

Brookline Housing Authority

90 Longwood Avenue
Brookline, Massachusetts 02446
617-277-2022
FAX 617-277-1462
TDD 1-800-545-1833 Extension 213

RE: ANNUAL RENT RECERTIFICATION/CONTINUED OCCUPANCY - State

Dear Resident:

As you know, program regulations require us to update our information about your income and family composition in order to renew your lease. Please complete the enclosed continued occupancy packet and return it, either by slipping it under the door of the Manager's Office or by dropping it off or mailing it to **Brookline Housing Authority, 90 Longwood Avenue, Brookline, MA 02446.**

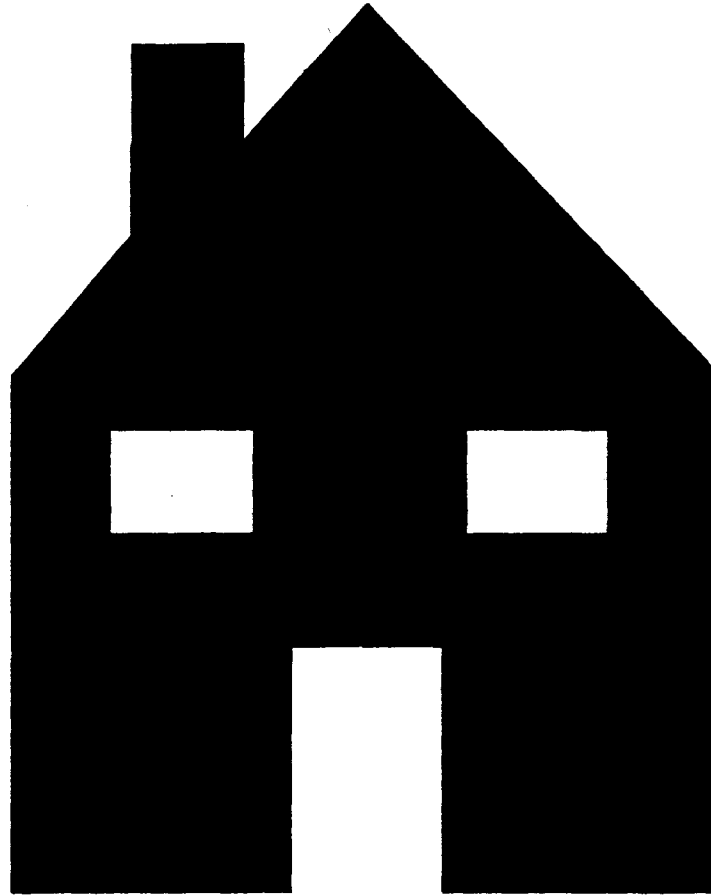
Even residents that have just leased must complete the recertification packet and provide updated verification. **Each section on the questionnaire instructs you what verification, if applicable, is required (some require verification in order to allow deductions).** If you have any questions, please do not hesitate to call your manager.

Please submit for you and each household member if applicable (if a section is not applicable, please put N/A in that section – do not leave a section blank):

- a recent **Social Security or SSI benefits statement**. Call 1-800-772-1212 to obtain one if you do not already have one. They will send you one in a few weeks.
- a **current stub** showing the gross amount and deductions for **pensions or annuities**. For **Federal pension**, submit the **last annual statement of benefits** received from the Office of Personnel Management which shows the gross benefits and deductions for taxes and medical premiums.
- three, recent, consecutive **pay stubs** and complete Section 2 with the name, address and phone number of each employer for all household members that work.
- a copy of the last-filed **income tax** forms with W-2s and 1099s and all attachments (including Schedule C if **self-employed**) for all that filed.
- three, recent, consecutive statements (all pages) and a copy of your bank book (a letter from the bank is not acceptable for checking and savings accounts) for verification of **checking, savings, money market, and stock or bond accounts**. For **CDs or IRAs**, please request a letter from the bank(s) stating the gross amount and the interest rate for each account.
- **computer print outs for any out-of-pocket expenses** that you and household members occurred for prescriptions and for doctors, dentists and/or HMOs within the last 12 months. For medical premiums, please submit the most recent statement and a canceled check.
- verification from the college/school of **full-time student status** for those 18-years plus.

