



your resource for Affordable Housing



RESIDENCES AT TEWKSBURY COMMONS First Come First Serve Application

Language/translation assistance will be available, at no charge, by appointment. Call 978-456-8388.

Attached is the information regarding the affordable rental units in the Residences of Tewksbury Common located at 11 Old Boston Road in Tewksbury. 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 law.

Surface parking is available for all tenants at no charge. The one bedroom unit has one bathroom and the two and three bedroom units offer 2 bathrooms. Laundry facilities are available on each floor. Luxury Amenities include Club Lounge, Business Center, Pool Table, Pool and a Fitness Room with classes.

The monthly rent is: One Bedroom - \$1,204; Two Bedroom - \$1,410; Three Bedroom - \$1,558, utilities are not included. The minimum income required, without a Section 8, One bedroom: \$36,120, Two Bedroom: \$42,300, and 3 Bedroom: \$46,740. Please review the enclosed information packet in detail and complete the application and disclosure statement at the rear of the packet.

Thank you for your interest in affordable housing at the Residences of Tewksbury Common. Please 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,

A handwritten signature in black ink that reads 'Maureen M. O'Hagan'.

Maureen M. O'Hagan
MCO Housing Services for DSF IV



Residences of Tewksbury Common

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) and MassHousing.

Eligibility Criteria for Rental Units

What are the qualifications required for Prospective Tenants?

1. Gross Income cannot exceed the following maximum allowable income guidelines, adjusted for household size, as follows:

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 |
|----------------------|----------|----------|----------|----------|----------|----------|
| Max Allowable Income | \$50,350 | \$57,550 | \$64,750 | \$71,900 | \$77,700 | \$83,450 |

(Note: This represents 80% of the annual household median income for the area and is subject to adjustments. This assumes a household size of 1-6 people. This income limit is subject to change based upon DHCD updating.)

2. When assets total \$5,000 or less, the actual income received is included in the annual income as income from assets OR when assets exceed \$5,000, annual income includes the greater of actual income from assets or a .06% imputed income calculation. 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. Potential tenants may not own another home. The affordable unit must be their principal, full-time residence.

Are there accessible/adaptable units?

All units are adaptable. Handicap accessible units are not available but the owner will comply with all applicable laws regarding adaptability. Disabled applicants may request reasonable accommodations or modifications of the housing when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing.

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 allowable income adjusted for household size, 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.

You need to be determined eligible by MCO Housing Services and the Leasing Office. If either determines you do not meet the eligibility or leasing criteria then you will not be able to lease a unit.

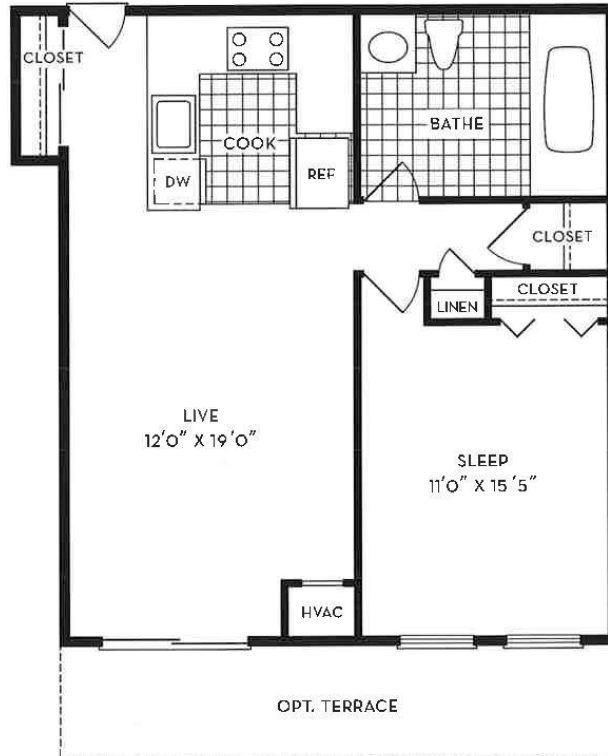
Acceptance of Units

Applicants do not have a choice of unit locations, style or schedules. You will not be able “pass” on a unit and wait for another unit. If you choose not to take the designated unit, you will go to the bottom of the list and may not have another opportunity.



