



PRINT LOFTS, NORWOOD, MA

You must contact the Leasing Office to complete their screening BEFORE submitting this application. Contact the Eric Barnes at the Leasing Office: 617-655-4495 or eb@torprops.com

Attached is the information regarding the affordable rental units at Print Lofts, Norwood, Massachusetts. Potential Residents 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.

Located at 129 Guild Street, Norwood, 9 rental units are available, on a first come first serve basis, for eligible applicants. There are 8 one bedroom and one studio apartment available. Each unit includes one bathroom and one surface parking space. A laundry facility is in the building. The Print Lofts are adjacent to the commuter rail in Norwood.

The monthly rents are as follows:

Monthly Rent		
Income	Studio	One Bedroom
80%	\$ 1,445	\$ 1,625

The Monthly Rent covers your occupancy of the Unit, one surface parking space, domestic water and sewer, trash removal and common area maintenance. The monthly rent is NOT subsidized. You are responsible for the full monthly rent. The remaining affordable units are available for immediate occupancy, on a first come first serve basis, 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.

Section 8 or other housing vouchers are accepted. The minimum income required without at Section 8 or other housing voucher is \$43,350 for the studio and \$48,750 for the one bedroom units.

Please note: Complete financial documentation is required for application review. 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 units at **Print Lofts**. 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've any questions.

TTY/TDD For persons with hearing loss dial 711

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)

此文件为重要文件。如果您需要免费的语言翻译帮助，请联络 MCO Housing 联络方式：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 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 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.
[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)

PRINT LOFTS
Question & Answer

What is the process for being considered for a unit?

1. Applicants must contact the Leasing Office first and go through their screening, i.e. credit, past landlord etc. If you pass the Leasing Office screening then move to #2 below.
2. All applicants will complete the attached application providing all applicable forms and required financial documentation.

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 gross maximum income table, which is adjusted for household size:

Household Size	1	2
Max Allowable Income	\$70,750	\$80,850

APPLICANT QUALIFICATIONS:

1. Household income cannot exceed the above maximum gross allowable income limits.
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. Assets divested at less than full market value within two years of application will be counted at full market value when determining eligibility.
3. Households cannot own a home, including homes in a trust, and lease an affordable unit.
4. 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 DHCD's MODEL POLICY REGARDING APPLICANT SCREENING ON THE BASIS OF CRIMINAL RECORDS.

Are there accessible/adaptable units?

All of the units are designed as Type 1 handicap accessible units which allows accessibility to the unit, accessibility in bathrooms and bedrooms. All interior doors are 36" wide for access (With the exception of closets.) Applicants with disabilities 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. All units are adaptable. Applicants must request special accommodations at time of application and provide documentation, if needed, i.e. letter from doctor. One unit on the first floor will be designated for a handicapped resident to be adapted as needed.

Are there requirements relative to Household Size?

Unit size are based on the following:

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

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.

Unit Availability

Unit #	Sq. Ft.	Bed Size
101	611	One
105	602	One
108	630	One
207	448	One
211	452	Studio
213	599	One
306	448	One
310	448	One
314	498	One

