



your resource for Affordable Housing



***114 Sylvan Street
Project Information and New Tenant Application
Danvers, MA***

Reasonable Accommodations are available.

Attached is the information regarding the affordable rental units at 114 Sylvan Street in Danvers, Massachusetts. 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.

114 Sylvan Street is an existing rental property that has two 1 bedroom apartments. Currently one unit is available on a first come first serve basis. Surface parking is available for each unit at no charge. This is a smoke and pet free development. Washer and dryer is available on property. The available unit is 402 sq. ft.

The monthly rent is: \$1,850 and heat, hot water, water and sewer re included in the rent. Tenants are responsible for electricity. Please review the enclosed information packet in detail and complete the application and disclosure statement at the rear of the packet.

The rent is NOT subsidized or income based. You are responsible for the full rent. Section 8 or a Housing voucher will be accepted but it is your responsibility to find out if your Section 8 or Housing provider accepts the rent and project. The minimum income, without a Section 8 or Housing Voucher, is: One Bedroom - \$55,500.

Please note: Complete financial documentation is required and must be sent with your application for your application to be reviewed. Included in this package is the list of required documentation and additional forms, if applicable, to be sent in with your application.

Thank you for your interest in affordable housing at **114 Sylvan Street**. 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.

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)

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, Simplified)

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 ដើម្បីទទួលបានជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ។ [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 dukumentiyu muhiim ah. Fadlan MCO Housing kala soo xiriir 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. (Arabic)
[Phone #] [Agency Name]

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)

114 Sylvan Street

Question & Answer

The units will be leased in accordance with policies and guidelines established by the Commonwealth of Massachusetts Executive Office of Housing and Livable Communities (EOHLC).

What are the qualifications required for Prospective Tenants?

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

Household Size	1	2
Max Allowable Income	\$82,950	\$94,800

(Income limits are subject to change when HUD releases the 2024 income limits)

APPLICANT QUALIFICATIONS:

1. Household income cannot exceed the above maximum gross allowable income limits. Income from household members 18 or older is required.
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 leasing agent and your eligibility will be determined based on the Leasing Office Screening. If a criminal background screening is part of the Leasing Office screening it will be conducted in accordance with EOHLC MODEL POLICY REGARDING APPLICANT SCREENING ON THE BASIS OF CRIMINAL RECORDS.
4. The units can be adapted to satisfy reasonable accommodation requests. Persons with disabilities will be given first preference for such units regardless of what pool they are in based on the requested bedroom size. Where a person with a disability is awaiting an accessible unit and a unit with adaptive features becomes available, the owner/management agent must offer to adapt the unit.
5. You can not own a home and lease an affordable apartment. The home must be sold prior to lease execution.

Are there preferences for Household Size?

Unit size preferences are based on the following:

1. There is at 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 divorce or separation has begun or has been finalized, as set forth in the application.

Applicants will not be offered a unit larger than their household is eligible for based on the above unit size preferences, i.e. a one-person household requesting a two bedroom unit. Make sure you check the appropriate bedroom size on the application, otherwise you may lose the opportunity to lease.

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.

Please note: Applicants will not be offered a unit larger than their household is eligible for based on the above unit size preferences, i.e. a one-person household requesting a two-bedroom unit. (See page 3) Make sure you check the appropriate bedroom size on the application, otherwise you may lose the opportunity to lease. Household size shall not exceed, nor may the maximum allowable household size be more restrictive than, State Sanitary Code requirements for occupancy of a unit (See 105 CMR 400). Applicants will not be approved for units larger than their household size allows.



