



## Affordable Rental Lottery Application

The Gerry  
120 Gerry Road  
Brookline, MA 02144

Completed Applications and all required supporting documentation must be submitted by mail only. Applications must be Postmarked no later than **February 18, 2022 and mailed to:**

Maloney Properties, Inc.  
Attention: The Gerry Lottery  
27 Mica Lane, Wellesley MA 02481

**Below is a summary of the designated affordable units:**

Unit Size	# of Units	AMI	Rent
One Bedroom	2	80%	\$1,885
Two Bedroom	2	80%	\$2,091
Two Bedroom	1	100%	\$2,535

Free language assistance and reasonable accommodations available. For assistance and more information, please call Maloney Properties, Inc 781-992-5307 - US Relay 711 or email: [TheGerry@MaloneyProperties.com](mailto:TheGerry@MaloneyProperties.com)



Equal Housing Opportunity



**IMPORTANT:**

You may only submit one application per household. Duplicate applications will be discarded and only one application per household will be accepted.

**The Gerry  
120 Gerry Road  
Brookline, MA 02144**

**Affordable Rental Lottery Application**

**Head of Household:**

<b>Name:</b>	
<b>Street Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Email Address:</b>	
<b>Phone #:</b>	

**Head of Household (2):**

<b>Name:</b>	
<b>Street Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Email Address:</b>	
<b>Phone #:</b>	

Maloney Properties will contact applicants by email and phone only. If an email address is not provided, we will send notifications through postal mail and follow up by phone.

**What is the total number of people in the household applying for the unit?**

**My Household Size is:** \_\_\_\_\_

**Which Unit Size are you applying for?**

**Studio:** \_\_\_\_\_ **2-Bedroom:** \_\_\_\_\_

**Are you a mobile voucher holder? (Section 8/ MRVP / VASH) :**     Yes     No

**Are you looking for units built for persons with disabilities?**         Yes     No

**If yes, are you looking for a unit built out for mobility impairments?**         Yes     No

**If yes, are you looking for a unit built out for deaf/hard of hearing impairment?**  Yes     No

You may be asked to supply supporting documentation from the doctor treating the household member for the disability.

Please complete the below chart for all household members that would be residing in the unit, including yourself:

<b>Full Name</b>	<b>Age</b>	<b>Head of Household or Occupant</b>	<b>Relationship to Head of Household (<i>i.e. Daughter, Son, Mother, Father, etc.</i>)</b>
		Head of Household	



**Equal Housing Opportunity**



## **Local Preference:**

### **Do any household members meet the criteria for the local preference?**

**Yes**

**No**

Defined as a household that, at the time of application for an affordable housing unit, falls into the following category:

1. Current residents of Brookline: A household in which one or more members is living in the city or town at the time of application. Documentation of residency should be provided, such as rent receipts, utility bills, street listing or voter registration listings.
2. Municipal Employees of Brookline: Employees of the municipality, such as teachers, janitors, firefighters, police officers, librarians, or town hall employees.
3. Employees of Local Businesses: Employees of businesses located in the municipality.
4. Households with children attending the locality's schools, such as METCO students.

### **If "Yes", please provide the appropriate supporting documentation.**

For Current residents of Brookline, one of the following must be provided:

- A utility bill dated within the past 60 days (electric, gas, oil, cable, interest, telephone, or cell phone bill)
- A current signed lease agreement
- Voter Registration

For households that are applying as Municipal Employees of Brookline or Employees of Local Businesses, the pay stubs provided for the income information would suffice if the paystubs show a Brookline based address. Households with children attending the locality's schools, a Brookline school transcript should be provided.

### **Race & Ethnicity (Optional Disclosure):**

This response is for the race and ethnicity of the head of household only.

There is no penalty for persons who do not complete this section of the application. This information will only be used in aggregate, for the purposes of reporting and analysis.

### **Please check all boxes that apply:**

- Alaskan Native and Native American
- Asian
- Black or African American (not of Hispanic origin)
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White (not of Hispanic origin)
- Other (please specify): \_\_\_\_\_

**Income Information:**

The affordable units will all be in the 80% and 100% AMI income category.

Household Size	80% AMI Low Income	100% AMI Low Income
1	\$70,750	\$84,560
2	\$80,850	\$96,640
3	\$90,950	\$108,720
4	\$101,050	\$120,800
5	\$109,150	\$130,464
6	\$117,250	\$140,128

**Please list all household members and income below:**

Household Member Name	Estimated Current Annualized Gross Income

- Applicants must provide **last 5 consecutive paystubs** or evidence of any other source of income for all adult household members.
- Please include income for any full-time students over age 18.
- Provide school transcript or proof of student status for dependent household members over age of 18 and full-time students.
- For household members with no income over 18 years of age, please provide a no-income affidavit.

