



your resource for Affordable Housing



Cohasset Place Cohasset, MA

WAIT LIST APPLICATION Rents at 80% AMI

Reasonable Accommodations are available.

Located at 390 Chief Justice Cushing Highway in Cohasset, MA, Cohasset Place has affordable apartments for eligible applicants by waitlist which includes one baths in 1,041 – 1,096 sq. ft. of living space.

This is a smoke free building. Up to two pets are allowed. Breed restrictions. Monthly pet rents are: Cats - \$70/mo. per cat and dogs are \$80/mo. per dog. Washer and dryer are included. Surface parking is available at no charge.

The rents are not income based or subsidized. You are responsible for the full monthly rent. Section 8 is accepted but you should contact your Section 8 provider to determine if they will accept the project and the rents.

Maximum Allowable 2022 Income Limits per household size at 80% AMI:

Household Size	1	2	3	4
Max Allowable Income	\$78,300	\$89,500	\$100,700	\$111,850

Section 8 or Other Housing Vouchers are Accepted.

If you do not have a Section 8 housing voucher, the minimum income limits apply.

Return to:

Susan Parker
Cohasset Place

P.O. Box 103, Cohasset, MA 02025

admin@proairways.com

508-866-9606



Cohasset Place

WAIT LIST APPLICATION

For Office Use Only:

Date Appl. Rcvd: _____

PERSONAL INFORMATION:

Date: _____

Name: _____

Address: _____ Town: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

Email: _____

Preferred Method of Contact: ___ Phone ___ Email ___ Mail

Do you currently own a home: ___ Yes ___ No

Do you require a handicapped adaptable unit? ___ Yes ___ No

When would you be available to move in? _____

Bedroom Size: _____ 1 Bedroom _____ 2 Bedroom

Do you have a Section 8 or other housing voucher? (These units are NOT Subsidized): ___ Yes ___ No

The total household size is _____ (This is particularly 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 _____

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 Monthly Base Income (Gross) _____

Other Income, specify _____

Co-Applicant 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	_____	_____	_____

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:
 Susan Parker
 Cohasset Place
 P.O. Box 103, Cohasset, MA 02025
admin@proairways.com
 508-866-9606

