



your resource for Affordable Housing



11 South Avenue Apartments

Attached is the information regarding the affordable rental unit at 11 South Avenue Apartments in Natick, Massachusetts. Potential tenants will not be discriminated against on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by local, state or federal law.

11 South Avenue Apartments in Natick, MA, is a renovated mix use building in downtown Natick that is a mix of retail space on the street level and apartments above. One 1 bedroom apartment is available on a first come first service basis. One surface parking space is available for all tenants at 42 South Avenue at no charge. Smoking and pets are permitted. There will be a monthly pet fee. Laundry facilities are available in the building.

Persons with disabilities are entitled to request a reasonable accommodation of rules, policies, practices, or services or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the person(s) with disabilities equal opportunity to use and enjoy the housing.

The monthly rent is as follows: 1 bedroom - \$1,394, heat, hot water, water and sewer are included. The minimum income to lease the apartment is \$41,820. These unit are NOT subsidized. You are responsible for the full rent. Section 8 or other housing voucher will be accepted as if the voucher provider accepts the project and rent.

Thank you for your interest in affordable housing at **11 SOUTH AVENUE APARTMENTS**. Please review the enclosed information packet in detail and complete the application and disclosure statement at the rear of the packet. Contact MCO Housing Services at 978-456-8388 or email us at lotteryinfo@mcohousingservices.com if you have any questions. We encourage you to advise other people or organizations that may be interested in this program and make copies of the relevant information as needed.

Sincerely,

Maureen M. O'Hagan, MCO Housing Services for
Washington Street Realty Trust



11 SOUTH AVENUE APARTMENTS

AFFORDABLE HOMES through Local Action Unit Program
Question & Answer

The units will be leased in accordance with policies and guidelines established by the Commonwealth of Massachusetts Department of Housing and Community Development (DHCD). Responses to some Community asked questions follow:

APPLICANT QUALIFICATIONS:

1. Household income cannot exceed the following maximum allowable gross income limits, adjusted for household size:

Household Size	1	2
Max Allowable Income	\$51,150	\$58,450

2. The calculation of income will include the higher of actual income from assets (if over \$5,000) or an imputation of .06% of the value of total household assets which is added to a household's income. Assets include checking and savings accounts, investment accounts, CD's, retirement etc. Included in this package is the List of Required Financial Documentation. Note: Assets divested at less than fair market value within the last 2 years will be counted a full market value in determining eligibility.

3. In addition to income and asset eligibility you will also be subject to a screening by the project, i.e. credit, landlord, CORI check and determined eligible based on that basis.

4. Potential tenants may not own another home. The affordable unit must be their principal, full-time residence.

Are there preferences for Household Size?

In all cases, preference for the one bedroom unit is for a household requiring one bedroom.

Household size preferences are based on the following:

1. There is at least one occupant per bedroom.
2. A husband and wife, or those in a similar living arrangement, shall be required to share a bedroom. Other household members may share but shall not be required to share a bedroom.
3. A person described in the first sentence of (2) shall not be required to share a bedroom if a consequence of sharing would be a severe adverse impact on his or her mental or physical health and the lottery agent receives reliable medical documentation as to such impact of sharing.
4. A household may count an unborn child as a household member. The household must submit proof of pregnancy with the application.
5. If the applicant is in the process of a divorce or separation, the applicant must provide proof that the divorces or separation has begun or has been finalized, as set forth in the application.

What happens if my household income exceeds the income limit?

