

**THANK YOU FOR YOUR INTEREST IN OFF CENTRE LOFTS!**

\*\*\* please note that we do not have other unit types, nor do we have any other income-restricted units in our portfolio \*\*\*

**AVAILABLE 02/01/25**

**A LITTLE BIT ABOUT THE UNIT** — It is a second-story studio, about 450sf, at 70% AMI, \$1,330 per month.

Amenities include:

- Galley kitchen with stone countertop & tile backsplash;
- Stainless steel appliances: 18" dishwasher, disposal, microwave, fridge, electric stove;
- Energy efficient, stackable W/D in unit;
- Energy efficient mini split HVAC system;
- Modern bathroom;
- Keycard access;
- 24-hour maintenance;
- Tenant is responsible for all utilities: Electricity, phone/cable/internet, water & sewer;
- Off-street parking for an additional \$100/month;

If you're interested, and your application is approved, deposits due in advance of your move-in date would be:

- a. First month's rent in the amount of \$1,330;
- b. Security deposit in the amount of \$1,330;
- c. Key fee, non-refundable, in the amount of \$50;
- d. (Landlord/management reserves the right to request an additional last month's rent deposit in the amount of \$1,203).
- e. Renter's insurance or \$10.50/month for landlord liability insurance.

**APPLICATION PROCESS** — There will be two (2) phases to the application process: Phase 1 would be PPMG's initial qualification, outlined below; and Phase 2 would be BPDA's qualification, also outlined below. In both phases, deadlines are important and non-negotiable, and applications with missing paperwork will **not** be considered; applications will only be considered on a first come, first served basis.

**PHASE 1 – Deadline is Friday, 11/29, 9am**

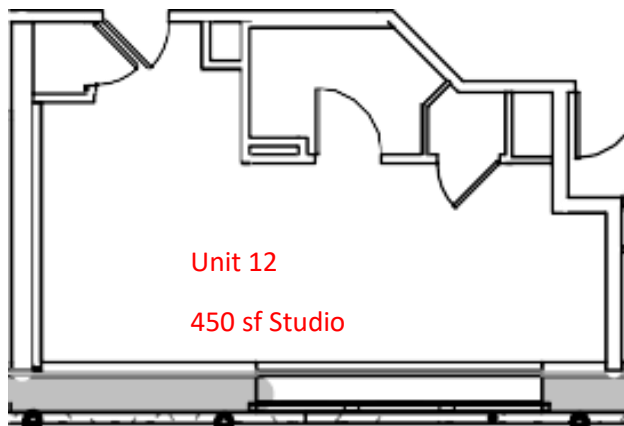
1. Completing an application—attached;
2. Completing an authorization form—attached;
3. Completing a landlord reference form—attached;
4. Submitting a photo ID;
5. Submitting copies of your last 3 paystubs.

**PHASE 2 – Deadline is Monday, 12/9, 9am**

I have attached a list of documents required by BPDA for income-restricted housing. Again, applications will not be considered with missing paperwork.

