



*your resource for Affordable Housing*



**One Newport  
Quincy, MA**

**WAIT LIST APPLICATION**

All affordable units at One Newport are currently leased. If you would like to be added to the waiting list, please complete the application and return to:

**One Newport Leasing Office  
1 Newport Ave  
Quincy MA 02171  
Phone: 617-481-0234**

The rents are NOT subsidized, or income based. You are responsible for the full rent. Rents are subject to change. (Tenant responsible for all other utilities. A utility allowance has been deducted from the rent.)

Maximum Allowable 2023 Income Limits per household size:

Household Size	1	2	3	4	5	6
Max Allowable Income	\$82,950	\$94,800	\$106,650	\$118,450	\$127,950	\$137,450

Section 8 or Other Housing Vouchers are Accepted.

If you do not have a Section 8 housing voucher, a minimum income limit applies.



# One Newport

## WAITLIST APPLICATION

**For Office Use Only:**

Date Appl. Rcvd: \_\_\_\_\_

Household Size: \_\_\_\_\_

**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 accessible unit?  Yes  No

Do you require any special accommodations?  Yes  No

When would you be available to move in? \_\_\_\_\_

Bedroom Size:  Studio  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 \_\_\_\_\_

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

**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.)

**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 \_\_\_\_\_  
Applicant(s)

Date: \_\_\_\_\_

Signature \_\_\_\_\_  
Co-Applicant(s)

Date: \_\_\_\_\_

**Return to:**  
**One Newport Leasing Office**  
**1 Newport Ave, Quincy, MA 02171**  
**dreynolds@metroprop.com**

