



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

Please complete a pre-application to be added to the wait list

50% PROGRAM

STUDIO: \$796 PER MONTH

1 person household \$ 19,104 - \$ 36,200

2 person household \$ 19,104 - \$ 41,400

ONE-BEDROOM: \$815 PER MONTH

1 person household \$ 19,560 - \$ 36,200

2 person household \$19,560 - \$ 41,400

3 person household \$ 19,560 - \$ 46,550

TWO-BEDROOM: \$937 PER MONTH

2 person household \$ 22,488 - \$ 41,400

3 person household \$ 22,488 - \$ 46,550

4 person household \$ 22,488 - \$ 51,700

5 person household \$ 22,488 - \$ 55,850

THREE-BEDROOM: \$1,032 PER MONTH

3 person household \$ 24,768 - \$ 46,550

4 person household \$ 24,768 - \$ 51,700

5 person household \$ 24,768 - \$ 55,850

6 person household \$ 24,768 - \$ 60,000

7 person household \$ 24,768 - \$ 64,150

80% PROGRAM

TWO - BEDROOM: \$1,532 PER MONTH

2 person household \$ 36,768 - \$ 62,550

3 person household \$ 36,768 - \$ 70,350

4 person household \$ 36,768 - \$ 78,150

5 person household \$ 36,768 - \$ 84,450

Affordable Homes For Rent in Chestnut Hill, MA

Studio, one-bedroom, two-bedroom and three - bedroom rentals available through the affordable housing program for qualifying future residents at Avalon at Chestnut Hill.

Avalon at Chestnut Hill residents are responsible for gas,electric,water, sewer, phone, Internet and cable utilities. Additional monthly fees apply for premium parking, storage and pets. An increased security deposit will be required for households with pets.



AVALON
 AT CHESTNUT HILL

AVALONATCHESTNUTHILL.COM
 160 BOYLSTON STREET CHESTNUT HILL, MA 02467
 AVALONATCHESTNUTHILL@AVALONBAY.COM

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



Avalon at Chestnut Hill 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 size apartment home(s)* are you interested in? (*circle which program(s) you are interested in*)

50% Studio 50% One 50% Two 50% Three 80% Two

2. ***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.**

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

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

If Yes, Housing Authority Name: _____

4. Do you have any special housing needs? **Yes No** If yes, please explain: _____

5. 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				

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.



Please call 617-558-0666 with any questions or requests for additional applications or consent forms.

Decline to answer

	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							

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.

Household Member Name	Income Type	Gross Earnings (before taxes)

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.

Household Member Name	Asset Type	Cash Value

10. Are you currently homeless? **YesNo** (If yes, you must provide a letter from the shelter you currently reside)

If you will soon be homeless, list the approximate date of homelessness: _____

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 Chestnut Hill, 160 Boylston Street, Chestnut Hill, MA 02467 or fax to 617-558-1221.



Please call 617-558-0666 with any questions or requests for additional applications or consent forms.