If you need any assistance, please do not hesitate to call your manager.

It's Time to Renew Your Lease...



Please complete the enclosed forms,
and return them to your manager along
with the necessary verification.

New Rent Recertification Requirements

The following are changes to the annual rent recertification process made permanent by state regulation, effective October 1, 1998:

1. Residents must provide copies of their prior year's tax Returns with all forms including W2's and 1099s
2. All adult members of a household (18 years of age or older) must sign the enclosed wage/bank match form and include their social security number.
3. The one-year welfare to work income exclusion is extended to include household whose source of income changes from SSI or SSDI to income earned from wages.

Please contact your Manager if you have any questions

Thank you for your cooperation.

Income/Asset Match Authorization Form

All adult members of the household must sign this form.

I have read the attached letter and authorize the use of my Social Security number for the purpose described.

Please return this form no later than _____.

If there are more than three adults in your household, please continue on the back of this form.

Head of Household

Social Security number _____

Name (please print) _____

Signature _____

Other adult (aged 18 and over) household members

Social Security number _____

Name (please print) _____

Signature _____

Social Security number _____

Name (please print) _____

Signature _____

Name (please print) _____

Signature _____

Social Security name _____

HELPFUL HINTS

For submitting recertification documents in **State Assisted Housing**

If you need help with your recertification, please call your **Manager** at the Management Office **before** you mail or drop off your paperwork.

Medical Deduction: your out-of-pocket medical, eye, dental and prescription expenses as well as premiums for medical, dental and vision insurance are deductible and may lower your rent. In order to receive the deductions, you must present the following:

- canceled checks or receipts attached to the corresponding bill
- computer printout from your pharmacy (pharmacies) with last year's totals
- Medical Premium Bills with proof of payment

Child Care Expenses: are deductible if used to allow the head-of-household to work or attend a school/training program. You must provide verification and canceled checks or receipts as proof of payments for child care.

Report all income: all income must be reported for all household members who are age 18 and over.

Student Status for household members 18 years old and up: A full-time student age 18 and over must submit verification from the school he or she attends. If you are a full-time student, until the age of 25, your income while you are currently in pursuit of an undergraduate degree or enrolled in a diploma or certificate granting program, is not counted towards the household rent.

If you are a **part-time student, any age**, and **currently enrolled** in a vocationally related post secondary education, you may be entitled to a **deduction** for out-of-pocket expenses you make for this purpose. Please provide proof of current enrollment and proof of out-of-pocket expenses for tuition and/or fees.

Welfare to Work: if you recently ended assistance from Department of Transitional Assistance to transition to a **job** you may be entitled to keep your rent at the present value for a twelve month period (this is a one time exclusion). Please call your Manager if you would like more information.

State checklist for required documentation

- Complete the enclosed **Questionnaire and Emergency Contact Form**. If a question or section does not apply to your circumstance, write "N/A" (non applicable) in that section. Be sure to sign and date the questionnaire and write your address below your name.

- All adult members of the household 18 years or older must sign the enclosed **Authorization for Release of Information form**. Only the Head of Household must sign the **Fair Information Practices Act**.

- We require **three recent and consecutive bank statements** (copies will do) for all bank accounts. You must report and supply documentation on all checking, savings CDs, stocks, bonds, real estates, IRA's and any other assets you may have. The end of the year statements that you receive for tax purposes will be accepted as long as they detail earnings/interest from your assets.

- Income**: If employed you must supply us with three recent and consecutive pay stubs, which show gross income and year to date income. If your pay stubs do not show year to date figures, please obtain a letter from your employer which states this amount and the pay period ending date.

