



*your resource for Affordable Housing*



**Polar Views**  
**Information and Lottery Application Package**  
**Shrewsbury, MA**

Attached is the information regarding the affordable rental units at Polar Views in Shrewsbury, Massachusetts. Potential tenants 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 34/36 Harrington Avenue in Shrewsbury, Polar Views is a new 14-unit rental development offering 2 affordable one- or three-bedroom apartments, by lottery, for eligible tenants earning up to 80% of median income. Unassigned surface parking is available for all at no charge. Each unit includes one or two baths, depending on bedroom size, and all kitchen appliances in 655 or 1,312 sq. ft. In-unit washer and dryer included. The building does not have an elevator. Pets are not allowed, although service animals will be accepted. This is a smoke-free building.

The monthly rents are: One Bedroom - \$1,633 and Three Bedroom - \$1,925. Tenants are responsible for all utilities. A utility allowance has been deducted from the rents. These affordable units will be distributed by lottery 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.

The rents are NOT subsidized, or income based. You are responsible for the full rent. Section 8 or a Housing voucher will be accepted but it is your responsibility to find out if your Section 8 or Housing provider accepts the rent and project. The minimum incomes, without a Section 8 or Housing Voucher are: One bedroom - \$48,990 and Three Bedroom - \$57,750.

***Please note: Complete financial documentation is required to participate in the lottery. Included in this package is the list of required documentation to be sent in with your application. Applications will be logged in at time of receipt and will be reviewed after the application deadline. Incomplete applications will not be included in the lottery and the applicant will be notified after the application deadline. The incomplete notification will include the list of documents that were not provided. If you provide the missing documentation, you will be added to the waiting list should units remain after the lottery.***

**KEY MEETING DATES**

**Public Information Meeting via Zoom**

6:30 p.m., Monday, July 29, 2024

Go to Zoom.com and provide the following when prompted:

Meeting ID: 840 1245 7764

Passcode: 484059



**Application Deadline**

August 22, 2024

**Lottery via Zoom**

3:00 p.m., Thursday, September 19, 2024

Go to Zoom.com and provide the following when prompted:

Meeting ID: 871 3445 3234

Passcode: 651539

Thank you for your interest in affordable housing at ***Polar Views***. We wish you the best of luck. Please contact MCO Housing Services at 978-456-8388 or email us at [lotteryinfo@mcohousingservices.com](mailto:lotteryinfo@mcohousingservices.com) if you have any questions. 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.



## Polar Views

Question & Answer

The units will be leased in accordance with policies and guidelines established by the Commonwealth of Massachusetts Executive Office of Housing and Livable Communities (EOHLC).

### 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	3	4	5	6
Max Allowable Income up to 80%	\$68,500	\$78,250	\$88,050	\$97,800	\$105,650	\$113,450

### LOTTERY APPLICANT QUALIFICATIONS:

1. Household income cannot exceed the above maximum gross allowable income limits. Income from all household members 18 or older must be provided.
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. In addition to income and asset eligibility you will also be subject to a screening by the project, i.e. credit, past landlord, CORI etc. and determined eligible based on that basis.
4. Households cannot own a home, including homes in a trust, and lease an affordable unit. Your home must be sold before you will be allowed to move-in.

### Are units available for Local Preferences?

Both units will be distributed through the Open Pool.

### Are there accessible/adaptable units?

Yes, all the units are adaptable. The 3-bedroom unit is Group 2. 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.

### Are there preferences for Household Size?

In all cases, preference for the three-bedroom unit will be for a household that requires three bedrooms.

Preference for one bedroom is for household requiring one bedroom.

Household size preferences are based on the following:

1. There is at 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.

Households must not exceed the Massachusetts State Sanitary Code: 105 CMR 410. Applicants will not be offered a unit larger than they are eligible for.

**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.

**Lottery Process**

Due to the nature of the affordable units' availability, it is important for everyone to understand the procedure. Please understand the allowable income guidelines are adjusted based upon your household size. Also, be advised that the program and its requirements are subject to changes in state or federal regulations.