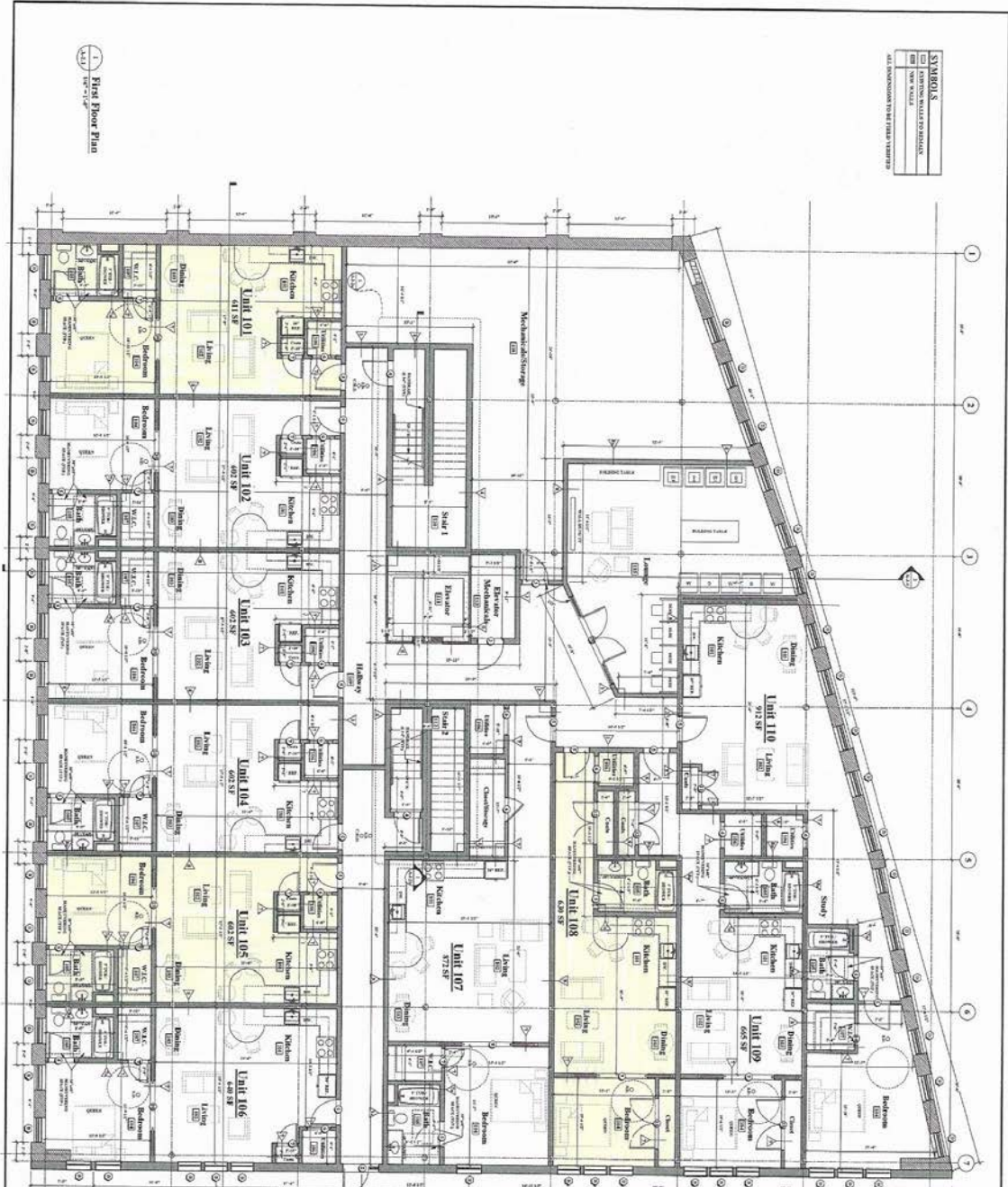
Unit Amenities:

All units will have Class A apartment grade finishes including steel front appliances. The units will include a refrigerator, stove, microwave and dishwasher. Each unit will come with one free parking space.

On Site Amenities:

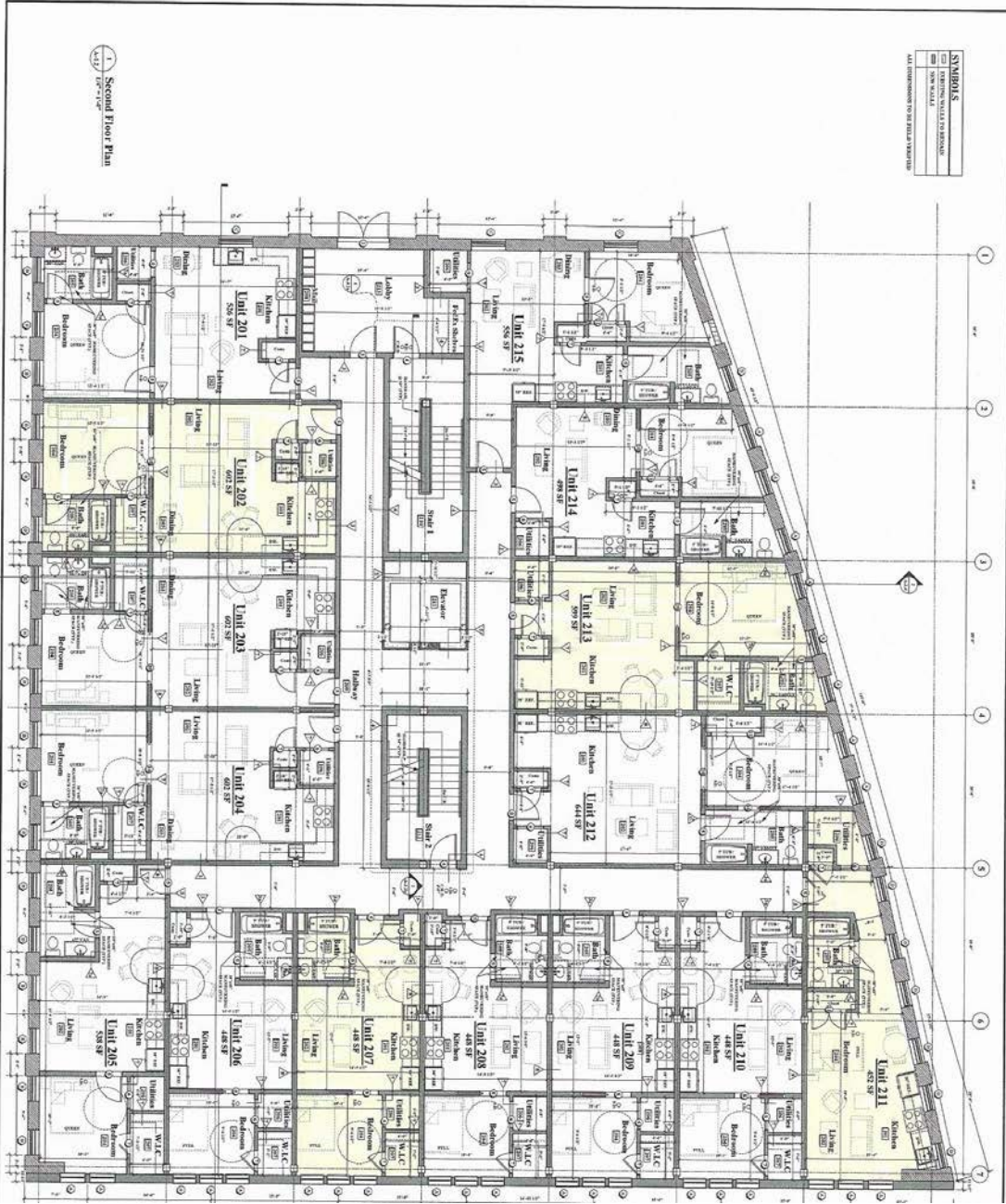
Common room with coin-op laundry, TV's, WIFI and fitness equipment, bicycle storage and package lockers. Storage and additional parking spaces available for an additional monthly fee.

FLOOR PLANS OF INITIAL UNIT DESIGNATION



SYMBOLS	
[Symbol]	WALL
[Symbol]	DOOR
[Symbol]	WINDOW
[Symbol]	CEILING
[Symbol]	FLOOR
[Symbol]	MECHANICAL
[Symbol]	ELECTRICAL
[Symbol]	PLUMBING
[Symbol]	FINISH

ALL DIMENSIONS TO FACE UNLESS NOTED



1 Second Floor Plan
1/17 12'-1/4"

SYMBOLS	
[Symbol]	EXISTING/NEW/ALTERED
[Symbol]	REVISION
[Symbol]	REVISION
[Symbol]	REVISION

ALL DIMENSIONS TO BE IN FEET AND INCHES

1 Third Floor Plan
 1/4" = 1'-0"



PRINT LOFTS

FIRST COME FIRST SERVE APPLICATION

For Office Use Only:

Date Appl. Rcvd: _____

Household Size: _____

PERSONAL INFORMATION:

Date: _____

Applicant Legal Name _____

Address _____ Town _____ State/Zip _____

EMAIL Address: _____

Home Telephone: _____ Work: _____

Cell: _____

I learned of this project from (check all that apply):

Website: _____ Letter: _____

Advertisement: _____ Other: _____, please specify

Do you have a Section 8 or Housing voucher (the units are NOT subsidized or income based): _____ Yes _____ No

Are you disabled? _____ Yes _____ No

Do you require a handicap accessible unit? _____ Yes _____ No

Choose preferred bedroom size: _____ Studio _____ One Bedroom

Household Composition Include all that 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.)

