Allston Brighton CDC
18R Shepard Street, Suite 100
Brighton, MA 02135
Tel: 617-787-3874
Fax: 617-787-0425
allstonbrightoncdc.org

EARLY BIRD ALLSTON BRIGHTON SENIOR APPLICATION SUPPORT

Thank you for your interest in Allston Housing at the Hill! By filling out this form, you will be put on a list to be contacted about application information for this affordable housing opportunity.

Please return this form via email to seniorappsupport@allstonbrightoncdc.org or via fax to 617-787-0425. Completed forms can also mailed to or dropped off at 18R Shepard St., Suite 100, Brighton, MA 02135.

Contact Information

First Name	
Last Name	
Email Address	
Phone Number	

Which neighborhood do you live in?

- ☐ Allston (02134)
- ☐ Brighton (02135)
- ☐ Other: _____
- ☐ Unsure

Address	

Preferred method of contact:

- ☐ Email
- ☐ Phone
- ☐ Mail

Primary Language: _____

Are you proficient in English?

□ Yes □ No

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Personal Information

What is your birth year? _____

Are you a current resident of Allston Brighton CDC Housing?

- ☐ Yes, I am a current resident of ABCDC Housing
- ☐ No, I am a former resident of ABCDC Housing
- ☐ No, I have never lived in ABCDC Housing

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to say

What is your annual income?

- ☐ Under $24,000
- ☐ $24,000 - $47,999
- ☐ $48,000 - $71,999
- ☐ $72,000 - $95,000
- ☐ $96,000 or more

What is your employment status?

- ☐ Employed
- ☐ Unemployed
- ☐ Self-Employed
- ☐ Retired

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Household Information

Would you consider re-locating to another housing location if it was affordable, comfortable, safe, and within the Allston Brighton neighborhood?
□ Yes □ No

Why or why not?

The following questions are optional:

Which of the following best describes your current living situation?

- ☐ Rent
- ☐ Own
- ☐ Living with Friends or Family
- ☐ Shelter (Emergency or Transitional)
- ☐ Hotel or Motel
- ☐ Other temporary living situation (trailer park, campground, car, park, public places, etc.)

How long have you lived at your current residence?

- ☐ 0 to 3 years
- ☐ 3 to 5 years
- ☐ 6 to 10 years
- ☐ Over 10 years

How many people live in your household? Please include yourself.

- ☐ One person
- ☐ Two persons
- ☐ Three persons
- ☐ More than 3 people

Do you have someone who regularly visits you and assists you if necessary?
□ Yes □ No