

8. **Gross Income:** List the **income amount before deductions** and source for each household member.

Name of Household Member	Source of Income	Gross Monthly Income
1.	Salaries/wages including overtime/tips	
2.	Salaries/wages including overtime/tips	
3.	VA Disability	
4.	Net income from business or self-employment	
5.	Asset income: trusts, interest, dividends, etc.	
6.	Pensions and annuities	
7.	Unemployment, disability/workers compensation	
8.	Regular Social Security benefits, SSI and/or SSDI	
9.	AFDC, EAEDC, RRP or TAFDC	
10.	Alimony and/or Child Support	
Total Gross Monthly Income:		

9. **Priority/Preference:** Before answering this question, please refer to the page with the required documentation of each priority/preference category that accompanies this application. You will not be required to provide verification of the priority/preference until your name approaches the top of the wait list. However, if you do not qualify for a priority/preference at that time, you will not be given that status but may remain on the waiting list as a standard applicant.

Displaced: Please check off if you have been displaced due to:

- Natural Disaster
- No Fault Eviction
- Code Enforcement
- Public Action
- Fleeing Domestic Violence
- Severe Medical Emergency

Veteran: You may apply for Veteran's Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of the Veteran. A copy of the Veteran's discharge or separation papers (form DD214) will be required at the time of final verification.

If you are a veteran or a family member of a deceased veteran whose death was service related please check here

Local: You may apply for Local Preference if you live or work in Brookline.

If you live or work in Brookline please check here

10. **Mobility:** If you or any members of your household use a wheelchair or have limited mobility please check here

Briefly explain your needs: (i.e. first floor or elevator, wheelchair accessible unit, etc.) _____

11. **Household Racial/Ethnic Designation:** (optional, for statistical purposes only):

- White/Caucasian
- Black/African American
- Asian/Pacific Islander
- Hispanic
- Multi-Racial
- Native American/Alaskan Native
- Decline to Answer
- Non-Hispanic

I understand that this application is not an offer of housing. I understand that the Brookline Housing Authority will make no more than one offer of a unit per program. If I am offered a unit and refuse this offer of an BHA owned unit, my application will be removed from the waiting list for that program.

I also understand that if I refuse an offer of an apartment that I will not be granted Preferences consideration in the future.

I understand that it is my responsibility to inform the Brookline Housing Authority, in writing of any change of address, income or household composition. I authorize the Brookline Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given is true and correct. I understand that any false statement or misrepresentation may result in the disqualification of my application.

x

By checking this box I, the Head-of-Household, certify that the above information is true and accurate to the best of my knowledge.

❖❖❖ SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY ❖❖❖

WARNING: Title 18, Section 1001 of the US Code, states that a person is guilty of a felony for knowingly or willingly making false or fraudulent statements to any department or agency of the United States.

