



your resource for Affordable Housing



The Oasis at Plainville Plainville, MA

Attached is the information regarding the affordable rental units at The Oasis at Plainville in Plainville, 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.

Located at 85 Washington Street, The Oasis at Plainville is a new affordable rental project providing 62 affordable one, two and three bedroom units for eligible tenants. This application is for the remaining units after the lottery and are available on a first come first serve basis.

Surface parking is available for all tenants in the designated tenant parking area at no charge. The one bedroom units have 1 bath and are +/-775 sq. ft. The two bedroom units have 2 bathrooms and are +/- 1090 sq. ft. and the three bedrooms have two baths in 1350 sq. ft. Up to two pets are allowed. There are breed restrictions and monthly pet fees. The project is smoke free. There are no elevators in the buildings.

The monthly rents are as follows: 1 bed - \$1,278, 2 bed -\$1,409 and three bed - \$1,705, utilities are not included. All affordable units will be distributed by lottery as outlined in the attached package. Please review the enclosed information packet in detail and complete the application and disclosure statement at the rear of the packet.

The minimum income to lease units based on bedroom size are: 1 bedroom - \$38,340, 2 Bedroom - \$42,270 and \$51,150 for a three bedroom. These units are NOT income based where you pay 30% of your income for rent. You are responsible for the full rent plus utilities. Section 8 or other housing vouchers will be accepted if your Section 8 or Housing Voucher provider approves the project.

Please note: Complete financial documentation is required to hold a unit while going through the approval process. Included in this package is a list of required documentation. Applications will be logged in a time of receipt. PLEASE READ EVERYTHING CAREFULLY AND FOLLOW INSTRUCTIONS.

Thank you for your interest in affordable housing at ***The Oasis at Plainville, Plainville***. We wish you the best of luck. 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,

Maureen M. O'Hagan
MCO Housing Services for Picerne Plainville LLC



This is an important document. Please contact [AGENCY NAME] at [PHONE #] for free language assistance.

Este documento es muy importante. Favor de comunicarse con el MCO Housing en 978-456-8388 para ayuda gratis con el idioma. (Spanish)

Este é um documento importante. Entre em contato com o MCO Housing Serv no número 978-456-8388 para obter assistência gratuita com o idioma. (Portuguese)

Dokiman sila a enpòtan. Tanpri kontakte MCO Housing la nan 978-456-8388 pou asistans gratis nan lang. (Haitian Creole)

此文件為重要文件。如果您需要免費的語言翻譯幫助，請聯絡 MCO Housing 聯絡方式：978-456-8388。(Chinese, Traditional)

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Это весьма важный документ. Свяжитесь с сотрудником MCO Housing на предмет оказания бесплатной помощи по переводу на иностранный язык (978-456-8388). (Russian)
(Phone #)

នេះគឺជាឯកសារសំខាន់។ សូមទំនាក់ទំនង MCO Housing តាមរយៈ 978-456-8388 ដើម្បីទទួលបានជំនួយ ផ្នែកភាសាដោយឥតគិតថ្លៃ។ [Mon-Khmer, Cambodian]

Đây là một tài liệu quan trọng. Vui lòng liên hệ MCO Housing tại 978-456-8388 để được hỗ trợ ngôn ngữ miễn phí. (Vietnamese)

Kani waa dukumentiyiyo muhiim ah. Fadlan MCO Housing kala soo xiriiir 978-456-8388 si aad u hesho gargaar xagga luqadda oo bilaash ah. (Somali)

هذه وثيقة مهمة. يرجى الاتصال بـ MCO Housing بـ 978-456-8388 للمساعدة اللغوية المجانية.
[Phone #] [Agency Name] (Arabic)

Ce document est très important. Veuillez contacter le MCO Housing au 978-456-8388 afin d'obtenir une assistance linguistique gratuite. (French)

Il presente è un documento importante. Si prega di contattare il MCO Housing al 978-456-8388 per avere assistenza gratuita per la traduzione. (Italian)

The Oasis at Plainville, Plainville

AFFORDABLE HOMES

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).

What are the qualifications required for Prospective Tenants?

- Qualify based on the following maximum income table, which is adjusted for household size:

Household Size	1	2	3	4	5	6
Max Allowable Income	\$56,800	\$64,900	\$73,000	\$81,100	\$87,600	\$94,100

Income limits are subject to change based on new HUD limits.