- If you are receiving support payments, please supply court documents stating the amount you receive. If you receive **third party assistance** including Social Security, SSI, SSDI benefits; Department of Transitional Assistance benefits; Veteran's Assistance; Pensions' Disability or Unemployment benefits, a letter from the Agency Source indicating the monthly gross income received is needed.

- Family members **age 18 and over who are not employed** must provide a notarized letter stating that they are not employed nor receiving any income.

- Family members age 18 and over who are either full or part time students must send a letter from their school stating that they are currently enrolled.

- If you pay for **Medical Insurance** please provide third party verification of payments you make for medical insurance (i.e, Blue Cross / Blue Shield, Harvard Community Health Plan, Tufts Health Plan).

- Any out of pocket medical expenses that you are not reimbursed for can also be a deduction from your gross income. In order to verify these expenses, provide copies of medical and dental bills along with canceled checks as proof of payment for uncompensated medical expenses incurred in the last calendar year. For Prescriptions, please obtain a computerized printout from the Pharmacies where you fill prescriptions.

- Child Care expenses** are deductible if they allow the head of household to work or attend school. Provide bills and canceled checks or receipts for child care expenses.

- For those residents who park in BHA lots, provide the **current automobile registration and the corresponding driver's license**.

Brookline Housing Authority
90 Longwood Avenue
Brookline, MA 02446
(617) 277-2022

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

(Every adult member must sign this form)

Name: _____

Address: _____

I, the above named individual, have **authorized** the Brookline Housing Authority to **verify the accuracy** of the information which I have provided to the Housing Authority, from the following sources (specify):

Banks	Courts
Financial Institutions	Criminal History Board
Law Enforcement Agencies	Landlords
Employers: past and present	Providers of:
Schools and Colleges	Alimony
U.S. Department of Defense	Child Care
U.S. Postal Service	Child Support
State Employment Security Agencies	Credit
U.S. Social Security Administration	Pensions/Annuities
U.S. Department of Veteran's Affairs	Medical Care
Welfare Agencies	Internal Revenue Service
U.S. Office of Personnel Management	Mass. Dept. of Revenue

I hereby give you my permission to release this information to the Brookline Housing Authority subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Brookline Housing Authority within five (5) business days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Signature of Head of Household

Date

Other Adult(s)

Date

Other Adult(s)

Date

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Brookline Housing Authority collects information about applicants and tenants for its housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of the information submitted. When permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by Housing Authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by a housing authority to provide information; however, failure to permit the Housing Authority to obtain the required information may result in delay, ineligibility for the programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regard to the information collected about you:

- No information may be used for any purpose other than those described above without your consent.
- No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
- You or your authorized representative have a right to inspect and copy any information collected about you.
- You may ask questions and receive answers from the Housing Authority about how we collect and use your information.
- You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Division of Housing and Community Development (DHCD).

I have read and understood this Fair Information Practices Statement of Rights and have received a copy for future reference.

Signature of Head of Household

Date

NEXT OF KIN EMERGENCY CONTACT FORM

Instructions: complete this form with the name of someone who does not live in your household, but has contact with you on a sustained basis. For example, you could put your nearest relative or friend; neighbor; or Doctor or Lawyer.

Name: _____

Address: _____

Phone Number: (_____) _____

Relationship to you: _____

Request for E-Mail Address

Brookline Housing Authority would like you to provide your e-mail address , if you have one, for general communication concerning Housing Authority tenancy and events. It is the Housing Authority's goal to improve the quality of general communication and to take advantage of this low cost technology. Notices will still be posted manually in the BHA buildings.

Any specific business concerning your tenancy will continue to be conducted in person and by mail so that there is a record of these important communications and to ensure that privacy is maintained.

