



*your resource for Affordable Housing*



**The Whittier Apartments  
Ipswich, MA**

**WAIT LIST APPLICATION**

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

**MCO Housing Services**

**P.O. Box 372**

**Harvard, MA 01451**

**Phone: (978) 456-8388**

**Email: [lotteryinfo@mcohousingservices.com](mailto:lotteryinfo@mcohousingservices.com)**

The following are the rents. Rents are subject to change.

Studio - \$950 with all utilities included.

Maximum Allowable 2021 Income Limits per household size:

<b>Household Size</b>	<b>1</b>	<b>2</b>
<b>Max Allowable Income</b>	<b>\$56,400</b>	<b>\$64,440</b>

Section 8 or Other Housing Vouchers are Accepted

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

# The Whittier Apartments

## WAIT LIST APPLICATION

**For Office Use Only:**

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

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

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

**PERSONAL INFORMATION:**

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: \_\_\_\_\_ Studio

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 \_\_\_\_\_

**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.)

**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	_____
<b>TOTAL ASSETS</b>	_____

**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:**

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