



Brookline Housing Authority

90 Longwood Ave, Ste 1
Brookline, MA 02446

TEL: 617 277 2022

TTD: 800 545 1833 x213

E-mail:
apps@brooklinehousing.org

This is an important notice. Please have it translated
Esta es una notificación importante. Por favor, mande a traducirla.
Sa a se yon avi enpòtan. Tanpri fè tradui l.
これは重要な通知です。これを翻訳してもらってください。
זוהי הודעה חשובה. אנא תדאגו לתרגומה.
Đây là một thông báo quan trọng. Vui lòng cho dịch ra.
這是個重要通告，請予翻譯。
Это важное уведомление. Просим перевести его.
Este é um aviso importante. Por favor traduza o mesmo.

Application for Housing *Federal Public Housing* Brookline, MA

Applications must be delivered to the Brookline Housing Authority at:

90 Longwood Avenue, Suite 1
Brookline, MA 02446

MAXIMUM Household Income Limits: **subject to change in 2024*

1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
\$82,950	\$94,800	\$106,650	\$118,450	\$127,950	\$137,450	\$146,900	\$156,400

Bedroom Type	
1-Bedroom	3-Bedroom
2-Bedroom	4-Bedroom

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 TTD services dial 1-800-545-1833, extension 213.



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.

Type of Housing: Elderly- (62+) Disabled Family

Bedroom Size: List the desired bedroom size: _____

The final determination of bedroom size will be made by our staff according to our policy which is based on your family composition.

Do you currently receive State or Federal rental assistance, or do you have a Section 8 mobile voucher?

Yes No

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

Name (A)	Relation to Head	Social Security #	Disabled Y/N	Sex M/F	Date of Birth	Race/ Ethnicity
	Head of Household					

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

PRIORITY/PREFERENCE

DISPLACED BY NATURAL DISASTER

An applicant claiming the Natural Disaster priority is an applicant who has been displaced due to a flood or fire or other natural disaster that renders the applicant's dwelling unit uninhabitable. The fire, flood, or other natural disaster cannot be due to the fault of the family and/or a Household Member.

- Displaced by Natural Disaster
- N/A

DISPLACED BY DOMESTIC VIOLENCE

An applicant claiming the Domestic Violence priority is an applicant who recently vacated their unit due to domestic violence, continues to be threatened by abuser, lives with abuser or continues to be homeless due to fleeing abuser.

- Displaced by Domestic Violence
- N/A

LOCAL PREFERENCE INFORMATION

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) employed in the Town of Brookline

- Yes, a current resident of Brookline.
- Yes, employed in the Town of Brookline
- N/A

BROOKLINE HOUSING TENANT RELOCATION/REDEVELOPMENT PREFERENCE

BHA has provided its Public Housing Residents with a preference for RAD Part I conversion households and for households displaced due to demolition/redevelopment.

- Brookline Housing Authority tenant displaced as a result of demolition and/or redevelopment of public housing.
- N/A

ACCESSIBLE UNIT

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

- Yes, _____
- No

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 for statistical purposes only)

Please check all boxes that apply:

- White (not of Hispanic origin)
- Black/African American
- American Indian/ Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Other: _____
- Hispanic
- Non-Hispanic

FULL-TIME STUDENT

Are you or any member of your household a full-time student? *A full-time student is defined by the IRS as an individual, who during each of 5 calendar months during the calendar year, is a full-time student at an educational organization or is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization.*

- Yes
- No

LANGUAGE:

Do you understand and speak English?	Y / N	If no, language spoken	
Do you understand and read English?	Y / N	If no, language read	

INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE

Please complete the Income Table on the following two pages. You will later be asked to submit 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 **income determination**, **“Household”** shall mean all persons whose names appear on the lease, and all persons who intend to occupy the housing unit as their permanent primary residence, even if they are not included in 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, apart from income from employment for household members under the age of 18 or any income over \$480/year for 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

You cannot use white out on this Application. If you make a mistake, cross it out and initial the change. **For any section that does not apply, write "NA".**

Household Member Name	Source of Income	Current GROSS Monthly Income
	Employer (name)	
	Self-Employed (contract/job name)	
	Child Support/Alimony	
	Social Security Income	
	SSDI	
	Pension (list source)	
	Retirement Funds (list source)	
	Workman's Compensation	
	Severance Pay	
	Unemployment Compensation	
	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)	
	Other Income (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. Please detail 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 Account			Balance \$	
Savings Accounts			Balance \$	
Trust Account			Balance \$	
Venmo/PayPal/Cash-App			Balance \$	
Bank CDs)			Balance \$	
Savings Bonds	Maturity Date:		Value \$	
401k, IRA, Retirement Accounts (Net Cash Value)	Company Name:		Value \$	
	Company Name:		Value \$	
	Name	# of Shares	Interest/Dividends	Value
Mutual Funds			\$	\$
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 through 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:	\$

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 for Federal Public Housing
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 certify that the rental unit with Brookline Housing Authority will be my principal residence.
4. I understand that the lease or occupancy agreement for the unit to be occupied through the Federal Housing Program may be subject to cancellation if any of the information provided is not true and accurate.
5. I understand that the information provided in this application **does not** guarantee housing.
6. I understand this is an application for a rental unit for Federal Public Housing, and in the process of leasing a unit, and by given deadlines, I will need to complete Program Certifications where my participation in rental housing programs and eligibility will be determined by additional factors such as tenant history and criminal background screening. I understand that if selected from the wait list, I will need to be able to submit all required income, asset, tax and if applicable, local preference, accessible, vision-impaired, and/or hearing-impaired documentation within 10 business days of the screening deadline and failure to submit the required documentation in time, or to meet any other deadlines given by BHA will result in my removal from the wait list and disqualify my housing application .
7. I understand that any material changes in income or assets of my household, or my household composition, that occur after the submission of this application may make me ineligible for Federal Public Housing. I understand that any changes to income or assets that may put my household into another income tier must be reported to BHA.
8. Co-signers and Guarantors **are not** permitted unless they are co-tenants who will reside in the unit.
9. I understand that any changes to my contact information must be reported to BHA.
10. I acknowledge that the determination of eligibility by BHA is based upon the regulations that govern the Federal Housing Program for the development and, as such, barring any confirmed error by BHA in applying the regulations and/or calculating income, the decision is final, and I further agree to hold harmless BHA from any claim(s) relate to this application.
11. The undersigned give consent to Brookline Housing Authority (BHA) to verify the information provided in this application. The undersign authorizes 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 BROOKLINE HOUSING AUTHORITY ADDRESS). For Questions contact apps@brooklinehousing.org or (617) 277-2022