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 _____

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 Print Lofts. 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 documentation and Release of Information by mail, fax, email or in person to:

MCO Housing Services

P.O. Box 372

Harvard, MA 01451

Drop Off: 206 Ayer Road, Harvard, MA

Email: lotteryinfo@mcohousingservices.com

Phone: (978) 456-8388/Fax: 978-456-8986

TTY/TDD For persons with hearing loss dial 711

AFFIDAVIT & DISCLOSURE FORM

For the purposes of this application process and not to supersede any subsequent, associated lease agreement, I/We understand and agree to the following conditions and, as applicable, M.G.L. c40R Smart Growth Program and/or DHCD guidelines regarding the distribution of the affordable units at Print Lofts through DHCD in Norwood, 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	\$70,750	\$80,850

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. The interest/dividends earned for assets \$5,000 or under will be added to income in determining eligibility. Assets divested at less than full market value within two years of application will be counted at full market value 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 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 our eligibility to lease.
6. I/We understand that if selected I/we may 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 Regal Lofts.
7. Program requirements are established by DHCD and are enforced by the Monitoring Agent under the authorization of the Town of Norwood and 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, the Town of Norwood or the Monitoring Agent, as applicable is final.
8. I/We certify that no member of our family has a financial interest in Print Lofts.
9. I/We understand the program allows for certain types of differences between the market and the initially designated affordable units and I/We and accept any such 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 and have the option of moving out or paying market rent.

11. I/We understand that MCO Housing Services is not responsible for incomplete applications if received by mail, email, or fax. It is understood that MOC Housing Services will not notify tenants if their application is incomplete until after the deadline. I/We understand the only guarantee for confirmation of a complete application is to drop it off prior to the deadline for review with MCO Housing Services staff in their Harvard, MA office.

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

Applicant

Applicant

Co- _____
Date

**Return with completed application, complete financial documentation and Release of Information Form by mail, fax or email to:
MCO Housing Services**

**P.O. Box 372 Harvard,
MA 01451**

Drop Off: 206 Ayer Road, Harvard, MA Email:

lotteryinfo@mcohousingservices.com Phone:

(978) 456-8388/Fax: 978-456-8986

TTY/TDD For persons with hearing loss dial 711

THIS IS APPLICATION IS ONLY FOR THIS SPECIFIC DEVELOPMENT

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

Provide ***one copy*** of all applicable information. Complete financial documentation is required for your application to be reviewed for eligibility.

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 or other housing voucher you must include a copy with this application.
3. _____ If you require a Special Accommodation you must request 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 last year, 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 our use the attached form
7. _____ Federal Tax Returns –2019, 2020 (if available)(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 transcripts using form 4506-T that you can obtain at irs.gov.

NOTE: If you have not filed tax returns you must provide a letter from the IRS verify non-filing of your tax return(s). Request using form 4506-T that you can obtain at irs.gov.

8. _____ W2 and/or 1099-R Forms: 2019, 2020
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 – 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 a running transaction list of activity. You must provide the individual statements. You can obtain e-statements on your banks website.

____ 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. ____ 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.

12. ____ 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 years Federal Income Tax Returns.

13. ____ 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.

14. ____ 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.

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

Print Applicants Name(s): _____

Applicants Signature

DATE

Co-Applicants Signature

DATE

Return application and ALL required financial documentation to:

MCO Housing Services P.O.

Box 372 Harvard, MA

01451

Drop Off: 206 Ayer Road, Harvard, MA Email:

lotteryinfo@mcohousingservices.com Phone: (978)

456-8388/Fax: 978-456-8986

TTY/TDD For persons with hearing loss dial 711

**PRINT LOFTS
NORWOOD, MA**

RELEASE OF INFORMATION AUTHORIZATION FORM

DATE: _____

I/We hereby authorize MCO Housing Services, Leasing Office, Lager Real Estate Trust, 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, Leasing Office, Lager Real Estate Trust, or any of its assignees and consequently the Monitoring Agent, for the purpose of determining income eligibility for Regal Lofts.

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)

Mailing Address:

Return with completed application and Affidavit and Disclosure Form by mail, fax or email to:

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