

your resource for Affordable Housing



Newburyport Crossing at 3 Boston Way Newburyport, MA

Information and FCFS Application Packet

You must be approved by the Leasing Office before you submit this application to MCO Housing Services. Contact the Leasing Office at 978-997-8134 to schedule an appointment to conduct the Leasing Office screening or email at newburyportcrossing@dolben.com.

Attached is the information regarding the affordable rental units at Newburyport Crossing at 3 Boston Way in Newburyport, 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 recipiency, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.

Located at Three Boston Way, at the Newburyport Train Station, Newburyport Crossing at 3 Boston Way is a new rental development offering 21 affordable studio, one, two and three bedroom apartments for eligible tenants. One assigned surface parking is available per unit and no cost to tenant. If the tenant requests a garage parking space for their assigned parking spot, then the cost is \$100/mo. If a tenant requires a second parking space the cost is \$50/mo. for an assigned surface parking spot and \$100/mo. for an additional garage space. All garage spaces are based on availability. Each unit includes a washer and dryer. Up to two pets are allowed, dogs and cats only. The monthly pet rents are \$65 per dog and \$40 per cat. Breed restrictions apply. This is a smoke-free building. Amenities include a fitness room.

The monthly rents are:

Studio: \$2,073 One Bedroom: \$2,370 Two Bedroom: \$2,666 Three Bedroom: \$2,961

All utilities are included in the rent. Electric Vehicle charging stations are not included in the utilities and you would be responsible to pay at the charging stations. All remaining units are available on a first come first serve basis.

These rents are NOT income based. Applicants are responsible for the full rent as stated above. Section 8 and other housing subsidy/public assistance programs will be accepted, and it is up to you to talk with your Section 8 holder to determine if they will approve the project and accept the rents. The minimum income generally needed to lease a unit, without a Section 8 or other housing voucher, are:

 Studio:
 \$62,190

 One Bedroom:
 \$71,100

 Two Bedroom:
 \$79,980

 Three Bedroom:
 \$88,830

Other factors such as assets may be considered in determining income eligibility.



PLEASE NOTE: All applicants must include complete financial documentation with the application. An application will be considered incomplete and will not be reviewed for eligibility if all financial documentation is not received.

Applicants that submit an incomplete application will be notified via email, if available, or by letter. The email or letter will include the list of missing documentation. If you submit the missing documentation and your application is determined complete your application will be reviewed for eligibility if units remain or added to the waiting list.

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodation or modifications may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing.

Translation Assistance available at no charge, upon request.

Thank you for your interest in affordable housing at **Newburyport Crossing at 3 Boston Way**. 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 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.



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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 <u>978-456-8388</u> 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 $\underline{MCO\ Housing}$ на предмет оказания бесплатной помощи по переводу на иностранный язык (978-456-8388). (Russian) (Phone #)

នេះគឺជាឯកសារសំខាន់។ សូមទំនាក់ទំនង <u>MCO Housing</u> តាមរយៈ <u>978-456-8388</u> 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 dukumentiyo muhiim ah. Fadlan MCO Housing kala soo xiriir <u>978-456-8388</u>si aad u hesho gargaar xagga luqadda oo bilaash ah. (Somali)

Ce document est très important. Veuillez contacter le MCO Housing au <u>978-456-8388</u> afin d'obtenir une assistance linguistique gratuite. (French)

Il presente è un documento importante. Si prega di contattare il MCO Housing al <u>978-456-8388</u> per avere assistenza gratuita per la traduzione. (Italian)



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Newburyport Crossing at 3 Boston Way

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

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

APPLICANT QUALIFICATIONS:

- 1. Household income cannot exceed the above maximum gross allowable income limits. Income from all household members 18 years of age or older MUST be provided.
- 2. When assets total \$5,000 or less, the actual interest/dividend income received is included in the annual income 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 and determined eligible based on that basis.
- 4. Applicants may not own a home and lease an affordable unit, including homes in a trust.
- 5. Persons with disabilities will be given first preference for such units regardless of what pool they are in based on the requested bedroom size. Where a person with a disability is awaiting an accessible unit and a unit with adaptive features becomes available, the owner/management agent must offer to adapt the unit.

Are there adaptable/Group 2 units?

Yes, the building has an elevator, so the units are adaptable. Two 1 bedroom and one 3-bedroom apartment are Group 2 units. Any unit can be adapted for the hearing impaired. Disabled applicants 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 requests must be made at the time of application and include the appropriate doctor's information.

