



*your resource for Affordable Housing*



**Queset Commons  
11 Roosevelt Circle  
Easton, MA  
First Come First Serve Rental Application**

**TO SCHEDULE A SHOWING CONTACT:  
Terrie Banks at 774-219-4455.**

Attached is the information regarding the affordable rental units at Queset Commons in Easton, Massachusetts. Potential tenants will not be discriminated against on the basis of race, color, religious creed, marital status, military status, disability, national origin, sex, age, ancestry, sexual preference, source of income, presence of children, or any other basis prohibited by local, state or federal law.

The rents are as follows: Studio: \$1,289; One Bedroom: \$1,467 and Two Bedroom: \$1641. Section 8 or other housing vouchers are accepted provided the project and rents are approved by the PHA. The minimum income to lease a unit, without a Section 8 or other housing voucher are: Studio: \$38,670; 1 bedroom: \$44,010 and 2 bedroom: \$49,230. The rents are not based on your income. You are responsible for the full rent as stated.

Heat and hot water are included in the rents. A utility allowance for electricity and cooking fuel has been deducted. In unit washer and dryer. Smoke and Pet Free Community. All units available on a first come first serve basis.

Thank you for your interest in affordable housing at **Queset Commons**. We wish you the best of luck. Please contact MCO Housing Services at 978-456-8388 or email us at [lotteryinfo@mcohousingservices.com](mailto: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  
Queset Commons Smart Growth Overlay District



**Queset Commons**  
AFFORDABLE HOMES through 40R  
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	3	4
Max Allowable Income	\$52,850	\$60,400	\$67,950	\$75,500

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.
3. In addition to income and asset eligibility you will also be subject to a screening by the project and determined eligible based on that basis.
4. Potentials tenants may not own another home. The affordable unit must be their principal, full-time residence.

**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.

**Are there preferences for Household Size?**

In all cases, preference for the one-bedroom unit will be for households that require one-bedroom. Preference for the two bedroom will be for a household requiring two bedrooms, preference for the three bedroom unit is for a household requiring three bedrooms.

Unit size preferences are based on the following:

1. There is a 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.



# Queset Commons

## First Come First Serve Application

For Office Use Only:

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

Household Size: \_\_\_\_\_

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

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

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

Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ 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) \_\_\_ Yes \_\_\_ No

# of Bedrooms requested (Check One): \_\_\_ Studio, \_\_\_ 1 Bedroom, \_\_\_ 2 Bedroom

Do you require a handicapped accessible unit? \_\_\_ Yes \_\_\_ No

Household Members – List ALL that will be living in the unit

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

**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-Applicants 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 3 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** \_\_\_\_\_



**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.)

**ADDITIONAL INFORMATION:**

Please be advised that the income to be used should include income for all members of the household that are to be residing in the home. Participating in the lottery does not guarantee applicants a unit. All applicants will need to complete an application at the Leasing Office and go through their approval process. If approved by the Leasing Office then you will be offered a unit to lease. All security deposits are the responsibility of the tenant.

**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 to have an opportunity to lease an affordable unit at Quset Commons. 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)

**Return with signed Affidavit & Disclosure Form and complete financial documentation to:**

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

[lotteryinfo@mcohousingservices.com](mailto:lotteryinfo@mcohousingservices.com)

drop off: 206 Ayer Road, Harvard, MA 01451



**Queset Commons  
Affidavit & Disclosure Form**

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at Queset Commons in Easton, MA:

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

Household Size	1	2	3	4
Max Allowable Income	\$52,850	\$60,400	\$67,950	\$75,500

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 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. 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 Queset Commons.
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 Queset Commons.
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 Queset Commons.
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 household 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.

I/We have completed an application and have reviewed and understand the process that will be utilized to distribute the available units at Queset Commons. 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.**



## Required Financial Documentation

Provide **one copy** of all applicable information. Complete financial documentation is required and must be sent with your application.

**Initial each that are applicable, and provide the documents, or write N/A if not applicable and return this sheet with your application.**

