plus one dependent, where heads of household *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 II

- ☐ 3 person household: 2 heads-of-household plus 1 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*
- ☐ 2 person household: 1 head-of-household plus one dependent

Type I

- ☐ 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 businesses located in Brookline including Town Employees or (C) a parent or guardian with children attending the Brookline Public Schools (including METCO students)

- ☐ Yes
- ☐ No

If you answered "Yes" for Local Preference you will need to attach the documentation specified below AFTER THE LOTTERY:

If qualifying under definition (A) as detailed above: please have ready to submit 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: please have ready to submit copies of pay-stubs **AND IF THE PAY STUBS DO NOT SHOW THE ADDRESS OF THE JOB** you will need a **signed statement** from your employer on company letterhead the states the address of the job and the employee's name.

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

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:

REASONABLE ACCOMMODATION

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):

☐ Alaskan Native and Native American

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ Hispanic or Latino

☐ White (not of Hispanic origin)

☐ Other (please specify) _____

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

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)

INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE

Please complete the Income Table on the following two pages. For any section that does not apply, write "NA". **Supporting documentation to verify all income claims will be required AFTER the lottery for households who are asked to move forward in the process.**

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. The "gross income" figures requested in the third column on the income table should reflect the full amounts of wages, salaries, tips, etc. received, before any deductions, which are the amounts used to determine current annualized household 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 3**.
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".

HOUSEHOLD INCOME

You cannot use white out on this Certification Application. If you make a mistake, cross it out and initial the change.

Any sections left blank will be considered "Not Applicable."

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)	
	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		

HOUSEHOLD ASSETS

Any sections left blank will be considered "Not Applicable." 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 Lottery Application, the full and fair cash value of the asset at the time of its disposition must be listed below. You cannot use white out anywhere. If you make a mistake, cross it out and initial the change.

	Bank Name	Last 4 Digits of Acct Number	Amount	
Checking Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Venmo/Paypal/ Cash-Apps			Balance \$	
			Balance \$	
Trust Account			Balance \$	
Certificates (or CDs)			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 Certification 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 Certification 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.**

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. I understand that if any sources of income or assets are not disclosed on this application, or any information provided herein is not true and accurate, this application may be removed immediately from further consideration and I will no longer be allowed to reserve a unit.
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. The undersigned certify that none of the people listed in this application, or their families, have a financial interest in the development and none of the people listed in this application can be considered a Related Party by the affordable housing guidelines that govern this property.
4. The undersigned certify that the affordable unit will be undersigned's principal residence and the undersigned cannot own a home elsewhere or in trust while living in an affordable unit.
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, and by given deadlines I will need to complete Program Certification and a lease application where my affordable housing program and lease eligibility will be determined by additional factors such as credit score, tenant history and criminal background screening. I understand that if selected high enough in the lottery to move forward, I will need to be able to submit all required income, asset, tax and if applicable, local preference documentation within 10 days of the lottery deadline and failure to submit the required documentation in time, or to meet any other deadlines given by SEB or the management company, will result in my removal from the Waiting List.
8. I understand that any material change in the income or assets of my household, or my household composition, that occurs after the submission of this application may make me ineligible for affordable housing. I understand that any changes to income or assets that may put my household into another income tier must be reported to SEB.
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. I understand that any changes to my contact information must be reported to SEB.
11. I acknowledge that the determination of eligibility by SEB Housing is based upon the guidelines that govern the Affordable Housing Program for the development and, as such, barring any confirmed error by SEB Housing in applying the guidelines and/or calculating income, the decision is final and I further agree to hold harmless SEB Housing from any claim(s) related to this application.
12. The undersigned give consent to the Town of Brookline, SEB Housing LLC, JFK Crossing, and MHP to verify the information provided in this application. The undersigned authorize the release of information necessary in determining income and assets from third-party references.

Applicant's Signature

Date

Applicant's Signature

Date

Send applications by the date on the cover page to (DO NOT SEND THEM TO THE PROPERTY, SEND THEM TO THE NEEDHAM ADDRESS). For Questions contact info@SEBHousing.com or (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.