

APPLICATION FOR HOUSING

For Office Use Only:

Date/Time Received

PLEASE PRINT CLEARLY

This is an application for housing at:	Project: Brookline Improvement Coalition, Inc. Addresses: 154-156 Boylston Street Brookline, MA 02445
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Please complete this application and return to:	Name: Brookline Improvement Coalition, Inc. Address: c/o The Mackin Group, Inc. Seven Harvard Street Brookline, MA 02445
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Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt. # City State Zip Street

Daytime Phone: _____ Evening Phone: _____

No. Of BR's in current unit: _____ Do you RENT or OWN? (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? YES NO (check one)

Check utilities paid by you: Heat Electricity Gas Other (Specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

FOR NEW MOVE-INS ONLY:

Bedroom Size Requested:

One (1) Bedroom	
Two (2) Bedroom	
Three (3) Bedroom	
Handicap Bedroom	

B. HOUSEHOLD COMPOSITION

List all persons who will live in the apartment. List the head of the household first.

	Name	Relationship to head	Birthdate	Age	Social Security #	Student? Y/N
1		HEAD				
2						
3						
4						
5						
6						
7						
8						

Do you anticipate any additions to the household in the next twelve months? YES NO

If yes, explain:

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? YES NO

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return? YES NO

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? YES NO

Are any full-time student(s) a TANF or title IV recipient? YES NO

Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return? YES NO

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross it out or write N/A.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$

	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	AFDC	\$
	Title IV/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$

Household Member Name	Source of Income	Monthly Amount
	Employer:	\$
	Position Held:	
	How long employed:	
	Address:	
	Telephone:	
	Employer:	\$
	Position Held:	
	How long employed:	
	Address:	
	Telephone:	
	Employer:	\$
	Position Held:	
	How long employed:	
	Address:	
	Telephone:	
	Alimony	
	Are you <i>entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Child Support	
	Are you <i>entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$

	Other Income:	\$
	Other Income:	\$

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	\$
TOTAL GROSS ANNUAL INCOME FROM LAST YEAR	\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, explain:

D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write N/A.

Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

Savings Account	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

Trust Account	#	Bank	Balance \$
	#	Bank	Balance \$

Certificates	#	Bank	Balance \$
	#	Bank	Balance \$

Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$

Savings Bonds	#	Bank	Balance \$
	#	Bank	Balance \$

Life Insurance Policy	#	Cash Value \$
Life Insurance Policy	#	Cash Value \$

Mutual Funds	Name:	#Shares:	Dividend \$	Value \$
	Name:	#Shares:	Dividend \$	Value \$

Stocks	Name:	#Shares:	Dividend \$	Value \$
	Name:	#Shares:	Dividend \$	Value \$

Bonds	Name:	#Shares:	Dividend \$	Value \$
	Name:	#Shares:	Dividend \$	Value \$

Investment Property	Appraised Value \$
Investment Property	Appraised Value \$

Real Estate Property: Do you own any property?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, type of property:	
Location of property:	
Appraised Market Value	\$
Mortgage or outstanding loan balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, Type of property:	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe the asset:	
Date of disposition:	
Amount disposed:	\$

Do you have any other assets not listed above (excluding personal property)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please list:	

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe:	
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe:	
Have you ever filed for bankruptcy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, describe:	
Will you take an apartment when one is available?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Briefly describe your reasons for applying:	

Do you have a Section 8 Voucher?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, housing authority (For example, CHA, MBHP, etc.):	
Case worker's name:	

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How long?	

Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How long?	

Credit Reference #1:	
Address:	
Account #:	Phone #:

Credit Reference #2:	
Address:	
Account #:	Phone #:

Credit Reference #3:	
Address:	
Account #:	Phone #:

Personal Reference #1:	
Address:	
Account #:	Phone #:

Personal Reference #2:	
Address:	
Account #:	Phone #:

Personal Reference #3:	
Address:	
Account #:	Phone #:

In case of an emergency, please notify:	
Address:	
Relationship:	Telephone #:

G. VEHICLE AND PET INFORMATION	
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.	
Type of vehicle:	License Plate #:
Year/Make:	Color:
Type of vehicle:	License Plate #:
Year/Make:	Color:
Do you own pets? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, describe:	

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURES:

Signature of Applicant/Tenant	Date
Signature of Co-Applicant/Co-Tenant	Date
Signature of Co-Applicant/Co-Tenant	Date
Signature of Co-Applicant/Co-Tenant	Date

AUTHORIZATION

Release: I/We hereby apply for the apartment listed above. With my/our signature(s) below I/we hereby authorize and request all credit reporting agencies, employers, credit and personal references to release all pertinent information about me/us. A photocopy of this shall be as valid as the original. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through the facilities of First Advantage Safe Rent Phone, 1-800-462-3033.

RELEASE: In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. Applicant hereby authorizes the owner/manager/employee/agent to make independent investigations to determine my credit, financial and character standing. Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of Landlord and their credit checking agencies in connection of processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through the facilities of First Advantage Safe Rent, Phone 1-800-462-3033.

Signatures:

Signature of Applicant/Tenant

Date

Signature of Co-Applicant/Co-Tenant

Date

AUTHORIZATION

I/We do hereby authorize Brookline Improvement Coalition and The Mackin Group, Inc. and its staff authorized representative to contact any agencies, local police departments, offices, groups, or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered /managed by The Mackin Group, Inc. I/We further authorize to verify information listed on this application.

Signatures:

Signature of Applicant/Tenant

Date

Signature of Co-Applicant/Co-Tenant

Date