Are there preferences for Household Size?

In all cases, preference for the two bedrooms will be for households requiring two bedrooms and preference for the three bedroom units will be for households requiring three bedrooms.

Unit size preferences 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.



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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.

Leasing Process

Once you pass the Leasing Office screening then you need to submit this application to MCO Housing Services. At lease signing you will be required to pay the first month's rent and a \$1,000 security deposit.

You need to be determined eligible by MCO Housing Services and the Leasing Office and if you have a Section 8 or other housing voucher, your Public Housing Authority (PHA). If the PHA determines you or the project does not meet the eligibility criteria, then you will not be able to lease a unit. If anyone determines you do not meet their eligibility criteria, then you will not be able to lease a unit.

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 leasing process.



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Unit Availability

Floorplans can be found at www.newburyportcrossing.com

UNITS HAVE BEEN LEASED SO THIS LIST IS NOT CURRENT. THE LEASING OFFICE WILL LET YOU KNOW UNIT AVAILABILITY.

Unit #	Bedroom Size	Unit Type	# of Bathrooms	Sq. Ft.
105	2	2-D	2	1142
106	1	1-A	1	739
113	Studio	S-D	1	563
118(H)	3	3-B	2	1257
201	3	3-C	2	1126
211	Studio	S-G	1	519
216	1	1-G	1	847
219	2	2-J	2	940
303	1	1-H	1	843
304	2	2-G	2	1082
307	Studio	S-A	1	536
313	Studio	S-H	1	519
314	2	2-H	2	1037
405	2	2-K	2	1046
408(H)	1	1-K	1	773
415	Studio	S-A	1	536
416	1	1-G	1	847
501	3	3-C	2	1126
506(H)	1	1-M	1	676
509	Studio	S-B	1	536
514	2	2-L	2	1159

Note: (H) = Group 2 Handicap Accessible

Current Availability*:

First and Second Floor – September 22, 2023

Third Floor – October 15, 2023

Fourth and Fifth Floor – November 3

*Dates subject to change





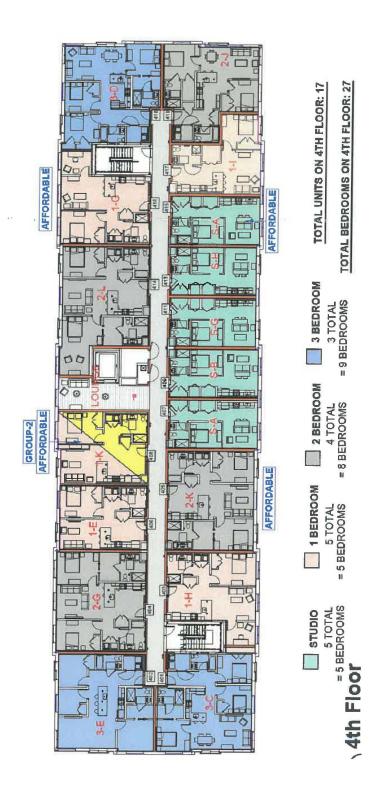




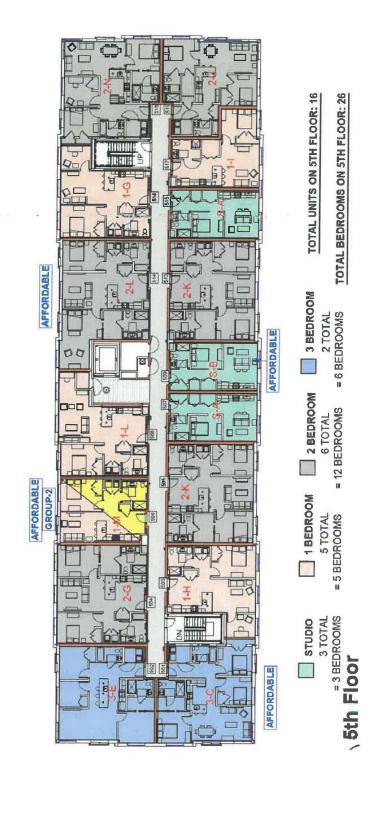














PLEASE READ THE FOLLOWING CAREFULLY

- More than 50% 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 is required from all household adults aged 18 or older. No exceptions.
- 4. DO NOT ASSUME you do not need to provide a certain document. When in question call or email BEFORE you submit your application.
- 5. 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 statement whether there are any funds in the account or not.
- 6. If you are unable to provide specific information, submit a note with your application explaining the circumstances. This will not guarantee your application will be reviewed, but depending on the circumstances, we may be able to work with you.
- 7. 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.
- 8. You can fax your information, but it is not recommended. If all pages are not received your application would be considered incomplete.

