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 North Station

Avalon North Station residents are responsible for electric, phone, and cable utilities. Additional monthly fees apply for premium parking and pets. An increased security deposit will be required for households with pets.

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

80% PROGRAM

STUDIO: $1,257 PER MONTH
1 person household $29,736 - $63,500
2 person household $29,736 - $72,550

ONE-BEDROOM: $1,458 PER MONTH
1 person household $34,704 - $63,500
2 person household $34,704 - $72,500
3 person household $34,704 - $81,600

TWO-BEDROOM: $1,639 PER MONTH
2 person household $38,976 - $72,550
3 person household $38,976 - $81,600
4 person household $38,976 - $90,650
5 person household $38,976 - $97,950

THREE-BEDROOM: $1,826 PER MONTH
3 person household $43,416 - $81,600
4 person household $43,416 - $90,650
5 person household $43,416 - $97,950
6 person household $43,416 - $105,200
7 person household $43,416 - $112,450

120% PROGRAM

STUDIO: $1,597 PER MONTH
1 person household $63,501 - $95,200
2 person household $72,551 - $108,800

ONE-BEDROOM: $1,854 PER MONTH
1 person household $63,501 - $95,200
2 person household $72,551 - $108,800
3 person household $81,601 - $122,400

TWO-BEDROOM: $2,092 PER MONTH
2 person household $72,551 - $108,800
3 person household $81,601 - $122,400
4 person household $90,651 - $135,950
5 person household $97,951 - $146,850

*Rents subject to change at anytime without notice. Apartments contain FHA compliant features for persons with disabilities.
Avalon North Station 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
   - 80% Two
   - 80% Three
   - 100% Studio
   - 100% One
   - 100% Two

   *Note: A husband and wife, or those in a similar living arrangement, shall be required to share a bedroom. Other household members may share but shall not be required to share a bedroom. Minimum occupancy requirement one person per bedroom. If household does not meet the minimum and maximum income limit they will not be added to the open waitlist.

2. Do you have a voucher? (circle one) Yes No
   If Yes, Housing Authority Name: _______________________

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

4. 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:

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

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER NAME</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Relationship*</th>
<th>Full Time Student (Y/N)</th>
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<tbody>
<tr>
<td>1 PRIMARY APPLICANT</td>
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<td>Head</td>
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6. 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.

<table>
<thead>
<tr>
<th>White</th>
<th>Black or African American</th>
<th>Asian</th>
<th>Hispanic or Latino</th>
<th>American Indian or Alaskan Native</th>
<th>Native Hawaiian or other Pacific Islander</th>
<th>Other (specify)</th>
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<td>Other Adult Members</td>
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☐ Decline to answer

7. 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.

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Income Type</th>
<th>Gross Earnings (before taxes)</th>
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8. What is your combined total gross annual household income from all sources? $_________ * You must meet the income guidelines to qualify!

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

NOTE: Applicants may not own real estate at the time of lease execution.

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Asset Type</th>
<th>Cash Value</th>
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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 North Station | 1 Nashua Street | Boston, MA 02114 or Fax to 857-233-2274