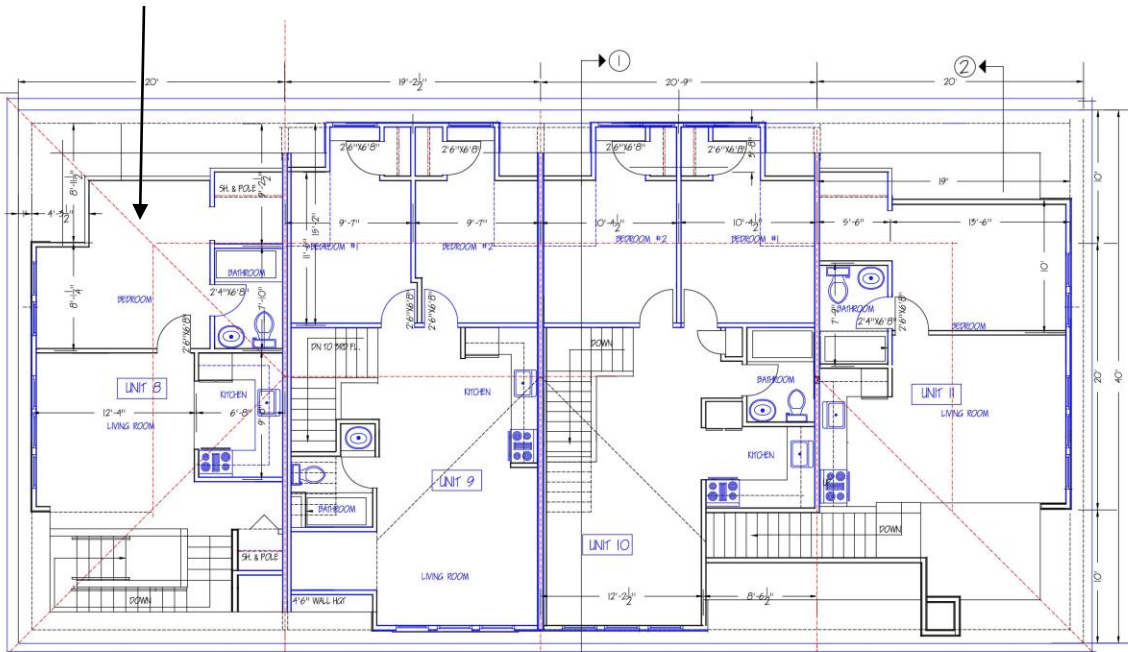
Annually you will be recertified for eligibility. Once your household income exceeds 140% of the maximum household allowable income, then after the end of your current lease you will have the option of staying in your unit and paying the market rent or not renewing your lease.

Time Frames

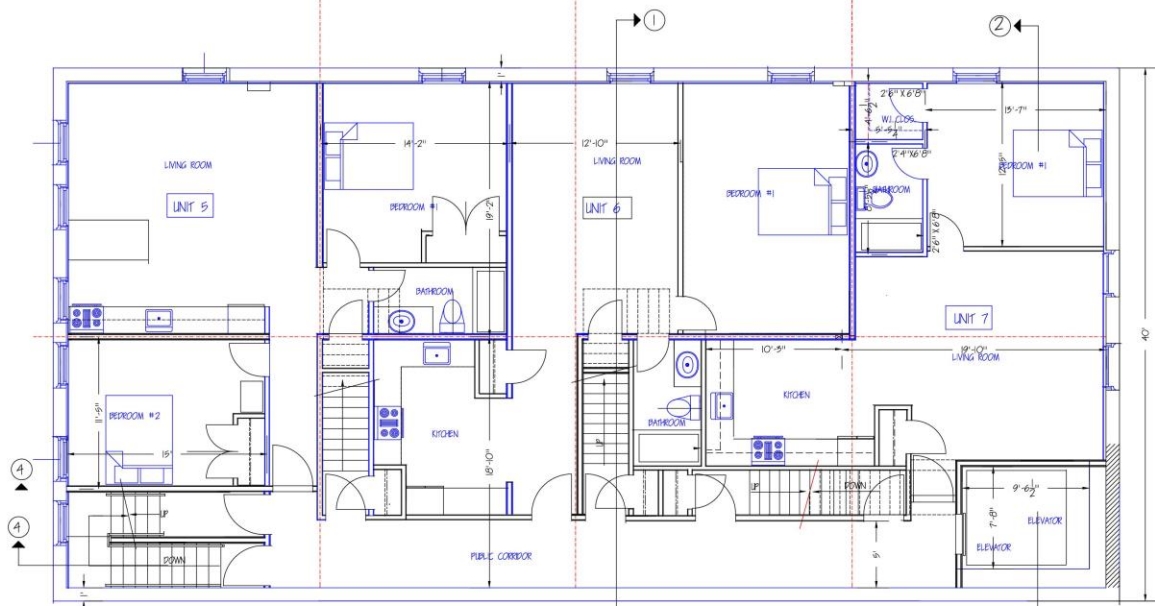
This unit is available for immediate occupancy.



