

CONDOMINIUM REVIEW BOARD

Somerville City Hall Annex 50 Evergreen Ave., Somerville, MA 02145 (617) 625-6600 x 2575

TENANT INFORMATION REQUEST FORM (Submit for each individual tenant or household)

A	Address and Unit #:								
Te	Tenant Name(s):								
Co	ontact Information (phone number and email address):								
1.	Are you or another family member of your household age sixty-five (65) or older?								
2.	Are you or another family member of your household disabled (as defined on page 12)?								
3.	Approximately when did you move into this building? (Month and Year)								
4.	When and how did you receive notice of the application for conversion to condominiums?								
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5. If your building was converted to condominium units, would you consider purchasing your unit?

nants (view t	able below),	are elderly	(65+) or disa	abled (define	ed on page 1	2). Was the	v- or moderate combined ince chold size in the	ome of your
		Н	JD Boston P	MSA Income	e Limits – 20	23		
Household Size	1	2	3	4	5	6	7	8
ncome Limit	\$82,950	\$94,800	\$106,650	\$118,450	\$127,950	\$137,450	\$146,900	\$156,400
Are there a easons in det					on should no	ot be allowed	d? If so, pleaso	e state those

Signed under the pains and penalties of perjury.		
5 1 1		
Tenant Signature:	Date:	
Tenant Signature:	Datc.	