



Annual Lease & Income Verification Form

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

Questions? Call 617-918-4306 or email denise.st.vistal@boston.gov and orville.e.joseph@boston.gov

Development Name & Address: _____

Management Company Name & Phone #: _____

Contact Name, Title, & E-mail Address: _____

Unit #	Unit AMI Limit (% level)	# BRs	Name(s) of ALL tenants and occupants	Household Size	Current Monthly Rent (\$ base rent amount only)	Other Fees (list amenity type - i.e. storage, pet - & \$ amount of each)	Current Annual Household Income (\$)	Date Household Income Calculated	Lease beginning & end dates

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