**Lottery Pools**

Two (2) units are available by lottery. The units will be distributed through Open Pool.

<b>Unit Size</b>	<b>Total # of Units</b>
One Bedroom	1
Three Bedroom	1

All eligible applicants will receive a lottery code prior to the lottery. The lottery code is what will be announced during the lottery.

Units will be distributed based on lottery ranking and household size. The lottery ranking list will be broken down by bedroom size post lottery. The highest ranked applicants for the appropriate bedroom sizes will be offered a unit first. If you request a bedroom size larger than allowed per the Household Size Preferences (page 3) we will move to the next person on the list that requires the appropriate bedroom size.

**Please note:** Household size shall not exceed, nor may the maximum allowable household size be more restrictive than, State Sanitary Code requirements for occupancy of a unit (See 105 CMR 400). Applicants will not be approved for units larger than their household size allows.

Once the lottery rankings have been determined your information will be forwarded to the Leasing Office. You will need to complete a Leasing Office application and they may screen for credit, criminal, sex offender, judgement & summary processes, and landlord checks. If the Leasing Office determines you are eligible then you will be offered the unit. You need to be determined eligible by MCO Housing Services and the Leasing Office. If either determines you do not meet the eligibility criteria, then you will not be able to lease a unit. If you have a Section 8 voucher or other housing voucher, they will have their own approval process. If the PHA does not accept the property or rent then you will be unable to lease.

**Time Frame**

It is estimated the availability for occupancy will be immediate.



### Acceptance of Units

Unit selection will be completed in ranking order and household size. Selection will happen after the Leasing Office application has been completed and approved. If the Leasing Office denies your application, then you will not be able to lease. Those with a Section 8 or other Housing Voucher the project and rents need to be approved by your voucher holder. If they do not accept the rents or project, you will not be able to lease, even if you were approved by the Leasing Office. Applicants that miss the provided post lottery deadlines will lose the opportunity to lease as we will move to the next applicant on the lottery list.

### Summary

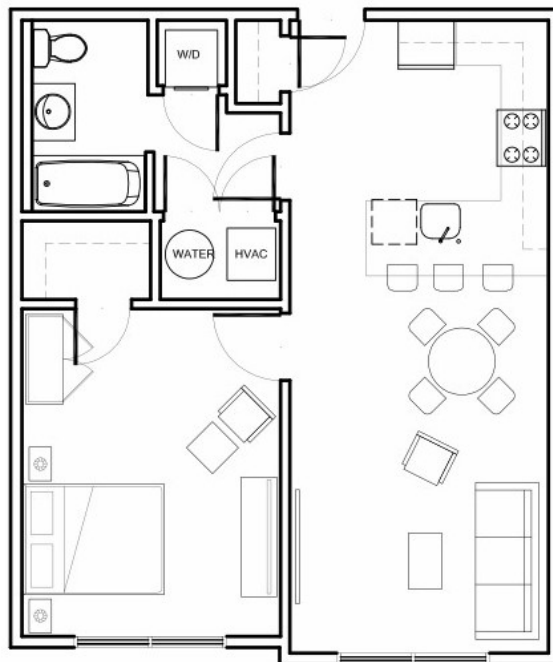
We hope this helps explain the process by which the units will be distributed. It can be a lengthy and sometimes complicated process. We greatly appreciate your participation and wish you the best of luck in the lottery process.

### Available Unit Numbers

Unit #	Bedroom Size	# of Bathrooms	Sq. ft.
102(H)	1	1	655
203	3	2	1312

(H) – Group 2, handicap accessible.

