

Type: \_\_\_\_\_  
Unit Size: \_\_\_\_\_  
Priority: \_\_\_\_\_  
Preference: \_\_\_\_\_  
Applicant ID: \_\_\_\_\_

**Brookline Housing Authority**  
**Applications Department**  
**Office Hours: weekdays 8:30 – 4:30**  
90 Longwood Ave. Ste. 1, Brookline, MA 02446  
Phone: 617-277-1885 Fax: 617-277-1462 TTD: 800-545-1833, x 213  
Web: brooklinehousing.org E-mail: apps@brooklinehousing.org

**100 Center Communities- 1550 Beacon St. - Preliminary Project Based Application**

Please complete all information requested on the application and **print clearly**. No additional documentation is required at this time.

1. **Applicant:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

2. **Current Physical Address:** \_\_\_\_\_ Apt. # \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. **Mailing Address** (if different): \_\_\_\_\_ Apt. # \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. **Contact Information:** Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

5. **Type of Housing:** This development is designated for Elderly or disabled individuals only. You **MUST** select one of the following.

Over the age of 62       Disabled

6. **Bedroom Size: SRO- Single Room Occupancy Only**

7. **Head of Household Information:**

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

**Preliminary Application Continued**

**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	
<b>Total Gross Monthly Income:</b>		

**9. Priority/Preference for Brookline Residents only:**

**8a. Displaced:** Please check off if you have been displaced from Brookline due to:

- Natural Disaster                       Fleeing Domestic Violence  
 Board of Health Condemnation

**8b.**  **Local Resident Preference:** *You may apply for the Local Preference if you live or work in Brookline. Please check box if you have a local preference.*

**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 America                       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**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*\*\* 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.



No applicant shall be rejected or in any other way unlawfully discriminated against because of race, color, religious creed, national or ethnic origin or ancestry, sex, age, mental or physical disability, military status, sexual orientation, marital status, presence of children in household (born within or out wedlock), or source of income. Furthermore, no otherwise qualified individual with handicaps shall, solely by reason of his/her handicap, be excluded from participation in be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.