**Additional Guidance on Income:**

- **Social Security/ Social Security Disability:** Provide an official statement of monthly amount received for year in review and statement of total amount received for latest tax year.
- **Unemployment:** if receiving unemployment, please provide copies of the unemployment checks.



Equal Housing Opportunity



- **Child support/Alimony:** Provide document indicating the payment amount. Child support income shall be determined based upon the prior 12-month history. Lump sum payments for prior periods shall not be included in calculating the child support payments for the prior 12 months.
- **Pension:** Provide statement indicating amount received for year in review and statement of total amount received for latest tax year.
- **No-income:** Please provide a no income affidavit for anyone with no income aged 18 or over. Include income for full time students over age 18.
- **Self-employed:** If self-employed, please provide a self-prepared year to date profit and loss statement.

When self-employment income is sporadic or based upon commission, the projection of household income currently shall be based upon historical data unless:

(1) The household can demonstrate and verify that it has experienced a change in circumstances that is a reliable indicator that its income has decreased and that the historical data is not a reasonable basis for projecting household income; or

(2) Documentation indicates that the household has experienced a change in circumstance that is a reliable indicator that its income has increased and that the historical data is not a reasonable basis for projecting household income.

b. When self-employment income is sporadic or based upon commission and there is no record of self-employment from the last year in which tax returns were filed, the projection of household income will be based solely upon the reliable year-to-date documentation.

**Medical Expense Income Exclusions:**

- a. Medical expenses, including insurance costs, do not qualify as an excludable expense, e.g., an expense that may be used to reduce income.
- b. If another family member is providing regular monthly payments to help with medical expenses, including insurance costs, that payment is a qualified medical reimbursement and does qualify for income exclusion. Child support designated for medical expenses shall be treated in the same manner; it shall be excluded from income.

**Asset Information:**

Please include copies of the past **3 months** of statements for all asset accounts and include all pages of statement. Evidence of all assets must be provided, and all assets must be listed on this application.

This includes checking, savings, stocks, CD's, 401K's, IRA's.

Full Name	Type of Account	Current Account Balance
		\$
		\$
		\$
		\$
		\$
		\$

		\$
		\$
		\$
		\$
		\$
		\$

- All assets must be disclosed and listed on the application.
- Asset includes: checking, savings, stocks, CD's, 401K's, IRA's, investment, retirement, certificate of deposit, property, down payment gift amount etc.
- Please include copies of past **five (5) most consecutive** months of statements for all asset accounts and include ALL pages of statement (front and back, including fine print pages and pages that are intentionally left blank).
- Pictures or screen shots of the statement are not accepted. We recommend visiting your bank's branch to retrieve a copy of download a PDF version through your bank's website.
- Please provide a written explanation for any deposits over \$100 that are not from employment
- If you owned real estate within the past 3 years but it was sold due to a divorce, provide copy of divorce decree and proof of the home sale showing equity received.

**Tax Documentation:**

Please include the following for all household members over 18 years of age:

Copies of the **most recent year tax return**. (2019) of Federal Income Tax returns with all schedules included.  
 The tax returns must be signed  
 The most recent year tax return (2019) W2s and/or 1099 Forms

**If you did not file taxes** or do not have a copy of your Federal tax return or W2/1099 Forms, you may request a transcript online: <https://www.irs.gov/individuals/get-transcript>

Please note the Maloney Properties reserves the right to request additional documentation after reviewing the application. Failure to provide any additional documentation requested by Maloney Properties by the given deadline will result in your application not being entered into the lottery.

In carrying out this marketing program and buyer selection process, neither the Owner nor its Lottery Agent, will discriminate based on race, color, creed, religion, sex, familial status, sexual orientation, national or ethnic origin, handicap, citizenship, ancestry or marital status, public assistance, gender identity or any other basis prohibited by law.

Disabled persons are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to affordable person with disabilities an equal opportunity to use and enjoy the housing.



Equal Housing Opportunity



**REASONABLE ACCOMODATION**

The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary, but if you don't let us know what you need to have an equal opportunity to enjoy your housing, we can't satisfy your needs.

**1. Do you need a fully accessible unit for someone with a mobility impairment?**

Yes    No

**2. Do you need a fully accessible unit for someone with a deaf/hard of hearing impairment?**

Yes    No

**Note:** If you only need a unit on the first floor and it doesn't need to be fully accessible please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.