### SAMPLE ONE BEDROOM LAYOUT



SAMPLE THREE BEDROOM LAYOUT



# Polar Views

## LOTTERY APPLICATION

Application Deadline: August 22, 2024

**For Office Use Only:**

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

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

Lottery Code: \_\_\_\_\_

Local: Yes/No

**PERSONAL INFORMATION:**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell/Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Have you or do you own a home? \_\_\_\_\_ If yes, when did you or will you sell it? \_\_\_\_\_

Do you have a Section 8 voucher (the units are **NOT** subsidized, or income based): \_\_\_\_\_ Yes \_\_\_\_\_ No

Bedroom Size: \_\_\_\_\_ One Bedroom \_\_\_\_\_ Three Bedroom

Are you disabled: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require a wheelchair accessible unit? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require any adaptations or special accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

The total household size is \_\_\_\_\_

Household Composition(including applicant(s))

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

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.)

Applicants Monthly Base Income (Gross) \_\_\_\_\_

Other Income, specify \_\_\_\_\_

Co-Applicants 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 \_\_\_\_\_

Savings \_\_\_\_\_

Debit Card \_\_\_\_\_

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 \_\_\_\_\_

Gift \_\_\_\_\_

**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 for placement into a lottery to have an opportunity to lease an affordable unit at Polar Views. I (we) understand if selected all information provided shall be verified for accuracy at the time of lease.

Signature \_\_\_\_\_  
Applicant(s)

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

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

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





**Polar Views**  
**Affidavit & Disclosure Form**

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at Polar Views in Shrewsbury, MA through the Mass Executive Office of Housing and Livable Communities:

1. The gross annual household income for my family does not exceed the allowable limits as follows:

<b>Household Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Max Gross Allowable Income</b>	<b>\$68,500</b>	<b>\$78,250</b>	<b>\$88,050</b>	<b>\$97,800</b>	<b>\$105,650</b>	<b>\$113,450</b>

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. Assets \$5,000 or less the actual interest/dividends earned will be added to a household's income in determining eligibility.
3. The household size listed on the application form includes only 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 being selected in the lottery 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 Polar Views.
7. Program requirements are established by EOHLC and are enforced by EOHLC. 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 EOHLC is final.
8. I/We certify that no member of our family has a financial interest in Polar Views.
9. I/We understand there may be differences between the market and affordable units and accept those differences.
10. I/We understand 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.

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

\_\_\_\_\_ Applicant

\_\_\_\_\_ Co-Applicant

\_\_\_\_\_ Date

**Refer to page 16 for submission information**



## APPLICATION TIPS

### READ THE FOLLOWING CAREFULLY

1. More than 60% of applications submitted to MCO Housing Services for lotteries are incomplete and not included in lotteries. Please take the time to read the application and submit all required documentation. It is your responsibility to provide the correct documentation. It does not matter if you were the first application or the last application received, we will NOT review applications until AFTER the posted deadline.
2. Read the NOTES on the Required Personal Identification and Income Verification Documents. Failure to do so could mean the difference between a complete and incomplete application as well as eligibility for a unit.
3. All financial documentation, income, assets and tax returns, are required from all household adults aged 18 or older. No exceptions.
4. All Asset statements must include your name, account number and Institution name. Do not take photos or copy a statement from your phone. If you provide any asset statements without the above information your application is an automatic incomplete.
5. DO NOT ASSUME you do not need to provide a certain document. When in question call or email BEFORE you submit your application.
6. We will not use the amount listed on your paystubs or W2's regarding your retirement account i.e. 401K, 403B, IRA, Roth IRA etc. Your paycheck and W2's tell us you have a retirement account only. You must provide the last statement from whoever is managing the account for MCO to determine the account's value.
7. Do NOT forget to include statements from Robinhood or any other online investment accounts. They are considered part of your assets. If you have an open account, you must provide a statement whether there are any funds in the account or not.
8. If you are unable to provide specific information, then submit a note with your application explaining the circumstances. This will not guarantee your application will be included in the lottery, but depending on the circumstances, we may be able to work with you.
9. Do not take photos with your cellphone of any documentation and email it to us. The photos are not legible, and we will not accept them.
10. You can fax your information, but it is not recommended. If all pages are not received your application would be considered incomplete.