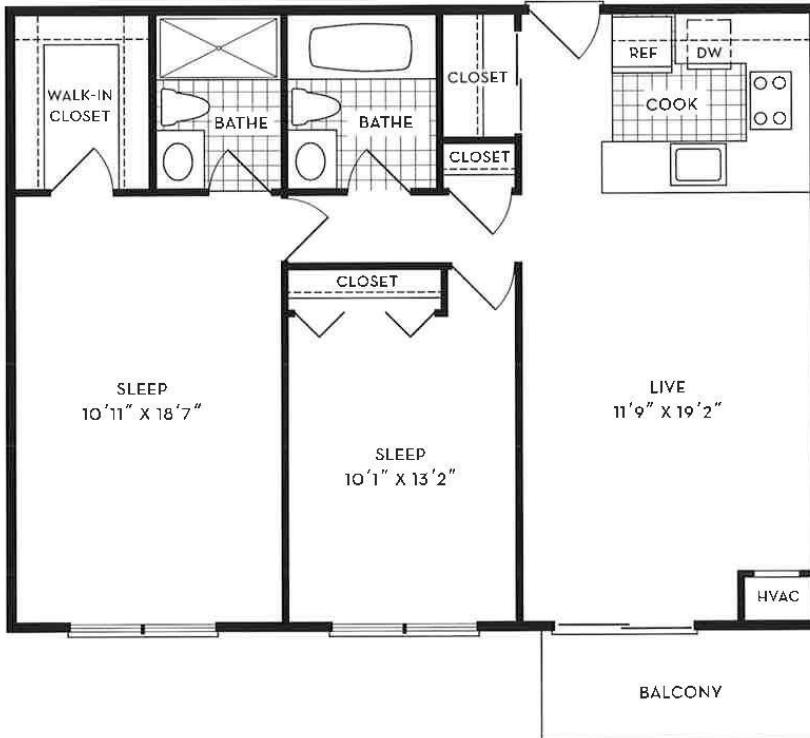
The
ASSABET

1 BR
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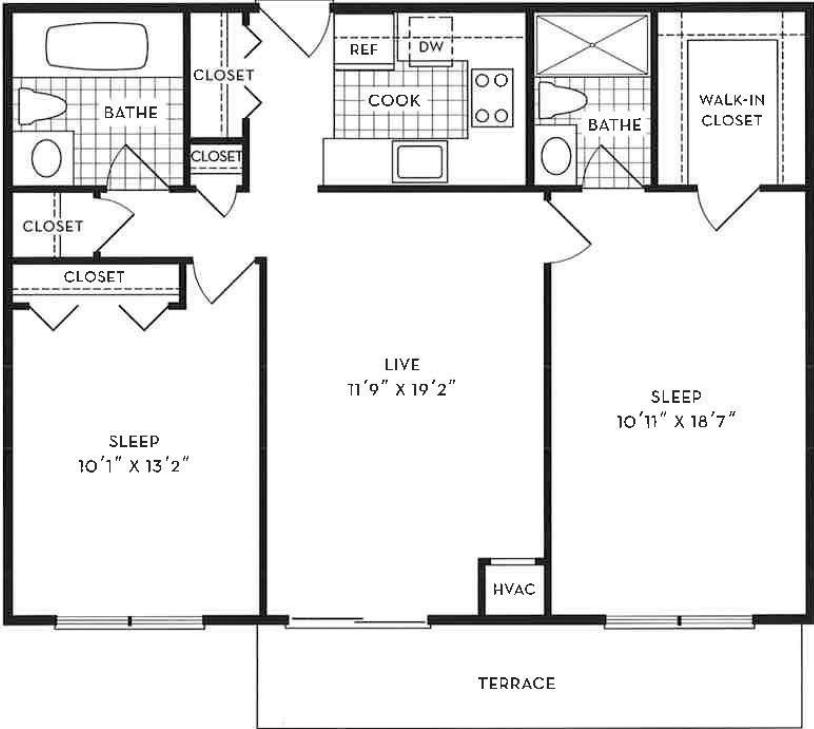
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CONCORD

