



Annual Lease & Income Verification Form

Please complete all sections of this form (type or print clearly) and **submit it with copies of current leases and BPDA Unit Addenda** for income-restricted units at your development to the BPDA, ATTN: Housing Compliance, at the address below.

Questions? Call 617-918-4306 or email theodore.campbell@boston.gov and sarah.fahey@boston.gov

Development Name & Address: _____

Management Company Name & Phone #: _____

Contact Name, Title, & Email Address: _____

Unit #	Unit AMI Limit (% level)	# BRs	Name(s) of ALL tenants and occupants	Household Size	Current Monthly Rent (\$ Base Rent Amount only)	Housing Voucher? (Y/N)	Other Fees (storage, pet, etc. & \$ amount of each)	Current Annual Household Income (\$)	Date Household Income Calculated	Lease Beginning & End Dates

Name (print) & signature of person completing form: _____ Date: _____

