

HOUSEHOLDS MUST BE WITHIN THE INCOME LEVELS BELOW TO QUALIFY monthly rent is based on the Area Median Income (AMI)

65% PROGRAM - CLOSED

80% PROGRAM:

STUDIO: \$1,257 PER MONTH

1 person household \$55,001 - \$67,700

2 person household \$62,851 - \$77,350

ONE-BEDROOM: \$1,458 PER MONTH

1 person household \$55,001 - \$67,700

2 person household \$62,851 - \$77,350

3 person household \$70,700 - \$87,000

TWO-BEDROOM: \$1,639 PER MONTH

2 person household \$62,851 - \$77,350

3 person household \$70,701 - \$87,000

4 person household \$78,551 - \$96,650

5 person household \$84,851 - \$104,400

100% PROGRAM:

STUDIO: \$1,597 PER MONTH

1 person household \$67,701 - \$84,600

2 person household \$77,351 - \$96,650

ONE-BEDROOM: \$1,854 PER MONTH

1 person household \$67,701 - \$84,600

2 person household \$77,351 - \$96,650

3 person household \$87,001 - \$108,750

TWO-BEDROOM: \$2,092 PER MONTH

2 person household \$77,351 - \$96,650

3 person household \$87,001 - \$108,750

4 person household \$96,651 - \$120,800

5 person household \$104,401 - \$130,500

120% PROGRAM:

STUDIO: \$1,937 PER MONTH

1 person household \$84,601 - \$101,500

2 person household \$96,651 - \$116,000

ONE-BEDROOM: \$2,251 PER MONTH

1 person household \$84,601 - \$101,500

2 person household \$96,651 - \$116,000

3 person household \$108,750 - \$130,500



Affordable Homes For Rent in the City of Boston

Studio, one-bedroom, and two-bedroom rentals available through the affordable housing program for qualifying future residents at Avalon at Prudential Center and AVA Back Bay.



AVALON
AT PRUDENTIAL CENTER

AVALONATPRUDENTIALCENTER.COM
770 BOYLSTON STREET, BOSTON, MA 02199
APRUDENTIAL@AVALONBAY.COM

*Rents subject to change at anytime without notice. Apartments contain FHA compliant features for persons with disabilities.





Avalon at Prudential Center/AVA Back Bay Affordable Housing Pre-Application

Free Translation/Language Assistance Available Upon Request

Applicants with disabilities may request modifications to the rental unit and/or accommodations to our rules, policies, practices or services, if such modifications or accommodations are necessary to afford an equal opportunity to use and enjoy the premises

NAME OF PRIMARY APPLICANT: _____

PHONE: _____ CELL: _____ EMAIL: _____

CURRENT ADDRESS: _____

Street Number & Name

City

St

Zip

1. What program/size apartment home(s)* are you interested in?

80% Studio

80% One Bed

80% Two Bed

100% Studio

100% One Bed

100% Two Bed

120% Studio

120% One Bed

***Note:.. Minimum occupancy requirement one person per bedroom.**

2. Are you an employee of AvalonBay? **Yes** **No**

3. Are you either a spouse, sibling, child, grandparent (natural, step, half or in-law) or significant other of an AvalonBay employee? **Yes** **No**

4. Do you have a voucher? (*circle one*) **Yes** **No**

If Yes, Housing Authority Name: _____

5. Does your household need a fully accessible apartment? (*circle one*): **Yes** **No**

***Note:** Fully accessible apartments are those specifically designed for the physically handicapped according to the applicable building standards of Section 504 of the Federal Rehabilitation Act of 1973. Such features include but are not limited to wider doorways, lower countertops, hand railings, and roll-in showers. Some apartments may also include features specifically designed for those with hearing or visual impairments.

6. If you do not need a fully accessible apartment, do you have a disability need for a reasonable accommodation or modification? **Yes** **No** If yes, please explain:

7. Family Composition- List all those who will occupy the apartment, including yourself:

HOUSEHOLD MEMBER NAME	Date of Birth	Age	Relationship*	Full Time Student (Y/N)
1 PRIMARY APPLICANT			Head	
2				
3				
4				
5				
6				
7				

INTERNAL USE ONLY:

Received Date: _____

Received By: _____

Complete ☐

Incomplete ☐

8. **Race & Ethnicity:** Requesting this information is required by state law; your response is voluntary. There is no penalty for not providing this information. *Please select (✓) any applicable categories in the chart below for the head of household and any other adult household members. You may select more than one category.*

	White	Black or African American	Asian	Hispanic or Latino	American Indian or Alaskan Native	Native Hawaiian or other Pacific Islander	Other (specify)
Head							
Other Adult Members							

☐ Decline to answer

9. **Household Income-** what is the income received and assets held by each member of your household? Include income from employment, SSA/SSI, TANF, Child Support, Alimony, Retirement, pension, unemployment, Military Pay, and gift income.

Household Member Name	Income Type	Gross Earnings (before taxes)

10. What is your combined total gross annual household income from all sources? \$ _____ * *You must meet the income guidelines to qualify!*

11. **Household Assets-** include the household assets held may each household member. Includes all Checking and Savings accounts, Money Markets, Stocks, Bonds, Life Insurance Policies.

Household Member Name	Asset Type	Cash Value

I certify that the information furnished in this application is true and complete, to the best of my knowledge and belief. *Signed under the pains and penalties of perjury.*

Head of Household Signature:_____ **Date:**_____

Please return to: Avalon at Prudential Center, 780 Boylston St, MA 02199 or fax to 617-859-9907. Please call 617-536-9300 with any questions or requests for additional applications or consent forms.