



**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](mailto: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 32 Marion Apartments LLC

**Brookline, MA**

Applications can be returned and accepted via email at  
[apps@brooklinehousing.org](mailto:apps@brooklinehousing.org), or by US mail or hand delivery to:

**Brookline Housing Authority  
90 Longwood Avenue  
Brookline, MA 02446**

All applications are also available to be completed and submitted digitally at  
[www.brooklinehousing.org](http://www.brooklinehousing.org)

MAXIMUM Household Income Limits: *subject to change in 2026*

1 Person	2 People
\$60,000	\$ 68,600

Bedroom Types
1-Bedroom
1- Bedroom Wheelchair Accessible
1- Bedroom Sensory Accessible

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.*

**Bedroom Size Information: All units are 1 bedroom.**

Do you require a wheelchair accessible unit: \_\_\_ Yes \_\_\_ No

Do you require a unit with sensory accessibility features: \_\_\_ Yes \_\_\_ No

**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*	Gender (Optional)	Date of Birth	Race/ Ethnicity <small>Enter "N/A" if you do not wish to disclose</small>
	Head of Household					

\*Response is voluntary but will assist in determining qualification for the disability preference and household income (e.g., income deductions related to disability status).

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

**Information for Language Assistance:**

Do you have difficulty understanding and speaking English?	Y / N	If yes, language spoken	
Do you have difficulty reading English?	Y / N	If yes, language read	

## PREFERENCES

- **Elderly (62+).** An applicant qualifies for a unit exclusively serving elderly families if the head of household, co-head, or spouse is an elderly individual (62+). This elderly designation applies to 92 of the units at 32 Marion Apartments.
  - Head of Household, co-head, or spouse is elderly (62+).
  - N/A
  
- **Disabled.** An applicant qualifies for the Disabled preference if the head of household, co-head, or spouse is an individual who is disabled and not elderly. This preference does not apply to units designated as exclusively serving elderly families. A person with a disability is defined as including any (1) individual with a physical or mental impairment that substantially limits one or more major life activities; (2) individual with a record of such impairment; or (3) individual who is regarded as having such an impairment.
  - Head of household, co-head, or spouse has a disability
  - N/A
  
- **Walnut/High elderly and disabled households who are displaced as a result of the redevelopment of the property (pending HUD approval of Section 18 demolition/disposition application) (up to 24 households).**
  - Walnut/High elderly and/or disabled household who is displaced as a result of the redevelopment of the property
  - N/A
  
- **Existing tenants from other BHA properties that will be displaced as a result of BHA redevelopment activities.**
  - Existing tenant from other BHA properties that will be displaced as a result of BHA redevelopment activities
  - N/A
  
- **Brookline Housing tenant currently in Project Based Voucher (PBV) units, for less than one year, that qualify for an Emergency, Domestic Violence & Natural Disaster transfer and tenants currently in Brookline federal public housing units that qualify for an Emergency, Domestic Violence & Natural Disaster transfer.**
  - Brookline tenant currently in PBV units, for less than one year, that qualify for Emergency, Domestic Violence & Natural Disaster transfer
  - Tenant currently in federal public housing units that qualify for an Emergency, Domestic Violence & Natural Disaster transfer
  - N/A
  
- **Emergency, Domestic Violence & Natural Disaster applicants.** This preference is for: (1) families who have been displaced due to flood or fire, other natural disasters and or Board of Health Condemnation that renders the family'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; or (2) an applicant or member of the household who has been or is currently a victim of domestic violence, dating violence, sexual assault, or stalking, and has a reasonable belief of risk of imminent harm if he or she remains in current place of residency.
  - Displaced by natural disaster.
  - Displaced by Board of Health condemnation.
  - Displaced by domestic violence
  - N/A
  
- **Other applicant**
  - None of the above.

**ACCESSIBLE UNIT**

**Are you, or any member of your household, in need of an accessible unit?** This is defined as a person with a disability who needs the features of a wheelchair or sensory accessible unit.

- Yes, wheelchair accessible unit
- Yes, unit with sensory accessibility features
- 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: \_\_\_\_\_

**ETHNICITY:**(OPTIONAL for statistical purposes

only) Please check all boxes that apply:

- Hispanic/Latino
- Non-Hispanic/Latino

**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

## **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
<b>GMHI x 12 =</b>	<b>GROSS ANNUAL HOUSEHOLD INCOME</b>	\$ /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.

