



*your resource for Affordable Housing*



**AMERICANA APARTMENTS  
WAKEFIELD, MA**

**WAIT LIST APPLICATION**

All affordable units at Americana Apartments in Wakefield are currently leased. If you would like to be added to the waiting list, please complete the application and return to:

**Americana Apartments  
383R Lowell Street  
Wakefield, MA 01880**

The following are the 2017 income limits and rent. Income limit and rent can change on an annual basis.

Current Rent: One Bedroom - \$1,350– utilities are not included.

Maximum Allowable Income Limits per household size:

| Household Size       | 1        | 2        |
|----------------------|----------|----------|
| Max Allowable Income | \$54,750 | \$62,550 |



# Americana Apartments Wakefield

**For Office Use Only:**

Date Appl. Rcvd: \_\_\_\_\_

## WAIT LIST APPLICATION

**PERSONAL INFORMATION:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Do you currently own a home:  Yes  No

Do you require a handicapped adaptable unit?  Yes  No

When would you be available to move in? \_\_\_\_\_

Do you have a Section 8 voucher? (These units are NOT Subsidized):  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.)

Borrowers Monthly Base Income (Gross) \_\_\_\_\_

Other Income, specify \_\_\_\_\_

Co-Borrowers 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:**

We understand this application is for the waiting list only. If we have the opportunity to lease we will need to provide required financial documentation before eligibility will be determined. The undersigned warrants and represents that all statements herein are true.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant(s)

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Applicant(s)

**Return to:**

**Americana Apartments, 383R Lowell Street, Wakefield, MA 01880**

