



*your resource for Affordable Housing*



**Brookside Apartments  
Brookside Boylston, MA**

**WAIT LIST APPLICATION**

All affordable units at Brookside Apartments in Brookside Boylston are currently leased. If you would like to be added to the waiting list, please complete the application and return to:

**The Brookside Apartments  
2 Rindle Road Apt. 1  
Boylston, MA 01505  
[info@madisonmgmt.com](mailto:info@madisonmgmt.com)  
508-841-6771**

Rents are not income based.

The MAXIMUM allowable gross annual household income is as follows:

Household Size	1	2	3	4
Max Allowable Income	\$68,500	\$78,250	\$88,050	\$97,800

Section 8 or Other Housing Vouchers are Accepted

If you do not have a Section 8 housing voucher, there are minimum income limits that apply.



# Brookside Apartments

## WAIT LIST APPLICATION

For Office Use Only:

Date Appl. Rcvd: \_\_\_\_\_

**PERSONAL INFORMATION:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact:  Phone  Email  Mail

Do you currently own a home:  Yes  No

Do you require a handicapped adaptable unit?  Yes  No

When would you be available to move in? \_\_\_\_\_

Bedroom Size:  1 Bedroom  2 Bedroom

Do you have a Section 8 or other housing voucher? (These units are NOT Subsidized):  Yes  No

The total household size is \_\_\_\_\_ (This is particularly important to determine the maximum allowable income for your household.)

Household Composition - include all who will be living in the unit.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

**FINANCIAL WORKSHEET:** (Include all Household Income, which includes gross wages, retirement income (if drawing on it for income), business income, veterans' benefits, alimony/child support, unemployment compensation, social security, pension/disability income, supplemental second income and dividend income.)

Applicant Monthly Base Income (Gross) \_\_\_\_\_

Other Income, specify \_\_\_\_\_

Co-Applicant Monthly Base Income (Gross) \_\_\_\_\_

Other Income, specify \_\_\_\_\_

**TOTAL MONTHLY INCOME:** \_\_\_\_\_

**Household Assets:** (This is a partial list of required assets. Complete all that apply with current account balances)

Checking (avg balance for 3 months) \_\_\_\_\_  
 Savings \_\_\_\_\_  
 Stocks, Bonds, Treasury Bills, CD or  
 Money Market Accounts and Mutual Funds \_\_\_\_\_  
 Individual Retirement, 401K and Keogh accounts \_\_\_\_\_  
 Retirement or Pension Funds (amt you can w/d w/o penalty) \_\_\_\_\_  
 Revocable trusts \_\_\_\_\_  
 Equity in rental property or other capital investments \_\_\_\_\_  
 Cash value of whole life or universal life insurance policies \_\_\_\_\_  
**TOTAL ASSETS** \_\_\_\_\_

**EMPLOYMENT STATUS:** (include for all working household members. Attach separate sheet, if necessary.)

Employer: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Date of Hire (Approximate): \_\_\_\_\_  
 Annual Wage - Base: \_\_\_\_\_  
 Additional: \_\_\_\_\_ (Bonus, Commission, Overtime, etc.)

**ABOUT YOUR HOUSEHOLD: (OPTIONAL)**

You are requested to fill out the following section in order to assist us in fulfilling affirmative action requirements. Please be advised that you should fill this out based upon family members that will be living in the apartment/unit. Please check the appropriate categories:

	Applicant	Co-Applicant	(#) of Dependents
Non-Minority	_____	_____	_____
Black or African American	_____	_____	_____
Hispanic or Latino	_____	_____	_____
Asian	_____	_____	_____
Native American or Alaskan Native	_____	_____	_____
Native Hawaiian or Pacific Islander	_____	_____	_____

**SIGNATURES:**

We understand this application is for the waiting list only. If we have the opportunity to lease we will need to provide required financial documentation before eligibility will be determined. The undersigned warrants and represents that all statements herein are true.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant(s)

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Co-Applicant(s)

**Return to:**

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