APPLICANT QUALIFICATIONS:

1. Household income cannot exceed the above maximum allowable income limits.
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. 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 will be for households that require one bedroom. Preference for the two bedrooms will be for households requiring two bedrooms and preference for the three bedroom units are for households requiring three bedrooms.

Household size preferences are based on the following:

- a. There is at least one occupant per bedroom.
- b. 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.
- c. A person described in (b) 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 reliable medical documentation is provided substantiating the adverse impact.
- d. A household may count an unborn child as a household member. The household must submit proof of pregnancy with the application.
- e. If the applicant is in the process of a divorce or separation, the applicant must provide proof that the divorce or separation has begun or has been finalized, as set forth in the application.

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.

Are there accessible/adaptable units?

Yes, the units are adaptable. There are no elevators in the buildings. There is one 2 bedroom and one 3 bedroom Handicap Accessible units available. Handicap Accessible applicants may request reasonable accommodations or modifications of the housing, when such accommodations or modifications are necessary to afford the Handicap



Accessible person equal opportunity to use and enjoy the housing. Where a person with a disability is waiting for an accessible unit and a unit with adaptive features becomes available, the owner/management agent must offer to adapt the unit.

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 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.

**Oasis at Plainville
Unit Availability and Distribution**

Building #	Est. Occupancy	1 Bed	2 Bed	2 Bed Hand	3 Bed	3 Bed Hand
4	December 2017	3	3	0	0	0
6	January 2018	4	3	0	0	0
5	January 2018	3	4	1	2	1
7	February 2018	3	5	0	3	0
TOTAL		13	15	1	5	1

COMMUNITY AMENITIES

IMAC Stations

On-site 24/7 Maintenance

Grilling Stations

24/7 Fitness Center and Aerobics Room

Fitness on Demand (www.fitnessondemand247.com)

Business Center

Coffee Bar

Beach Entry Pool

Garage/Storage Available

Pet Friendly

In Unit Washer and Dryer





Horizon



Bedrooms 1

Bathrooms 1

Square Ft (approx.) 775

Rent \$ _____

The Oasis at Plainville Luxury Apartment Homes
85 Washington St
Plainville, MA 02762
Ph: 844-299-5308

www.OasisAtPlainville.com

Another Pricerise Community





Retreat



Bedrooms 2



Bathrooms 2

Square Ft (approx.) 1,090

Rent \$ _____

Another Pricerite Community

The Oasis at Plainville Luxury Apartment Homes
 85 Washington St
 Plainville, MA 02762
 Ph: 844-299-5308
www.OasisAtPlainville.com



Vista

Bedrooms 3
 Bathrooms 2
 Square Ft (approx.) 1,350

Rent \$ _____

The Oasis at Plainville Luxury Apartment Homes
 85 Washington St
 Plainville, MA 02762
 Ph: 844-299-5308

Another Picerne Community www.OasisAtPlainville.com 

The Oasis at Plainville

FIRST COME FIRST SERVE 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? Yes No If so, when did you sell it? _____

Do you have a Section 8 or other Housing Voucher? (These units are NOT income based), Yes No

Bedroom Size: _____ One _____ Two _____ Three

Do you require a handicap accessible unit? Yes No

Are you disabled? 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-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 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 (including applicant(s))

Name _____	Relationship _____	Age _____	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 for an opportunity to lease an affordable unit at The Oasis at Plainville. 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
Email: lotteryinfo@mcohousingservices.com



The Oasis at Plainville

Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at The Oasis at Plainville through the Department of Housing and Community Development in Plainville, MA:

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	\$56,800	\$64,900	\$73,000	\$81,100	\$87,600	\$94,100

Income from all family members must be included. Income units can change based on HUD.

- 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.
- The household size listed on the application form includes only and all the people that will be living in the residence.
- 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.
- 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 your eligibility to lease.
- 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 The Oasis at Plainville.
- 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 The Oasis at Plainville.
- 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.
- I/We certify that no member of our family has a financial interest in The Oasis at Plainville.
- I/We understand there may be differences between the market and affordable units and accept those differences.
- 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 Oasis at Plainville. 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 =Email: lotteryinfo@mcohousingservices.com



Required Personal Identification and Income Verification Documents

TO BE RETURNED WITH APPLICATION

Provide one copy, single sided, of all applicable information. If you have any questions please call, 978-456-8388.

Initial EVERY question below and check N/A or Yes. You MUST provide all required documentation for every "Yes" checked. Failure to provide documentation and your application will be considered incomplete.