ALL FORMS MUST BE COMPLETELY FILLED OUT, SIGNED AND DATED



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Newburyport Crossing at 3 Boston Way FIRST COME FIRST SERVE APPLICATION

For Office Use Only:
Date Appl. Rcvd:
Household Size:

Name Relationship	Town: Zip:	PERSONAL INFORMATION:		
ddress:	Town: Zip:			
Home Telephone:				Zip:
Sedroom Size: Studio; One Bedroom; Two 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 Please explain the total household size is Household Composition (including applicant(s)) Name Relationship Relationship Name Relationship Relationship Name Relationship Plane Relationship Relationship Name Relationship Plane Relationship Relationship Plane Relationship Relationship Plane Relationship Relationship Plane	r (the units are NOT subsidized or income based): No			
No Please explain the total household size is Household Composition(including applicant(s)) Name Relationship	One Bedroom; Two Bedroom; Three Bedroom No	Email:	Have you ever owned a home?	If so, when did you sell it?
Are you disabled: Yes No Do you require a wheelchair accessible unit? Yes No Do you require any adaptations or special accommodation? Yes No Please explain the total household size is Household Composition (including applicant(s)) Name Relationship Relationship Relationship Relationship Name Name Name	No cessible unit?YesNo or special accommodation?YesNo Please explain: ng applicant(s)) RelationshipAge	Do you have a Section 8 voucher (the units are NOT su	ubsidized or income based):	Yes No
Are you disabled: Yes No Do you require a wheelchair accessible unit? Yes No Do you require any adaptations or special accommodation? Yes No Please explain the total household size is Household Composition (including applicant(s)) Name Relationship Relationship Relationship Relationship Name Name Name	No cessible unit?YesNo or special accommodation?YesNo Please explain: ng applicant(s)) RelationshipAge	Bedroom Size: Studio; One Bedroom; T	wo Bedroom; Three Bedro	om
Do you require a wheelchair accessible unit? Yes No	ressible unit? Yes No or special accommodation? Yes No Please explain: ng applicant(s)) Relationship Age	Are you disabled: Yes No		
The total household size is Household Composition (including applicant(s)) Name	Relationship Age	Oo you require a wheelchair accessible unit?Y	es No	
Name	Relationship Age	Do you require any adaptations or special accommoda	ation? Yes No I	Please explain:
Name	Relationship Age	The total household size is		
Name		Household Composition (including applicant(s))		
Name	Relationship Age	Name	Relationship	Age
Name	RelationshipAge	Name	Relationship	Age
Name	RelationshipAge	Name	Relationship	Age
NameRelationship		Name	Relationship	Age
FINANCIAL WORKSHEET: (Include all Household Income, which includes gross wages, retirement of for income), business income, veterans' benefits, alimony/child support, unemployment competension/disability income, supplemental second income and dividend income.) Applicants Monthly Base Income (Gross)	de all Household Income, which includes gross wages, retirement income (if drawing veterans' benefits, alimony/child support, unemployment compensation, social seculemental second income and dividend income.) e (Gross) ome (Gross)	Name	Relationship	Age
t for income), business income, veterans' benefits, alimony/child support, unemployment compension/disability income, supplemental second income and dividend income.) Applicants Monthly Base Income (Gross)	veterans' benefits, alimony/child support, unemployment compensation, social seculemental second income and dividend income.) e (Gross) ome (Gross)	Name	Relationship	Age
t for income), business income, veterans' benefits, alimony/child support, unemployment compension/disability income, supplemental second income and dividend income.) Applicants Monthly Base Income (Gross)	veterans' benefits, alimony/child support, unemployment compensation, social seculemental second income and dividend income.) e (Gross) ome (Gross)	FINANCIAL WORKSHEET: (Include all Household Incon	ne, which includes gross wages.	, retirement income (if drawing
Applicants Monthly Base Income (Gross)	e (Gross) ome (Gross)	t for income), business income, veterans' benefits, ali	imony/child support, unemploy	
	ome (Gross)	pension/disability income, supplemental second incor	me and dividend income.)	
Other Income, specify	ome (Gross)			
	ome (Gross)	Other Income, specify		
Co-Applicants Monthly Base Income (Gross)		Co-Applicants Monthly Base Income (Gross)		