1. \_\_\_\_\_ Identification for each household member, i.e. Social Security Card, Birth Certificate etc.
2. \_\_\_\_\_ If you have a Section 8 Voucher or other Housing Voucher, you MUST provide a valid copy with your application.
3. \_\_\_\_\_ If you require a Special Accommodation you need to notify us at the time of application. If you need to provide additional information, i.e. letter from doctor, it MUST be included with the application.
4. \_\_\_\_\_ Federal Tax Returns – 2018 and 2019, if available (NO STATE TAX RETURNS)
  - **NOTE:** Provide all pages that are submitted to the IRS. For example, if a Schedule C is submitted to the IRS and not part of your application, your application will be considered incomplete.
5. \_\_\_\_\_ W2 and/or 1099-R Forms: **2018 and 2019, if available**
6. \_\_\_\_\_ The most recent last five (5) **consecutive** pay stubs 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.
  - **NOTE:** If you have obtained a new job within the last 12 months you must provide a copy of the Employment Offer Letter.
  - **NOTE:** If you are no longer working for an employer you worked for in 2019, you must provide a letter from the employer with your separation date.
  - **NOTE:** You need to provide 5 pay stubs whether you are paid weekly, bi-weekly or monthly.
7. \_\_\_\_\_ Benefit letter providing full amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts.
8. \_\_\_\_\_ Child support and alimony: court document indicating the payment amount, DOR statement. If you do not receive child support provide a letter stating, that you are not receiving child support. See attached form.
9. \_\_\_\_\_ Interest, dividends and other net income of any kind from real or personal property.
10. Asset Statement(s): provide **current** statements of all that apply, unless otherwise noted:
  - \_\_\_\_\_ Checking accounts – Last **three (3)** months of statements – statement for each month EVERY PAGE – FRONT AND BACK.

**NOTE:** If you have cash deposits or non-payroll or income deposits you **MUST** identify where the funds have come from. If you fail to explain they will be counted as income, which may put you over the income limit.

**NOTE:** Do **NOT** provide the history of running transaction activity. You must provide the **individual monthly statements**.

- \_\_\_\_ Pre-paid debit card statements – current month.  
**NOTE:** This is **NOT** your ATM/Debit card. This is usually a separate debit card statement showing income deposited directing onto the debit card, i.e. Social Security or other regular income.  
**NOTE:** If Social Security payments are deposited on a Direct Express card it is your responsibility to provide proof. You can print a statement from the Direct Express website at <https://www.usdirectexpress.com/>.
- \_\_\_\_ Saving accounts – last three months of full statements
- \_\_\_\_ 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.
- \_\_\_\_ Cash value of Whole Life or Universal Life Insurance Policy.
- \_\_\_\_ Personal Property held as an investment
- \_\_\_\_ Lump-sum receipts or one-time receipts

11. \_\_\_\_ Proof of student status for dependent household members over age of 18 and full-time students. Letter from High School or College providing student status, full time or part time for current **and** next semester.

12. \_\_\_\_ A household may count an unborn child as a household member. The household must submit proof of pregnancy with the application, i.e. letter from doctor.

13. \_\_\_\_ If the applicant is in the process of a divorce or separation, the applicant must provide legal documentation the divorce or separation has begun or has been finalized. Information must be provided regarding the distribution of family assets.

14. \_\_\_\_ If you are **self-employed**, you **MUST** provide a detail expense and income statement for the last 12 months and three months of business checking and savings accounts along with last three Federal Income Tax Returns.

Print Applicants Name(s): \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Co-Applicants Signature

\_\_\_\_\_  
DATE



**Queset Commons**  
**Easton, MA**

***Release of Information Authorization Form***

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

I/We hereby authorize MCO Housing Services, Queset Commons Leasing Office, or any of its assignees 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, Queset Commons Leasing Office, or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for Queset Commons.

A photocopy of this authorization with my signature may be deemed to be used as a duplicate original.

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return with completed application and Affidavit and Disclosure Form by mail, fax or email to:**

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

Drop off: 206 Ayer Road, Harvard, MA

Email: [lotteryinfo@mcohousingservices.com](mailto:lotteryinfo@mcohousingservices.com)





## Custody & Child Support Affidavit

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

***Please complete a separate form for each minor in this unit not living with both biological or adoptive parents:***

Child Name/SSN(last four digits)/DOB : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Absent Parent: \_\_\_\_\_

Will this child live with you in the tax credit apartment at least 50% of the time?

YES       NO

Was there a legal marriage to the other parent?  YES  NO  STILL LEGALLY MARRIED

- If **YES**, please submit a copy of the divorce decree, separation agreement, or other document outlining custody arrangements.
- If **NO**, please submit documents such as tax return, school records, court order, or DHS records showing placement of child

Who claimed the child as a dependant on their most recent tax return?

I did       The absent parent       Other: \_\_\_\_\_  No one

Do you receive support (monetary or not) for this child?  YES  NO

If **YES** list amount \$ \_\_\_\_\_ per \_\_\_\_\_

Have you ever been awarded an amount of child support for this child through the courts or an informal agreement?  YES  NO

If awarded but not paid, have you taken legal action to collect child support?

YES       NO

If so, please describe efforts \_\_\_\_\_

Do you expect to receive child support for this child in the next 12 months?

YES       NO

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Manager)

\_\_\_\_\_  
Date