	<b>Bank Name</b>	<b>Last 4 Digits of Acct Number</b>	<b>Amount</b>	
<b>Checking Account</b>			<b>Balance \$</b>	
<b>Savings Accounts</b>			<b>Balance \$</b>	
<b>Trust Account</b>			<b>Balance \$</b>	
<b>Venmo/PayPal/Cash-App</b>			<b>Balance \$</b>	
<b>Bank CDs)</b>			<b>Balance \$</b>	
<b>Savings Bonds</b>	<b>Maturity Date:</b>		<b>Value \$</b>	
<b>401k, IRA, Retirement Accounts (Net Cash Value)</b>	<b>Company Name:</b>		<b>Value \$</b>	
	<b>Company Name:</b>		<b>Value \$</b>	
	<b>Name</b>	<b># of Shares</b>	<b>Interest/Dividends</b>	<b>Value</b>
<b>Mutual Funds</b>			\$	\$
<b>Bonds</b>			\$	\$
<b>Investment Property</b>			<b>Appraised Value \$</b>	

## 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:	\$

**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 for housing at 32 Marion Apartments LLC.
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 at 32 Marion Apartments LLC will be my principal residence.
4. I understand that the lease or occupancy agreement for the unit to be occupied through the Section 8 Voucher & Low-Income Housing Tax Credit programs 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 at 32 Marion Apartments LLC, 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 housing at 32 Marion Apartments LLC. 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 Section 8 Voucher and Low-Income Housing Tax Credit Programs 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 32 Marion Apartments LLC and 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](mailto:apps@brooklinehousing.org) or (617) 277-2022**

This is an important document. Please contact the front desk at the Brookline Housing Authority at 617-277-2022 option 1 or [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) for free translation assistance.

- Este es un documento importante. Comuníquese con la Autoridad de Vivienda de Brookline al 617-277-2022 opción 1 o [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) para obtener asistencia de traducción gratuita. (Spanish)
- Este é um documento importante. Entre em contato com a recepção da Brookline Housing Authority pelo telefone 617-277-2022, opção 1, ou pelo e-mail [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) para obter assistência gratuita com tradução. (Portuguese)
- Sa a se yon dokiman enpòtan. Tanpri kontakte biwo akèy la nan Brookline Housing Authority nan 617-277-2022 opsyon 1 oswa [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) pou asistans tradiksyon gratis. (Haitian Creole)
- 此文件非常重要。请联系布鲁克林房屋管理局前台，电话：617-277-2022 转 1，或发送电子邮件至 [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org)，我们将提供免费翻译帮助。  
(Traditional Chinese)
- 此文件非常重要。请联系布鲁克林房屋管理局前台，电话：617-277-2022 转 1，或发送电子邮件至 [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org)，我们将提供免费翻译帮助。(Simplified Chinese)
- Это важный документ. Пожалуйста, свяжитесь со стойкой регистрации в Brookline Housing Authority по телефону 617-277-2022 (опция 1) или по адресу [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) для бесплатной помощи с переводом. (Russian)
- នេះគឺជាឯកសារសំខាន់មួយ។ សូមទាក់ទងផ្នែកខាងមុខនៅអាជ្ញាធរលំនៅដ្ឋាន Brookline តាមលេខ 617-277-2022 ជម្រើស 1 ឬ [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) សម្រាប់ជំនួយការបកប្រែដោយឥតគិតថ្លៃ។(Khmer)

- Đây là một tài liệu quan trọng. Vui lòng liên hệ với quầy lễ tân tại Brookline Housing Authority theo số 617-277-2022, chọn mục 1 hoặc [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) để được hỗ trợ dịch thuật miễn phí. (Vietnamese)
- Tani waa dukumeenti muhiim ah. Fadlan kala xidhiidh miiska hore ee Hay'adda Guryeynta Brookline 617-277-2022 option 1 ama [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) si aad u hesho kaalmo tarjumaad bilaash ah. (Somali)
- Ceci est un document important. Veuillez contacter la réception de la Brookline Housing Authority au 617-277-2022, option 1, ou à [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) pour une traduction gratuite. (French)
- Questo è un documento importante. Si prega di contattare la reception della Brookline Housing Authority al numero 617-277-2022 opzione 1 o all'indirizzo [apps@brooklinehousing.org](mailto:apps@brooklinehousing.org) per assistenza gratuita alla traduzione. (Italian)