



*your resource for Affordable Housing*



**Sunset Lake Apartments  
Braintree, MA**

**WAIT LIST APPLICATION**

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

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

The following are the 2018 income limits and rents. Income limit and rent can change on an annual basis.

Current Rent:        One Bedroom - \$1,477 – utilities are not included.  
                             Two Bedroom - \$1,611 – utilities are not included.

Minimum income required without a Section 8 voucher:

One Bedroom - \$44,310  
Two Bedroom - \$48,330

Maximum Allowable Income Limits per household size:

<b>Household Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Max Allowable Income</b>	<b>\$56,800</b>	<b>\$64,900</b>	<b>\$73,000</b>	<b>\$81,100</b>



# Sunset Lake Apartments Braintree

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

Bedroom Size: \_\_\_ One Bedroom \_\_\_ Two Bedroom

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 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** \_\_\_\_\_



*(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:**

**MCO Housing Services, P.O. Box 372, Harvard, MA 01451**  
**Fax: 978-456-8986**  
**Email: lotteryinfo@mcohousingservices.com**