2 BR
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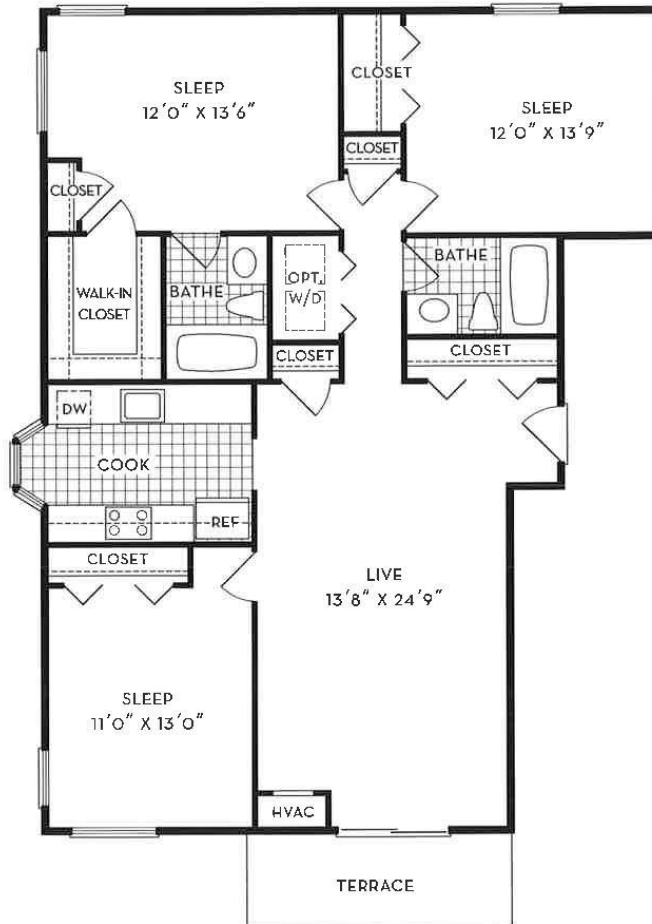
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The
SATUCKET

3 BR
2 BA



Residences at Tewksbury Commons

First Come First Serve

For Office Use Only:

Date Appl. Rcvd: _____

Household Size: _____

of Bedrooms: _____

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

One Bedroom _____ Two Bedroom _____ Three Bedroom _____

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.)

Tenants Monthly Base Income (Gross) _____

Other Income, specify _____

Co-Tenants 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 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 _____ |
| | Name _____ | Relationship _____ | Age _____ |
| | Name _____ | Relationship _____ | Age _____ |
| | Name _____ | Relationship _____ | Age _____ |
| | 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 to have an opportunity to lease an affordable unit at the Residences at Tewksbury 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, complete financial to:

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



Residences at Tewksbury Commons

Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at Tower Building, Halstead Tewksbury through MassHousing:

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

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 |
|----------------------|--------|--------|--------|--------|--------|--------|
| Max Allowable Income | 50,350 | 57,550 | 64,750 | 71,900 | 77,700 | 83,450 |

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 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 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 Residences of Tewksbury Common.
7. Program requirements are established by DHCD and MassHousing. 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 MassHousing is final.
8. I/We certify that no member of our family has a financial interest in Residences of Tewksbury Common.
9. I/We understand there may be differences between the market and affordable units and accept those differences.
10. 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.

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

Applicant

Co-Applicant

Date

Return with completed application, complete financial documentation to:

MCO Housing Services
P.O. Box 372
Harvard, MA 01451
FAX: 978-456-8986

Email: lotteryinfo@mcohousingservices.com



**Required Personal Identification and Income Verification Documents
TO BE RETURNED WITH APPLICATION**

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 –2016, 2017 (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: 2016, **2017**
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 2017, 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



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