Available Unit

PLEASE READ THE FOLLOWING CAREFULLY

- 1. More than 50% of applications submitted to MCO Housing Services are incomplete. Please take the time to read the application and submit all required documentation. It is your responsibility to provide the correct documentation.**
- 2. Read the NOTES on the Required Personal Identification and Income Verification Documents. Failure to do so could mean the difference between a complete and incomplete application as well as eligibility for a unit.**
- 3. All financial documentation, income and assets, are required from all household adults aged 18 or older. No exceptions.**
- 4. DO NOT ASSUME you do not need to provide a certain document. When in question call or email BEFORE you submit your application.**
- 5. Do NOT forget to include statements from Robinhood or any other online investment accounts. They are considered part of your assets. If you have an open account, you must provide statement whether there are any funds in the account or not.**
- 6. If you are unable to provide specific information, then submit a note with your application explaining the circumstances. This will not guarantee your application will be reviewed, but depending on the circumstances, we may be able to work with you.**
- 7. Do not take photos with your cellphone of any documentation and email it to us. The photos are not legible, and we will not accept them.**
- 8. You can fax your information, but it is not recommended. If all pages are not received your application would be considered incomplete.**

COMPLETE, SIGN, DATE AND RETURN

ALL APPLICABLE DOCUMENTS

FROM THIS POINT FORWARD

114 Sylvan Street

New Tenant APPLICATION

For Office Use Only:

Date Appl. Rcvd: _____

Household Size: _____

PERSONAL INFORMATION:

Date: _____

Name: _____

Address: _____ Town: _____ Zip: _____

Work Telephone: _____ Cell: _____

Email: _____ Do you own a home? ___ Yes ___ No

Do you have a Section 8 or other housing voucher: ___ Yes ___ No

Bedroom Size: ___ One Bedroom

The total household size is _____ (This is very important to determine the maximum allowable income for your household.)

Household Composition - include all who will be living in the unit.

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.)

Applicant's Monthly Base Income (Gross) _____

Other Income, specify _____

Co-Applicant's 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 _____

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	_____	_____	_____

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 114 Sylvan Street. I (we) understand if selected all information provided shall be verified for accuracy at the time of lease. I/we understand if I/we provided an incomplete application it will not be reviewed for eligibility.

Signature _____ Date: _____
Applicant(s)

Signature _____ Date: _____
Co-Applicant(s)

Page 13 provides the submission information

114 Sylvan Street

Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at 114 Sylvan Street through EOHLC in Danvers, MA:

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

Household Size	1	2
Max Allowable Income	\$82,950	\$94,800

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. If assets \$5000 or less the actual interest/dividends earned will be added to income in determining eligibility.
3. The household size listed on the application form includes 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 submitting an application 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.
6. I/We understand that if selected I/we may be able to select a unit. If I/we reject a 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 114 Sylvan Street.
7. Program requirements are established by EOHLC and are enforced by EOHLC. 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 the EOHLC is final.
8. I/We certify that no member of our family has a financial interest in 114 Sylvan Street.
9. I/We understand there may be differences between the market and affordable units and accept those differences.
10. I/We understand we need to be recertified annually to determine continued eligibility. I/We understand that if my/our total income exceeds 140% of the maximum allowable income at the time of annual recertification, after the end of my then current lease term I will no longer be eligible for the affordable rent. I/We also understand if we fail to provide the required recertification information, we have the option of paying market rent or moving out.
11. I/We understand that if my/our application is incomplete it will not be reviewed for eligibility and we may lose the opportunity to lease.

I/We have completed an application and have reviewed and understand the process that will be utilized to distribute the available units at 114 Sylvan Street. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.

Applicant

Co-Applicant

Date

114 Sylvan Street
Danvers, MA

Release of Information Authorization Form

Date: _____

I/We hereby authorize MCO Housing Services, 114 Sylvan Street 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, 114 Sylvan Street Leasing Office, or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for 114 Sylvan Street.

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

**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 to be reviewed. Incomplete applications will NOT reviewed for eligibility. If you have questions, it is your responsibility to contact MCO Housing Services prior to submitting your application at 978-456-8388.

