OFFICE USE ONLY DATE OF RECEIPT

Туре:	
Unit Size:	
Priority:	

## **Brookline Housing Authority**

## **Applications Department** Office Hours: weekdays 8:30 - 4:30

90 Longwood Ave. Ste. 1, Brookline, MA 02446

Preference: Phone: 617-277-1885 Fax: 617-277-1462 TTD: 800-545-1833, x 213 Applicant ID: Web: brooklinehousing.org E-mail: apps@brooklinehousing.org

## Preliminary Application for Public Housing

No documentation is required at this time.

1.	Applicant: First		Middle La:	st	
2.	Current Physical Address:				Apt. #
	- City <sub>-</sub>				
3.	Mailing Address (if different):				Apt. #
	- City <sub>-</sub>				
4.		ne			
	E-Ma	ail			
5.	Type of Housing: Select the	e type of housing for which you are ap	oplying. You may select more th	an one.	
	■ Elderly/Disabled	d 🗖 Family	Wheelchair Accessible		
6.		sired bedroom size te will be made by our staff according to our polic	y which is based on your family compos	ition.	

Family Composition: List all the people who will live in your household, beginning with yourself.

Last Name	First Name	Sex	Social Security #	Relationship	Date of Birth
				Head-of-Household	

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	

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.

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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.

**a** EQUAL HOUSING OPPORTUNITY &