Name_____

E-mail Address_____

QUESTIONNAIRE

Print and use ink

Effective Date _____

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

This questionnaire must be returned _____ days after date of receipt.
All statements are made under the penalties of perjury.

Note: To comply with Government rules and regulations, all of the statements and answers listed on this form must be verified by the Brookline Housing Authority. Any changes in the information given must be reported by you to the Authority as soon as they occur.

Head of Household _____ Phone No. _____
Last name First name

Section 1: Household Composition

First list the head of household members. On the line following the last name listed, write "N/A" (not applicable) to indicate all household members have been listed. You must submit a letter from school or colleges for adults other than head of household and spouse who are 18 years or old stating that the student is full time in order to receive a deduction. The letter **must** be an original and must have the school seal.

Name	Relation	Sex	Date of Birth	Occupation	Social Security #
	Self				

Do you expect a change in family composition? Yes _____ No _____ Explain _____

Section 2: Employment and other income (if you need more room use a separate piece of paper. Sign and date that piece of paper also.)

A. Employment

List all employers of **all** household members (including those under 18 years of age). On the line following the last employer listed put "N/A". Make sure that the name, address (including zip code) and phone number are clearly written. You must submit three recent consecutive pay stubs from each employer. If no one is employed put "N/A" on the first line of the table below.

Employer's Name Complete address & phone	Position	Social Security #	Employed From - To	Current Income per month	Earnings last year

Section 2: Employment and other income (continued)

B: Other income: income and Assets should be reported for those under 18, also. You must answer all questions and put in the amount the household members receive if applicable. You must provide recent verification of all income including for Social Security and SSI.

	Yes	No	# of People Receiving	Total Amount	Week/month Per
Social Security					
SSI					
Child Support					
Alimony					
TAFDC					
EAEDC/State Aid					
Unemployment					
Annuity					
Pension					
V.A. Benefit					
V.A. Aid					
Self-employed					
Tips/Commissions					
Bonus/profit sharing					
Other (explain)					

C: Additional Information

Did you or anyone in your household receive any income last year that was not reported to the Authority?

Yes _____ No _____ Total Amount _____ Explain _____

Section 3: Assets (if you need more room, use a separate piece of paper. Sign the paper.) List all assets (checking, savings, CD's, IRA's, Money Market, Investment, 401Ks etc. You must provide verification of all assets (copies of three recent, consecutive bank statements, copies of bank books, etc.)

Bank	Type of Account	Interest Rate	Principal Amount

Answer all the following questions.

Do you own stocks? Yes _____ No _____ Total Value \$ _____ last years divided end \$ _____
 Do you have or receive money from a trust fund? Yes _____ No _____ Amount \$ _____
 Do you own bonds? Yes _____ No _____ Total Value \$ _____
 Do you own real estate? Yes _____ No _____ explain if yes _____
 Have you dispersed of assets for less than fair-market value within the last two years?
 Yes _____ No _____ Explain _____

Section 4: Deductions- you must provide verification of payment to receive deductions.

Medical deductions

If the head of household or spouse is 62 years or older or is disabled, you and all your household members may be eligible for deductions for medical, eye dental insurance premiums such as Medex and HCHP and for out-of-pocket medical, dental, eye and prescription expense. Verification is required. .

Do you have medical/eye/dental insurance? Yes _____ No _____ What kind? _____
 Out-of-pocket medical/dental/eye/prescription expenses? Yes _____ No _____ How much? _____

Child Care or Handicapped Care Expenses

Do you pay out-of-your pocket for childcare or handicapped care expenses which allow you to work or go to school? Yes _____ No _____ Amount \$ _____ Verification is needed.

Section 5: Automobiles

Do you or any member of your household own an automobile? Yes _____ No _____ How many? _____

Please submit a current copy of your license(s) & registration(s) Parking space # _____

Signed under the pains and penalties of perjury:

Signed: _____ Dated: _____
 Head of Household

_____ Dated: _____
 Spouse

Address