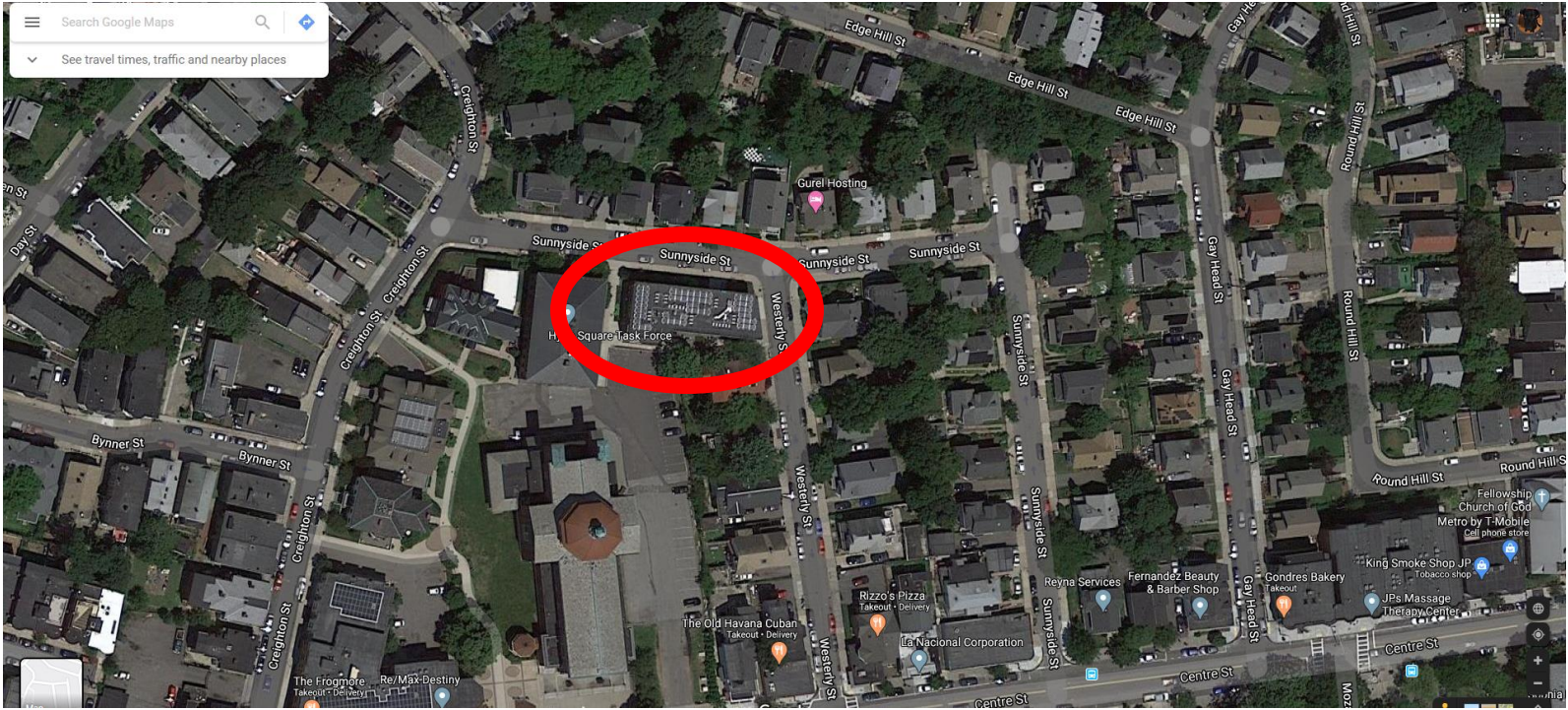
I think that's it for now, but I'll circle back if anything else comes up. Thank you in advance for your time and attention to this matter, and I look forward to hearing back from you!





Unit 12

450 sf Studio





# Rental Application

EMAIL:

(Subject to Owners Approval)

PREPARED BY:

DATE

NUMBER

NAME OF APPLICANT			HOME PHONE	INITIAL IF OVER 18 YEARS OF AGE	
PRESENT ADDRESS			DATES OF CURRENT OCCUPANCY:		FROM TO
CITY	STATE	ZIP CODE	AUTOMOBILE: MAKE/YEAR/REG. STATE & NO.		SOCIAL SECURITY#
PRESENT LANDLORD		COMPLETE ADDRESS		PHONE NUMBER	
FORMER LANDLORD		OCCUPANCY	COMPLETE ADDRESS		PHONE NUMBER
CURRENT EMPLOYER		COMPLETE ADDRESS		PHONE NUMBER	
OCCUPATION/SOURCE OF INCOME		TYPE OF BUSINESS	SALARY	LENGTH OF EMPLOYMENT	
FORMER EMPLOYER		LENGTH OF EMPLOYMENT	COMPLETE ADDRESS		PHONE NUMBER
PERSONAL REFERENCE (NAME)		COMPLETE ADDRESS		PHONE NUMBER	
IN CASE OF EMERGENCY NOTIFY (NAME)		COMPLETE ADDRESS		PHONE NUMBER	
CREDIT REFERENCE		COMPLETE ADDRESS		PHONE NUMBER	
BANK – CHECKING ACCOUNT		BRANCH ADDRESS		ACCOUNT NUMBER	
BANK – SAVINGS ACCOUNT		BRANCH ADDRESS		ACCOUNT NUMBER	