**I/We have read the above information.**

---

Signature

Date

---

Signature

Date



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

Provide one copy of all applicable information. Complete financial documentation is required and must be sent with your application to participate in the lottery. Incomplete applications will not be included in the lottery and the applicant will be notified after the application deadline.

**Initial each item that are applicable AND provide the document. 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 Voucher or other Housing Voucher, you MUST provide a valid copy with your application.
3. \_\_\_\_\_ If you require 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, DOR verification stating benefits received and payment history. 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 in the last 12 months, 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, semi-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. If you do not receive child support provide a letter stating, that you are not receiving child support or see attached form.
7. \_\_\_\_\_ If you are self-employed you MUST provide a detailed expense and income statement for the last 12 months and three months of business checking and savings accounts along with last three Federal Income Tax Returns.
8. \_\_\_\_\_ Federal Tax Returns –2023 (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 Tax Transcript using form 4506-T that you can obtain at irs.gov or create an account at irs.gov and print out the Tax Transcript.
- **NOTE:** If you have not filed tax returns you must provide a letter from the IRS Verifying Non-filing of your tax return(s). Request Verification of Non-filing letter by using form 4506-T that you can obtain at irs.gov or create an account at irs.gov and print out the Verification of Non-filing letter.

9. \_\_\_\_\_ W2 and/or 1099-R Forms: 2023

- **NOTE:** If you do not have copies of W2's and/or 1099's, you can obtain a copy of your Wage Transcript using form 4506-T that you can obtain at irs.gov or create an account at irs.gov and print out the Wage Transcript.

10. \_\_\_\_\_ Interest, dividends and other net income of any kind from real or personal property.

11. Asset Statement(s): provide **current** statements of all that apply, unless otherwise noted:

**GENERAL NOTE:** ALL ASSETS STATEMENTS MUST INCLUDED YOUR NAME, ACCOUNT NUMBER AND INSTITUTION NAME FOR ALL CHECKING, SAVINGS, INVESTMENT ACCOUNTS AND RETIREMENT ACCOUNTS. ANY ACCOUNTS PROVIDED WITHOUT THIS INFORMATION IS AN AUTOMATIC INCOMPLETE APPLICATION.

- \_\_\_\_\_ Checking accounts – Last **three (3)** months of statements – EVERY PAGE – FRONT AND BACK.

**NOTE:** Direct deposits from Payroll, SS, tax refund, transfers between your accounts, DOR, DTA etc. we can identify. If you have cash deposits, payroll or non payroll or other income deposits you MUST identify where the funds have come from. For example only, **VENMO, EBAY, POSHMARK, PAYPAL, CASH APP, ATM and MOBILE deposits, ZELLE and other transfers between any accounts but your accounts, etc. There is no way we can list all sources.** 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.

- \_\_\_\_\_ 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 (3)** months of full statements.

**NOTES:** Direct deposits from Payroll, SS, tax refund, transfers between your accounts, DOR, DTA etc. we can identify. If you have cash deposits, payroll or non-payroll or other income deposits you MUST identify where the funds have come from. For example, **VENMO, EBAY, POSHMARK, PAYPAL, CASH APP, ATM and MOBILE deposits, ZELLE and other transfers between any accounts**



**but your accounts, etc. There is no way we can list all sources.** If you fail to explain they will be counted as income, which may put you over the income limit.

- \_\_\_\_\_ Revocable trusts
- \_\_\_\_\_ Equity in rental property or other capital investments
- \_\_\_\_\_ Investment accounts, including stocks, bonds, Treasury Bills, Certificates of Deposit, Mutual Funds, Money Market, Robinhood and all online accounts, etc.
- \_\_\_\_\_ Retirement accounts, IRA, Roth IRA, 401K, 403B, etc for all current and past jobs
- \_\_\_\_\_ Cash value of Whole Life or Universal Life Insurance Policy.
- \_\_\_\_\_ Personal Property held as an investment
- \_\_\_\_\_ Lump-sum receipts or one-time receipts

12. \_\_\_\_\_ Proof of student status for dependent household members over age of 18 and full-time or part-time students. Letter from High School or College providing student status, full time or part time for current or next semester.

