



### METRO MANAGEMENT

80 Border Street, East Boston, Ma. 02128  
Tel: (617)-567-7755 Fax: (617)-567-1842  
Website WWW.EBCDC.COM  
Metro@EBCDC.com

**METRO MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE LANGUAGES.**

**EBNT Holdings LLC. (East Boston Neighborhood Trust) Application Received \_\_\_\_\_**

Bedroom Size Preference	Income Qualification and Rent		
	60% AMI	80% AMI	100%AMI
Studio _____	1,490	2,084	2,385
1 Bedroom _____	1,580	2,216	2,537
2 Bedroom _____	1,904	2,669	3,052
3 Bedroom _____	2,206	3,089	3,530
4 Bedroom _____	2,251	3,440	3,942
5 Bedroom _____	2,703	3,790	N/A
6 Bedroom _____	N/A	N/A	N/A

**Note: You must meet two criteria to qualify for the unit selected.**

1. Your household must have at least one person per bedroom minus one. For example: in order to qualify for a 3 bedroom, you must be able to utilize at least 2 bedrooms at the time of application.
2. The combined income of all household members must not exceed the Max income guidelines below

#### Max Income to qualify for

Household Size	60% AMI Units	80% Units (CDBG Low/Mod)	100% Units
1 Person	\$68,520	\$91,200	\$114,200
2 Persons	\$78,360	\$104,200	\$130,600
3 Persons	\$88,140	\$117,250	\$146,900
4 Persons	\$97,920	\$130,250	\$163,200
5 Persons	\$105,780	\$140,700	\$176,300
6 Persons	\$113,640	\$151,100	\$189,400

Family sizes in excess of 6 persons are calculated by adding 8% of the four-person income limit for each additional family member.

**Minimum household incomes are required so that no applicant will pay over 40% of their household Gross income towards rent. These minimum limits do not apply to households with housing assistance (Section 8 & MRVP, VASH) or for the units in this development that include a project-based housing assistance voucher.**

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Metro Management office.

**Applicant:** \_\_\_\_\_  
LAST MIDDLE FIRST

Present Address: \_\_\_\_\_  
STREET APT. CITY STATE ZIP

Mailing Address: \_\_\_\_\_  
(If different) STREET APT. CITY STATE ZIP

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Email Address (Primary): \_\_\_\_\_ Email Address (Secondary): \_\_\_\_\_

**PRESENT LANDLORD**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET APT. CITY STATE ZIP

Is your current residency rented to you  Yes  No

If no, explain: \_\_\_\_\_

Are you currently under lease  Yes  No If yes, when does this lease expire: \_\_\_\_\_

Present housing cost per month \$ \_\_\_\_\_ Including utilities?  Yes  No

How long have you lived at present address? \_\_\_\_\_ years.

What are your reasons for moving? \_\_\_\_\_

Are you receiving rent assistance?  Yes  No If yes what Housing Authority \_\_\_\_\_

Did you receive any notice of termination?  Yes  No If yes explain \_\_\_\_\_

**PREVIOUS LANDLORD** (Five (5) Year History Required) Use a separate sheet of paper if necessary to include all 5-years.

Landlord Name: \_\_\_\_\_ Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Landlord Address: \_\_\_\_\_  
Street Apt # Town/City State Zip

Applicant's Address: \_\_\_\_\_  
Street Apt # Town/City State Zip

Was apartment rented to you?  Yes  No If No, Explain \_\_\_\_\_

# of people residing at premise: \_\_\_\_\_ Length of tenancy: from \_\_\_\_\_ to \_\_\_\_\_ Amount of rent per month \$ \_\_\_\_\_

Were you then under a lease?  Yes  No If Yes, did you remain for its term?  Yes  No

Did you receive any notice of termination of tenancy?  Yes  No If Yes, explain \_\_\_\_\_

The reason for your leaving: \_\_\_\_\_





- Newspaper     
  Friend     
  Metro List     
  Social Media  
 Other, please explain

**Additional Required Information**

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? \_\_\_\_\_. If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).

**NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.**

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **You authorize us to contact any references and landlords listed above and to obtain consumer credit reports, rental payment history and a Criminal Offender Record Information (CORI) report or other criminal background check as determined as necessary about you and any occupants.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice from the management company describing the right to reasonable accommodations for persons with disabilities.

*Signed under the pains and penalties of perjury.*

\_\_\_\_\_  
 Head of Household/Applicant      Date      \_\_\_\_\_  
 Co-Applicant      Date

Metro Management does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.