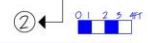
Affordable Unit



ATTIC FLOOR PLAN



THIRD FLOOR PLAN



EGAN ASSOCIATES ARCHITECTS AND PLANNERS		
PROJECT RENOVATIONS TO WASHINGTON STREET / SOUTH AVENUE BUILDING		
TITLE	THIRD AND FOURTH FLOOR PLANS	DWG. NO.
DATE	3/31/14	SCALE
		AS NOTED
		A-2



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Required Income Verification Documents

Provide **one copy** of all applicable information. Incomplete applications will not be included in the lottery. If you have any questions please call 978-456-8388.

1. Federal Tax Returns –2015, 2016 – NO STATE TAX RETURNS
2. W2 and/or 1099-R Forms: 2015, 2016
3. Five (5) **consecutive** pay stubs ending within one month of lottery application for all jobs (check/direct deposit stubs). For unemployment, copies of unemployment checks or DOR verification stating benefits received. Same for disability compensation, worker’s compensation and/or severance pay.
4. Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts.
5. Child support and alimony: court document indicating the payment amount.
6. Self employed – provide a detailed income and expense spreadsheet as well as six copies of business checking and savings accounts.
7. Interest, dividends and other net income of any kind from real or personal property.
8. Asset Statement(s): provide **current** statements of all that apply, unless otherwise noted:
 - Checking accounts – 6 months of statements – EVERY PAGE – FRONT AND BACK
 - Saving accounts, current statement
 - Revocable trusts
 - Equity in rental property or other capital investments
 - Investment accounts, including stocks, bonds, Treasury Bills, Certificates of Deposit, Mutual Funds and Money Market Accounts including all individual retirement accounts, 401K, Keogh accounts and Retirement and Pension funds. – current statements
 - Cash value of Whole Life or Universal Life Insurance Policy.
 - Personal Property held as an investment
 - Lump-sum receipts or one-time receipts

Assets divested at less than fair market value within the last 2 years will be counted a full market value in determining eligibility.

9. Proof of student status for dependent household members over age of 18 and full-time students.
10. Legal documentation must be provided as proof if you are going through a divorce or are separated.



11 South Avenue Apartments

APPLICATION

For Office Use Only:

Date Appl. Rcvd: _____

Household Size: _____

PERSONAL INFORMATION:

Date: _____

Name: _____

Address: _____ Town: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

Email: _____ Have you ever owned a home? ___ If so, when did you sell it? ___

Do you have a Section 8 Voucher? (These units are **NOT** subsidized or income based.) ___ Yes ___ No

FINANCIAL WORKSHEET: (Include all Household Income, which includes gross wages, retirement income (if drawing on it for income), business income, veterans' benefits, alimony/child support, unemployment compensation, social security, pension/disability income, supplemental second income and dividend income.)

Applicants Monthly Base Income (Gross) _____

Other Income, specify _____

Co-Applicant Monthly Base Income (Gross) _____

Other Income, specify _____

TOTAL MONTHLY INCOME: _____

Household Assets: (This is a partial list of required assets. Complete all that apply with current account balances)

Checking (avg balance for 6 months) _____

Savings _____

Stocks, Bonds, Treasury Bills, CD or _____

Money Market Accounts and Mutual Funds _____

Individual Retirement, 401K and Keogh accounts _____

Retirement or Pension Funds (amt you can w/d w/o penalty) _____

Revocable trusts _____

Equity in rental property or other capital investments _____

Cash value of whole life or universal life insurance policies _____

TOTAL ASSETS _____

(Please complete reverse side)



EMPLOYMENT STATUS: (include for all working household members. Attach separate sheet, if necessary.)

Employer: _____
Street Address: _____
City/State/Zip: _____
Date of Hire (Approximate): _____
Annual Wage - Base: _____
Additional: _____ (Bonus, Commission, Overtime, etc.)