13. \_\_\_\_\_ 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.

14. \_\_\_\_\_ If the applicant is in the process of a divorce or separation, the applicant must provide legal documentation that the divorce or separation has begun or has been finalized. Information must be provided regarding the distribution of family assets.

15. \_\_\_\_\_ If you have a home to sell you need to provide a copy of your last mortgage statement and a market analysis which provides the sale price. The home must be sold before you can lease an affordable apartment.

16. \_\_\_\_\_ If you are receiving gift monies on a regular basis you need to provide a letter stating who is providing the funds and the monthly amount.

We understand if we do not provide all applicable financial documentation we will not be included in the lottery. We also understand we will be notified after the application deadline that our application is incomplete.

Print Applicants Name(s): \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Co-Applicants Signature

\_\_\_\_\_  
DATE

**Refer to page 16 for submission information**



**Polar Views**  
**Shrewsbury, MA**

***Release of Information Authorization Form***

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

I/We hereby authorize MCO Housing Services, Polar Views Leasing Office, 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, Polar Views Leasing Office, or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for Polar Views.

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)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Refer to page 16 for submission information**



**Custody & Child Support Affidavit**

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**Please complete a separate form for each minor in this unit not living with both biological or adoptive parents:**

Child Name/SSN(last four digits)/DOB : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Absent Parent: \_\_\_\_\_

Will this child live with you in the tax credit apartment at least 50% of the time?

YES       NO

Was there a legal marriage to the other parent?  YES  NO  STILL LEGALLY MARRIED

- If **YES**, please submit a copy of the divorce decree, separation agreement, or other document outlining custody arrangements.
- If **NO**, please submit documents such as court order, tax return, school records, or DHS records showing placement of child

Who claimed the child as a dependant on their most recent tax return?

I did     The absent parent     Other: \_\_\_\_\_     No one

Do you receive support (monetary or not) for this child?  YES  NO

*(Note: "Support" may be legally ordered or an informal agreement)*

If **YES** list amount \$ \_\_\_\_\_ per \_\_\_\_\_

Have you ever been awarded an amount of child support for this child through the courts?

YES       NO

If awarded but not paid, have you taken legal action to collect child support?

YES       NO

If so, please describe efforts and proof: \_\_\_\_\_

Do you expect to receive child support for this child in the next 12 months?

YES       NO

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
(Signature of Household Member)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Manager)

\_\_\_\_\_  
Date



## Return the following to MCO Housing Services:

1. Completed, signed and dated application.
2. Signed and dated Affidavit and Disclosure Form
3. Signed and dated Application Tip Sheet
4. Completed, signed and dated Required Personal Identification and Income Verification Documents Form
5. All required financial and other documentation.
6. Complete, signed and dated *Release of Information Authorization Form*
7. Documentation for Special Accommodations, if appropriate
8. Identification for all household members
9. Signed Custody and Child Support Affidavit, for each child, if applicable

**All information must be received by 11:59 p.m. on August 22, 2024. You may email, fax or mail (postmarked on or before deadline) to:**

MCO Housing Services, LLC  
P.O. Box 372  
Harvard, MA 01451  
Overnight mailing address: 206 Ayer Road, Suite 5, Harvard, MA 01451  
Phone: 978-456-8388  
FAX: 978-456-8986  
Email: [lotteryinfo@mcohousingservices.com](mailto:lotteryinfo@mcohousingservices.com)  
TTY: 711, when asked 978-456-8388

**NOTE:** If you are mailing your application close to the application deadline, make sure you go into the Post Office and have them date stamp and mail. As I understand, mail that is sent to the central sorting facility use bar codes so we would have no idea when the application was mailed, and it can take longer for MCO to receive. If we receive an application after the deadline that has a barcode it will be counted as a late application and will not be included in the lottery.