**NAME OF ALL CO-TENANTS** (EACH ADULT MUST FILE A SEPARATE APPLICATION)

APARTMENT NO./TYPE	TOTAL NO. OF OCCUPANTS	NO. OF ADULTS	NO. OF PETS	Base rent per month \$ _____ (Subject to escalation as set forth in lease) Other Monthly Charges _____ (e.g. parking, etc.)
ADDRESS	NAMES & AGES OF MINOR CHILDREN			
CITY	OCCUPANCY DATE	RENT BEGINS		Key/Lock _____
TERM OF LEASE (MONTHS)	FROM (DATE)	TO (DATE)		Last Month's Rent _____
<b>ARE YOU A CONVICTED FELON?</b> (Y/N) _____ if "Yes" Please submit detail of conviction(s).				Security Deposit _____
<b>Base rent and other monthly charges are due and payable on the first day of each month in advance.</b>				Deposit on Account _____
				Balance Due _____
				Upon Acceptance _____

Pursuant to Massachusetts law, the Management shall not make any inquiry concerning race, religious creed, color, national origin, sex, sexual orientation, age, (except if a minor), ancestry or marital status of the Applicant or concerning the fact that the Applicant is a veteran or a member of the armed forces or is handicapped. The Applicant authorizes the Management and/or Renting Agency to obtain or cause to be prepared a consumer credit report relating to the Applicant.

Neither the Owner nor the Management is responsible for the loss of personal belongings caused by fire, theft, smoke, water or otherwise, unless caused by their negligence.

The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation a Rental Housing Association lease or Tenancy at Will agreement in the usual form, a copy of which the Applicant has received or has had occasion to examine, which lease or agreement may be terminated by the Lessor if any statement herein made is not true. Deposit is to be applied as shown above, or applied to actual damages sustained by the Owner, except it is to be refunded if said application is not accepted by the Owner. This application and deposit are taken subject to previous applications.

THIS APPLICATION MUST BE ACTED UPON BY THE OWNER ON OR BEFORE \_\_\_\_\_

The Renting Agent is an independent contractor and has no authority to make any representation concerning the premises; the Renting Agent is only authorized to show the apartment for rent and to assist in the screening of Rental Applicants.

Renting Agent..... Applicant Signature.....





## **AUTHORIZATION FORM**

I/We \_\_\_\_\_ hereby authorize and request that you release the information requested to PARK PROPERTY MANAGEMENT GROUP LLC, agents:

1. Credit Report;
2. Employment Verification;
3. Personal Reference Verification;
4. Credit Reference Verification.

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Signature

Date



**LANDLORD REFERENCE**

Name of Applicant: \_\_\_\_\_

Unit Tenant Applying For: \_\_\_\_\_

Current Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

I HEREBY AUTHORIZE THE ABOVE NAMED LANDLORD TO RELEASE THE INFORMATION REQUESTED BELOW REGARDING MY TENANCY AT THE RENTAL ADDRESS LISTED ABOVE.

