Brookline Housing Authority

90 Longwood Avenue Brookline, Massachusetts 02446 617-277-2022 FAX 617-277-1462 TDD 1-800-545-1833, Extension 213 **Director of Management** Matthew Baronas, mbaronas@brooklinehousing.org

Managers:

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DECLARATION OF NO INCOME

I, ______, Social Security Number ______ do hereby swear and affirm that I received no income whatsoever from any source either public or private. I realize that a condition of my family's tenancy under the State or Federal funded Public Housing Development program is that I report all income to the Brookline Housing Authority. I understand that failure to report income is grounds for termination of my tenancy and would subject me to prosecution under State laws.

In addition to the certification above, my signature below is my release to the Brookline Housing Authority to inquire of the Department of Transitional Services, the Department of Social Security, and any other source deemed appropriate by the Brookline Housing Authority as to any and all income received by family and me.

Signature

Date

Continued

CERTIFICATION OF NO SOURCE OF INCOME

If you are claiming no source of income, you will need to certify with us the following information on a **monthly basis**:

Monthly obligations:

Telephone:	\$	
Cable:	\$	
Internet:	\$	
Food:	\$	
Toiletries:	\$	
Car Payments	\$	
Insurance:	\$	
Gas for Car:	\$	
Student Loans:	\$	
Day Care	\$	
Other	\$ 	
Total	\$	

Please list the sources you plan on for monies to meet your monthly obligations (this miscellaneous income will be used for determining your rent).

1		\$
2		\$
3		\$
	TOTAL	\$

I certify that this is true to the best of my knowledge.

Signature

Date

THIS FORM MUST BE NOTARIZED