1. Identification for each household member, i.e. Social Security Card, Birth Certificate etc.

N/A

Yes

Initial(s): _____ Initial(s): _____

2. Federal Tax Returns – 2014, 2015, 2016 and 2017, if completed – 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

N/A

Yes

Initial(s): _____ Initial(s): _____

3. W2 and/or 1099-R Forms: 2014, 2015, 2016, 2017

N/A

Yes

Initial(s): _____ Initial(s): _____

4. Current Employment: Last five (5) consecutive pay stubs ending within one month of lottery application for all jobs for every household member over the age of 18 (check/direct deposit stubs). For unemployment, copies of unemployment checks or DOR verification stating benefits received. Statements of disability compensation, worker's compensation and/or severance pay.

NOTE: You need to provide 5 pay stubs whether you are paid weekly, bi-weekly or monthly.

N/A

Yes

Initial(s): _____ Initial(s): _____



5. **Current Employment Less Than 1 Year:** In addition to information provided in #4 also provide a copy of your employment letter, from your employer, which includes start date, current salary/hourly rate and # of hours worked per week.

N/A

Yes

Initial(s): _____ Initial(s): _____

6. **Earnings:** Yearly benefit letter for received from Social Security Administration. Most recent statement for annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts.

N/A

Yes

Initial(s): _____ Initial(s): _____

7. **Former Employment:** If you have left a job in 2016 provide a letter from past employer, on company letterhead, stating your last day of employment.

N/A

Yes

Initial(s): _____ Initial(s): _____

8. **Self-Employment:** provide a year to date profit and loss statement and year to date income and expense report. Provide past 3 years of business tax returns. Provide all current financial statements, i.e. checking (6 months), savings (current).

N/A

Yes

Initial(s): _____ Initial(s): _____

9. **Gift Income:** if you receive gift income then complete the attached

N/A

Yes

Initial(s): _____ Initial(s): _____

10. **Divorce and/or Separation:** Provide copy of legal divorce and/or separation agreement. If you are filing for divorce or legal separation and no legal action has been taken, then your partner's income and assets must be included in this application.



N/A

Yes

Initial(s): _____

Initial(s): _____

11. **Child support and alimony:** Court document indicating the payment amount, statement from the Department of Revenue showing payments for the past 5 months and copy of divorce/separation agreement. If you do not receive child support include documentation.

N/A

Yes

Initial(s): _____

Initial(s): _____

12. **Section 8:** If you have a Section 8 voucher provide a copy of the signed voucher from the appropriate Housing Authority.

N/A

Yes

Initial(s): _____

Initial(s): _____

13. **Household with Students:** for household members over 18 and who are full time college students provide proof of fulltime student status, i.e. Letter from Registrar, transcript, or other proof of verification.

N/A

Yes

Initial(s): _____

Initial(s): _____

14. **Asset Statement(s):**

- a. N/A or Yes - Checking accounts – last **three (3)** months of statements – EVERY PAGE – FRONT AND BACK – SINGLE SIDED

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 a running transaction list of activity. You must provide the individual statements.

- b. N/A or Yes - Debit card(s) – For funds deposited directly to a debit card provide the last statement which can be requested from your debit card provider.



NOTE: This is NOT your ATM/Debit card. This is usually a separate debit card statement showing income deposited directly 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/>.

- c. N/A or Yes - Saving accounts - provide current statement(s)
- d. N/A or Yes - Revocable trust(s) - provide current statement(s)
- e. N/A or Yes - Equity in rental property or other capital investments - provide documentation
- f. N/A or Yes - 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 – provide current statement for each account.
- g. N/A or Yes – for 401K or any kind of retirement account you MUST provide information on your ability to obtain a service withdrawal from the account. This can be obtained from your Human Resource department or whomever manages your retirement/401K account.
- h. N/A or Yes - Cash value of Whole Life or Universal Life Insurance Policy – provide documentation.
- i. N/A or Yes - Personal Property held as an investment – provide documented value of property.
- j. N/A or Yes - Lump-sum receipts or one-time receipts – provide documented proof of receipts.

15. **Unborn Child:** 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.

- N/A
- Yes

Initial(s): _____

Initial(s): _____

Applicants Signature

DATE

Co-Applicants Signature

DATE

REMEMBER IF YOU CHECKED YES TO ANY OF THE ABOVE YOU MUST PROVIDE THE REQUIRED DOCUMENTATION.

