



617-988-3400 TDD 1-800-545-1833 Ext. 420 www.BostonHousing.org

CERTIFICATE OF EXCESSIVE RENT BURDEN

THIS PRIORITY CATEGORY IS AVAILABLE IN THE ELDERLY/DISABLED PROGRAM ONLY

This form is available in an alternative format upon request.

DEFINITION:

The household pays more than 50% of its total monthly income for rent and utilities (excluding telephone, internet and cable TV).

DOCUMENTATION REQUIRED:

Failure to provide ALL required documentation will result in denial of priority request.

- Submission of a fully completed "Certificate of Excessive Rent Burden" form; and
- Verification of the current gross income for ALL household members; $\boldsymbol{\mathsf{and}}$
- Copies of bills for all utilities listed in the applicant's name for which s/he actually pays.

TO BE COMPLETED BY THE APPLICANT:
I,
Gas: \$ per month Electricity: \$ per month Heat: \$ per month
I also hereby certify that I have not secured standard, permanent replacement housing to resolve the housing need which I have claimed as a priority status applicant for public housing. I agree that if my circumstances should change at any time, I will immediately notify the BHA's Occupancy Department <i>in writing</i> (electronic/fax messages are not acceptable).
I understand that any falsification, misrepresentation or concealment of information will be considered grounds for denying admission to BHA housing for a period of three (3) years.
Signature: Date:
TO BE COMPLETED BY THE LANDLORD OR MANAGEMENT AGENT:
1. Is the above applicant a tenant of record for a unit owned or managed by you? Please check one Yes No If Yes, enter: The total number of household members and; The total number of adult members
Please enter below the current monthly rent charged for the unit occupied by the above applicant. A. Monthly Rent \$ B. Effective Date of Current Rental Charge
3. Does the tenant receive any assistance in paying the monthly rent, (i.e. Section 8)? Check one. Yes No If Yes, please specify
4. Please check which, if any, of the following are included in the monthly rent charges:
ElectricityGas (Stove)Heat (Oil or Gas)None
Continue Reverse Side.

Applicant's Name:	Client#	
Signature:		Date:
Print Name:	Title:	
		Owner/Manager/Agency Name
Daytime Phone: (This is an important document. If you require interpretation, please telephone number below or come to our offices. Este es un documento importante. Si necesita interpretación, por favor lls número de telefono que aparece abajo o visite nuestras oficinas. 這是一份非常重要的文件。如果恋悪要關策服務,請除下面的電話或前往我們的意 lsto é um documento importante. Se exige interpretação, por favor chama número de telefone embaixo ou vem a nossos escritórios. Это важный документ. Если Вам требуется перевод, пожалуйста повы нам (телефонный номер ниже). Или придите в наш офис. Đây là một tài liệu quan trọng. Nếu quý vị cân phiên dịch, vui lòng hãy gọi ci diện thoại bên đười hoặc đến các văn phông của chúng tôi. ts: គឺជាឯកសារសំខាន់មួយ។ ក្នុងអណីអណាកម្មក ហើយក្រុវមង់បានការហើយ សូមខុសវិជ្ជលេខនាងក្រោមនេះមកកាន់ ឬ អញ្ជើញមកទាក់ទងដោយថ្នាល់នៅការិយាល័យយើងខ្ញុំ។ Sa a se yon dokiman enpótan. Si ou bezwen entépretasyon, tanpri r nimewo telefon ki anba la a oswa vini nan biwo nou. Tani was dhokomenti muhiim ah. Haddii and rabto tarjumad, fadlan wac loos ku qoiran anua imov xufiliyadayada.	ame al 辦公室 i O зоните ho số ele ambarka « Alaiy » sha





EQUAL OPPORTUNITY HOUSING/EQUAL OPPORTUNITY EMPLOYER

Revised 11/04