\_\_\_\_\_  
TENANT SIGNATURE DATE

**THIS SECTION TO BE COMPLETED BY LANDLORD – Thank you in advance!**

Length of Residency: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Was proper notice given? Yes \_\_\_\_ No \_\_\_\_ Was the lease fulfilled? \_\_\_\_\_

Was rent paid on time? Yes \_\_\_\_ No \_\_\_\_ If no, how many times? \_\_\_\_\_

Any NSF checks returned to tenant? Yes \_\_\_\_ No \_\_\_\_ If yes, how many times? \_\_\_\_\_

Was the unit well maintained and kept in good condition by resident and resident’s guests? Yes \_\_\_\_ No \_\_\_\_

Did the unit ever have a bedbug, roach or other insect problem? Yes \_\_\_\_ No \_\_\_\_ If yes, kindly explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Were there any unauthorized people living in the unit for long periods of time (over three weeks)? \_\_\_\_\_

Were there any unauthorized pets? Yes \_\_\_\_ No \_\_\_\_

Would you re-rent to the applicant again? Yes \_\_\_\_ No \_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
COMPLETED BY (Print & Signature) TITLE DATE

**Rental Application for Residents and Occupants  
Special Provisions Addendum  
For Certification Applications Only**

This Special Provisions Addendum to Rental Application for Residents and Occupants (“Addendum”) is incorporated into your Rental Application for Residents and Occupants (the “Rental Application”) and is in addition to the terms and conditions of the Rental Application.

- 1. Certification Application.** In addition to the Rental Application which has been completed, you will be required to submit a complete affordable housing program Certification Application, including but not limited to all required and requested documentation within ten (10) days from the date your household is lease approved.
- 2. Incomplete Certification Application.** If you and all co-applicants fail to return a completed Certification Application, including but not limited to, all required and requested documentation as indicated above no later than ten (10) days from the date your household is lease approved, then the Management Company reserves the right to release you from your reservation and you will not be permitted to rent a unit.
- 3. Ineligible Certification Application:** If a completed affordable housing Certification Application is found and/or determined to be ineligible then the parties will then have no further obligation, legal or otherwise, to each other regarding your opportunity to lease a unit.
- 4. Unavailable Reserved Affordable Housing Unit:** If the unit you have reserved is not available or will not be coming online for more than ninety (90) days you may be required to complete a second review of eligibility. If you and all co-applicants fail to complete this second review of eligibility, including but not limited to, all required and requested documentation as indicated above, no later than sixty (60) days prior to your move-in date, then the Management Company reserves the right to release you from your reservation.
- 5. Conflicts.** To the extent the terms of this Addendum conflict with the terms of the Rental Application, the terms of this Addendum shall control.

If information that is disclosed in Applicant’s Certification and/or the supporting income, asset and tax documentation that is submitted is different than information disclosed in Applicant’s Rental Application, the Management Company and/or Owner reserves the right to have the Applicant rescreened for Rental Eligibility, which may or may not require the completion of a new Rental Application.

**I have read this Addendum carefully, understand its meaning and consequences, and hereby execute it willingly and voluntarily as of the date first written below. I agree to abide by the terms, conditions and rules stated in this Addendum.**

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Owner’s Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BOSTON PLANNING DEVELOPMENT AGENCY  
Affordable Housing Document Checklist**

**TENANT NAME:**

**UNIT No.: 12**

**20-26 Sunnyside Street, Jamaica Plain 02130**

<b>Affidavit of Eligibility</b>		
Unit no. & rent amount		
Missing initials, signatures, notary stamp/signature		
Disclosure of Appearance of Conflict of Interest form, if applicable		
Letter from Registrar for full-time students		
Notarized letter from unemployed adults		
<b>ICW</b>		
<b>Paystubs/P&amp;L Statement</b>		
Two paystubs (current)		
Self-employed: YTD profit & loss statement		
Past 2 years' tax returns and W2s and/or 1099s	2022	2023
Federal taxes		
State taxes		
All W2s		
No taxes? Submit IRS Form 4506-T to IRS for proof of non-filing & send verification to BPDA		
<b>Asset statements must include all pages:</b>		
Checking		
Savings		
Retirement		
Mobile cash apps		