ABOUT YOUR HOUSEHOLD: (OPTIONAL)

You are requested to fill out the following section in order to assist us in fulfilling affirmative action requirements. Please be advised that you should fill this out based upon family members that will be living in the apartment/unit. Please check the appropriate categories:

	Applicant	Co-Applicant	(#) of Dependents
Non-Minority	_____	_____	_____
Black or African American	_____	_____	_____
Hispanic or Latino	_____	_____	_____
Asian	_____	_____	_____
Native American or Alaskan Native	_____	_____	_____
Native Hawaiian or Pacific Islander	_____	_____	_____

The total household size is _____ (This is very important to determine the maximum allowable income for your household.)

Household Composition Name _____ Relationship _____ Age _____
(including applicant(s)) Name _____ Relationship _____ Age _____

SIGNATURES:

The undersigned warrants and represents that all statements herein are true. It is understood that the sole use of this application is to establish the preliminary requirements for placement into a lottery to have an opportunity to lease an affordable unit at 11 South Avenue Apartments. I (we) understand if selected all information provided shall be verified for accuracy at the time of lease.

Signature _____ Date: _____
Applicant(s)

Signature _____ Date: _____
Co-Applicant(s)

Based upon the preliminary information provided, it is my judgment that the applicant should be allowed to participate in the lottery for affordable units at 11 South Avenue Apartments. If selected all information provided shall be verified for accuracy at the time of lease.

Signature _____ Date: _____
Certifying Agent (MCO Housing Services)

Return with signed Affidavit & Disclosure Form and complete financial documentation to:
MCO Housing Services, P.O. Box 372, Harvard, MA 01451



11 South Avenue Apartments Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at 11 South Avenue Apartments through the Local Action Unit Program (LAU) in Natick, MA:

1. The gross annual household income for my family does not exceed the allowable limits as follows:

Household Size	1	2
Max Allowable Income	\$51,150	\$58,450

Income from all family members must be included.

2. I/We understand the calculation of income will include the higher of actual income from assets (if over \$5,000) or an imputation of .06% of the value of total household assets which is added to a household's income in determining eligibility.
3. The household size listed on the application form includes only and all the people that will be living in the residence.
4. I/We certify all data supplied on the application is true and accurate to the best of my/our knowledge and belief under full penalty of perjury. I/We understand that providing false information will result in disqualification from further consideration.
5. I/We understand that by being selected in the lottery does not guarantee that I/we will be able to lease a unit. I/We also understand that the Project's Owner will also perform its own screening to determine our eligibility to lease.
6. I/We further authorize MCO Housing Services to verify any and all income, assets and other financial information, to verify any and all household, resident location and workplace information and directs any employer, landlord or financial institution to release any information to MCO Housing Services and consequently the Projects Administrator, for the purpose of determining income eligibility for 11 South Avenue Apartments.
7. I/We understand that if selected I/we will be offered a specific unit. I/We will have the option to accept the available unit, or to reject the available unit. If I/we reject the available unit I/we will move to the bottom of the waiting list and will likely not have another opportunity to lease an affordable unit at 11 South Avenue Apartments.
8. Program requirements are established by DHCD and are enforced by DHCD. I/We agree to be bound by whatever program changes that may be imposed at any time throughout the process. If any program conflicts arise, I/we agree that any determination made by DHCD is final.
9. I/We certify that no member of our family has a financial interest in 11 South Avenue Apartments.
10. I/We understand there may be differences between the market and affordable units and accept those differences.
11. I/We understand that if my/our total income exceeds 140% of the maximum allowable income at the time of annual eligibility determination, after the end of my then current lease term I will no longer be eligible for the affordable rent.
12. I/We understand that all application data will be verified and additional financial information may be required, verified and reviewed in detail prior to leasing a unit.
13. I/We certify that we do not own a home elsewhere or in a Trust.

I/We have completed an application and have reviewed and understand the process that will be utilized to distribute the available units at 11 South Avenue Apartments. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.

Applicant

Co-Applicant

Date

Return with completed application and complete financial documentation to:

MCO Housing Services, P.O. Box 372, Harvard, MA 01451

