



CITY OF SOMERVILLE, MASSACHUSETTS
MAYOR'S OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT
KATJANA BALLANTYNE
MAYOR

ATTACHMENT 4 TO COMPLIANCE MOU
INCLUSIONARY PROGRAM – TENANT FEE DISCLOSURE FORM

Please provide complete information on all initial fee policies and amounts for the development.

Property Name: _____

Property Address: _____

Property Manager: _____

Property Manager's Phone Number: _____ Email: _____

Initial Rental Year Start Date: _____

Please note: Projects permitted under the May 9, 2016, and December 12, 2019, Zoning Ordinance will have fees charged to inclusionary tenants deducted from the maximum rent. If there are more affordable parking or storage needs for Inclusionary residents than is available, the property owner/manager may elect to rent a Market-Rate space/storage unit to an inclusionary tenant at a discounted rate of 50% of the fees charged to residents of comparable market-rate units.

1. Parking

Describe any parking policies. List parking fee amounts. Please note if you plan to charge different parking fees based on different building or parking locations.

Number of vehicular parking spaces available for Inclusionary Residents _____

Is there a fee associated with the space? Yes No

If yes, the proposed parking maximum parking fee _____

Parking fee amount for market-rate unit tenants: _____

Proposed maximum parking fee amount for income-restricted (IZ) units, tenants above the spaces at no charge: _____

If some parking is covered and some is uncovered, provide the fee amounts for each below:

Parking fee amount for market-rate unit tenants:

Covered \$ _____ Uncovered Additional space \$ _____

Maximum parking fee amount for IZ unit tenants:

Covered \$ _____ Uncovered Additional space \$ _____

2. Storage

Describe any storage policies. List storage fee amounts. Please note if you plan to charge different storage fees based on different building or storage locations.

Number of storage units available for Inclusionary Residents _____

Is there a fee associated with the space? Yes No

If yes, the proposed storage fee _____

Storage fee amount for market-rate unit tenants: _____

Proposed maximum storage fee amount for income-restricted (IZ) unit tenants, above the storage at no charge : _____

3. Pets

Describe any pet policies:

Pet rent amount for market-rate tenants:

Cat: \$ _____ Dog: \$ _____ Other pet: \$ _____

Maximum pet rent amount for IZ units:

Cat: \$ _____ Dog: \$ _____ Other pet: \$ _____

4. Security Deposit

Describe security deposit and return policy:

Market-rate security deposit amount: \$ _____.

IZ unit security deposit amount: \$ _____.

Does the rate change according to the applicant's credit, if so to what amount?



5. Amenity fees (such as gym, pool, etc.)

List any amenity policies. List out each amenity, description and fees:

Amenities	Fee for market-rate unit tenants	Maximum fee for IZ unit tenants

6. Additional charges (such as NSF, keys, trash removal, etc.)

List any additional current charges.

Fee type	Cost for market-rate unit tenants	Maximum Cost for IZ unit tenants

Describe:

6. Renters Insurance

Inclusionary tenants cannot be required to purchase renters insurance. Any provisions requiring it are not permissible under the program and shall be deleted from documents given to Inclusionary tenants.

I understand that changes to fee limits and fee policies for income-restricted units must be approved in writing in advance by the OSPCD Housing Division. Any change requests should be addressed to Lisa Davidson, Housing Compliance Coordinator at ldavidson@somervillema.gov or 617-625-6600 ext. 2585. In the case that the project owner or property manager for this property changes, the OSPCD-Housing



Division must be notified in writing and fees charged to income-restricted unit tenants must remain equal to or lower than the corresponding fees listed here.

The information I am providing you with is true and accurate. Before any change to the above stated policies and/fees is effective, I will notify the Housing Division for their approval.

Print Name: _____

Signature: _____

Date: _____

Title:

Mayor's Office of Strategic Planning and Community Development – Housing Division

Print Name: _____

Signature: _____

Date: _____

Title: Director of Housing