Initial each that are applicable, and provide the documents, or write N/A if not applicable and return 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 Reasonable Accommodation you must request the reasonable accommodation as part of your application and if documentation is required, i.e. doctors letter, it MUST be included with the application.
4. _____ 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 the last 12 months, 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.
5. _____ Benefit letter providing full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts.
6. _____ Child support and alimony: court document indicating the payment amount, DOR statement or copy of your divorce papers. If you do not receive child support provide a letter stating that you are not receiving child support or use the attached form.
7. _____ If you are self-employed you MUST provide a detailed 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. Uber, Lyft, Dashboard etc are self-employment.
8. _____ Federal Tax Returns –2022 (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.

- **NOTE:** If you filed but do not have copies of your Federal Income Tax returns, you can obtain a copy of your Tax Transcripts using form 4506-T that you can obtain at irs.gov or create an account at irs.gov and print out the Tax Transcript.
- **NOTE:** If you have not filed tax returns you must provide a letter from the IRS verifying non-filing of your tax return(s). Request verification by using form 4506-T that you can obtain at irs.gov or create an account at irs.gov and print out the Verification of Non-filing letter.

9. _____ W2 and/or 1099-R Forms: 2022

- **NOTE:** If you do not have copies of W2's and/or 1099's, you can obtain a copy of your Wage Transcripts using form 4506-T that you can obtain at irs.gov or create an account at irs.gov and print out the Wage Transcript.

10. _____ Interest, dividends and other net income of any kind from real or personal property.

11. Asset Statement(s): provide **current** statements of all that apply, unless otherwise noted:

i. _____ Checking accounts – Last **three (3)** months of statements – 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. ***This includes all VENMO, PayPal, Cash Apps etc.***

NOTE: Do **NOT** provide a running transaction list of activity. You must provide the individual statements which include your name and account number(s). You can obtain e-statements on your bank's website.

ii. _____ 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/>.

iii. _____ Saving accounts – last three months of full statements – 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. ***This includes all VENMO, PayPal, Cash Apps etc.***

NOTE: Do **NOT** provide a running transaction list of activity. You must provide the individual statements which include your name and account number(s). You can obtain e-statements on your bank's website.

iv. _____ Revocable trusts

v. _____ Equity in rental property or other capital investments

vi. _____ Investment accounts, including stocks, bonds, Treasury Bills, Certificates of Deposit, Mutual Funds, Money Market, Robinhood and all online accounts, etc.

vii. _____ Retirement accounts, IRA, Roth IRA, 401K, 403B, etc for all current and past jobs

viii. _____ Cash value of Whole Life or Universal Life Insurance Policy.

ix. _____ Personal Property held as an investment

x. _____ Lump-sum receipts or one-time receipts

12. _____ 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.

13. _____ 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.

14. _____ If the applicant is in the process of a divorce or separation, the applicant must provide legal documentation the divorce or separation has been started or finalized. Information must be provided regarding the distribution of family assets. If information is not available, then the income and assets from both parties will be counted in determining eligibility, even if one of the parties will not be living in the unit.

15. _____ If you have a home to sell you must provide a copy of your last mortgage statement and a market analysis with estimated sale price. You cannot own a home and lease an affordable apartment.

We understand if we do not provide all applicable financial our application will not be reviewed for eligibility.

Print Applicants Name(s): _____

Applicant's Signature

DATE

Co-Applicant's Signature

DATE

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Return the following documents:

- Complete and signed Application
- Signed and dated Affidavit and Disclosure Form
- Signed and dated Authorization to Release Information Form
- Complete, signed and dated Personal Identification & Income Verification Document Form
- All required personal identification and financial documentation
- Special accommodation documentation, if needed

RETURN by mail, fax or email to:

MCO Housing Services, LLC
P.O. Box 372
Harvard, MA 01451
Overnight mailing address: 206 Ayer Road, Harvard, MA 01451
Phone: 978-456-8388
FAX: 978-456-8986
Email: lotteryinfo@mcohousingservices.com
TTY: 711, when asked 978-456-8388