



your resource for Affordable Housing



**149 Main Street Apartments
Upton, MA**

WAIT LIST APPLICATION

All affordable units at 149 Main Street Apartments are currently leased. If you would like to be added to the waiting list, please complete the application and return to:

**149 Main Street Apartments
149 Main Street
Upton MA 01568
Phone: (508)500-6373**

The following are the 2020 Rents.

Current Rent: One Bedroom - \$1,290; Two Bedroom - \$1,515, Three Bedroom - \$1,726. Tenants are responsible for all utilities including water and sewer. A utility allowance has been deducted from the stated rent.

2020 Maximum Allowable Income Limits per household size:

Household Size	1	2	3	4	5	6
Max Allowable Income	\$54,950	\$62,800	\$70,650	\$78,500	\$84,800	\$91,100

Section 8 or Other Housing Vouchers are Accepted

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

One Bedroom - \$38,700
Two Bedroom - \$45,450
Three Bedroom - \$51,780

A MAXIMUM OF TWO PETS, DOGS AND CATS ONLY, ARE ALLOWED. SIZE AND BREED RESTRICTIONS APPLY ALONG WITH MONTHLY PET FEES. A PET DEPOSIT MAY ALSO BE REQUIRED



149 MAIN STREET APARTMENTS

WAIT LIST APPLICATION

For Office Use Only:

Date Appl. Rcvd: _____

Bedroom 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 adaptable unit? Yes No

When would you be available to move in? _____

Bedroom Size: 1 Bedroom 2 Bedroom 3 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 _____

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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)

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