

Brookline Housing Authority**DATE STAMP**

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

Phone: 617-277-2022

Web: brooklinehousing.org

E-mail: apps@brooklinehousing.org

2020 Preliminary Application

Application for lottery placement on the federal 2- & 3-bedroom waiting lists only. Applications must be received or post marked by 1:00PM December 4, 2020. Applications may be sent by mail, e-mail to: apps@brooklinehousing.org or delivered to our drop box. No documentation or verification is required at this time.

1. **Applicant:** First _____ MI _____ Last _____
2. **Current Address:** _____ Apt _____ City _____ State _____ Zip _____
3. **Mailing Address:** _____ Apt _____ City _____ State _____ Zip _____
4. **Contact Info:** Phone _____ *Cell _____ *Email _____
5. **Please list all the persons who will live in your household, include yourself.**

Name	Relationship	Date of Birth	Sex	Social Security #	Current Occupation or Grade in School
1.	Head-of-Household				
2.					
3.					
4.					
5.					
6.					

6. **Monthly Gross Income: Please list the MONTHLY income amount before deductions and source for each household member.**

Name	Wages	TAFDC	SSI/SSDI	Soc Sec	Other	Total
1.						
2.						
3.						
Total Gross Monthly Income:						

7. **Priority/Preference:** You will be required to provide verification for the priority/preference once your name approaches the top of the waiting list. If you do not qualify for a priority/preference at that time, you will **not** be given that status.

- a. **Displaced:** Please check off if you have been displaced due to: Natural Disaster Fleeing Domestic Violence
- b. **Local:** Do you live or work in Brookline? Yes No

8. **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.) _____

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

- White/Caucasian Black/African American Native Hawaiian/Pacific Islander American Indian/Alaskan Native Asian
 Hispanic Declined to answer Other

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.

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.