**3. Do you need only certain accessible features of a unit?**

Yes    No

If yes, please list the features that you need to be accessible:

\_\_\_\_\_

**4. Do you need a unit with special features for someone with a hearing and/or visual impairment?**

Yes    No

**5. Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you?**

Yes    No

If yes, please explain: \_\_\_\_\_



**Application Deadline:**

The deadline for completed applications by mail, postmarked no later than **February 18, 2022**

Mailed to:

Maloney Properties, Inc.  
Attention: The Gerry Lottery  
27 Mica Lane, Wellesley MA 02481

Emailed to [TheGerry@maloneyproperties.com](mailto:TheGerry@maloneyproperties.com)

**Questions:**

Maloney Properties’ staff is available to answer any questions during the process.

Please feel free to contact us:

**Email:** [TheGerry@MaloneyProperties.com](mailto:TheGerry@MaloneyProperties.com)

**Phone:** 781-992-5313 | US Relay 711

**Website:** [www.TheGerryLottery.com](http://www.TheGerryLottery.com)

**Signature Clause:**

I understand that the Lottery Agent is relying on this information to prove my household’s eligibility for 25 Eleanor Street, Chelsea, MA. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

I authorize my consent to have the Lottery Agent to verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my income must be eligible to be entered the lottery.

**All ADULT household members must sign below:**

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**Signature** **Date**

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**Signature** **Date**

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**Signature** **Date**



**Equal Housing Opportunity**

# Affordable Rental Lottery

## Financial Documentation Checklist

Below is a checklist of the supporting documentation that must be provided with the Completed application.

**Income**

- **Employment:** Provide Five (5) most consecutive paystubs or evidence of any other source of income for all adult household members.
- **Social Security/ Social Security Disability:** Official statement of monthly amount received for year in review and statement of total amount received for latest tax year.
- **Child support/ alimony:** document indicating the payment amount.
- **Pension:** Statements indicating amount received for year in review and statement of total amount received for latest tax year.
- **No-income:** Please provide a no income affidavit for anyone with no income aged 18 or over. Include income for full time students over age 18.
- **Self-employed:** If self-employed, please provide a self-prepared year to date profit and loss statement.

a. When self-employment income is sporadic or based upon commission, the projection of household income currently shall be based upon historical data unless:

(1) The household can demonstrate and verify that it has experienced a change in circumstances that is a reliable indicator that its income has decreased and that the historical data is not a reasonable basis for projecting household income; or

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b. When self-employment income is sporadic or based upon commission and there is no record of self-employment from the last year in which tax returns were filed, the projection of household income will be based solely upon the reliable year-to-date documentation.

**Additional Guidance on Income**

- Medical Expense Income Exclusions
- Medical expenses, including insurance costs, do not qualify as an excludable expense, e.g., an expense that may be used to reduce income.
- If another family member is providing regular monthly payments to help with medical expenses, including insurance costs, that payment is a qualified medical reimbursement and does qualify for income exclusion. Child support designated for medical expenses shall be treated in the same manner; it shall be excluded from income.

**Tax Information**

- Signed copies of 2018/2017/2016 federal Income Tax returns with all schedules included.
- W2s & 1099 for 2018/2017/2016 for all adult household members.
- If a household member is no longer employed by an employer that you have a **2018** W-2 from, we will need a letter from you stating the dates of employment and that you are no longer employed there.
- **If you did not file taxes** or have your Federal tax return or W2/1099 Forms handy, you may request a transcript to be downloaded online: <https://www.irs.gov/individuals/get-transcript>

**Student Status**

- Proof of student status for dependent household members over age of 18 and full-time students.

**Assets**

- All assets must be disclosed and listed on the application.
- Asset includes: checking, savings, stocks, CD's, 401K's, IRA's, investment, retirement, certificate of deposit, property, down payment gift amount etc.
- Please include copies of past **five (5) most consecutive** months of statements for all asset accounts and include ALL pages of statement (front and back, including fine print pages and pages that are intentionally left blank).
- Pictures or screen shots of the statement are not accepted. We recommend visiting your bank's branch to retrieve a copy of download a PDF version through your bank's website.
- Please provide a written explanation for any deposits over \$100 that are not from employment

**Housing Assistance (Section 8, VASH, MRVP)**

- If your household receives any type of housing assistance, please provide a valid copy of the voucher/proof of housing assistance.

Pictures or screen shots of the statement are not accepted.

Return all documentation to:

Maloney Properties, Inc.

Attention: The Gerry Lottery

27 Mica Lane, Wellesley MA 02481

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