Household Assets: (This is a partial list	of required ass	sets. Complete al	I that apply with cur	rent account balances)
Checking (avg balance for 3 months)				
Savings				
Debit Card				
Stocks, Bonds, Treasury Bills, CD or Money Market Accounts and Mutua	al Funds			
Individual Retirement, 401K and Keogh				
Retirement or Pension Funds (amt you		analtu)		
Revocable trusts	,,,,,,			
Equity in rental property or other capita	al investments			
Cash value of whole life or universal life		licios		
TOTAL ASSETS				
<u>EMPLOYMENT STATUS:</u> (include for al	I working hous	sehold members.	Attach separate sh	neet, if necessary.)
Employer:			•	• •
Street Address:				
City/State/Zip:				
Date of Hire (Approximate):				
Annual Wage - Base:				
Additional:	(Bonus, Commission	on, Overtime, etc.)	
ABOUT YOUR HOUSEHOLD: (OPTIONA	<u>.L)</u>			
You are requested to fill out the followi	ng section in o	order to assist us i	n fulfilling affirmativ	ve action requirements.
Please be advised that you should fill th	iis out based u	pon family memb	ers that will be livin	g in the apartment/unit.
Please check the appropriate categories	s:			
	Applicant	Co-Applicant	(#) of Dependents	i e
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 represen	nts that all stat	tements herein ar	e true. It is underst	ood that the sole use of this
application is to establish the prelimina	ry requiremen	its to have an opp	ortunity to lease an	affordable unit at
Newburyport Crossing at 3 Boston Way	. I (we) under	stand if selected a	all information provi	ided shall be verified for
accuracy at the time of lease.				
SignatureApplicant(s)		Date: _		
Applicant(s)				
SignatureCo-Applicant(Date: _		
Co-Applicant((s)			

See page 21 for submission information



Newburyport Crossing at 3 Boston Way Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at Newburyport Crossing at 3 Boston Way through the Mass Executive Office of Housing and Livable Communities in Newburyport, MA:

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

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

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, 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 completing this 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 will 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 Newburyport Crossing at 3 Boston Way.
- 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. Affordable units may not be leased to individuals who have a financial interest* in the development or to a Related Party,** or to their families. I/we certify that no member of our household has a financial interest in this Project, is a Related Party, or is a family member of someone who has a financial interest or is a Related Party.
 - *"Financial interest" means anything that has a monetary value, the amount of which is or will be determined by the outcome of the Project, including but not limited to ownership and equity interests in the Developer or in the subject real estate, and contingent or percentage fee arrangements; but shall not include third party vendors and contractors.

**Related Party means:

1. any person that, directly or indirectly, through one or more intermediaries, controls or is controlled by or is under common control with the Developer, as well as any spouse of such person or "significant other" cohabiting with such person, and any parent, grandparent, sibling, child or grandchild (natural, step, half or in-law) of such person;



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Page 2 Affidavit and Disclosure Form

- 2. any person that is an officer of, member in, or trustee of, or serves in a similar capacity with respect to the Developer or of which the Developer is an officer, member, or trustee, or with respect to which the Developer serves in a similar capacity, as well as any spouse of such person or "significant other" cohabiting with such person, and any parent, grandparent, sibling, child or grandchild (natural, step, half or in-law) of such person;
 3. any person that, directly or indirectly, is the beneficial owner of, or controls, 10% or more of any class of equity securities of or otherwise has a substantial beneficial interest (10% or more) in the Developer, or of which the
- securities of, or otherwise has a substantial beneficial interest (10% or more) in, the Developer, or of which the Developer is directly or indirectly the owner of 10% or more of any class of equity securities, or in which the Developer has a substantial beneficial interest (10% or more), as well as any spouse of such person or "significant other" cohabiting with such person, and any parent, grandparent, sibling, child or grandchild (natural, step, half or in-law) of such person;
- 4. any employee of the Developer; and
- 5. any spouse, parent, grandparent, sibling, child or grandchild (natural, step, half or inlaw) of an employee of the Developer or "significant other" cohabiting with an employee of the Developer.
- 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 Newburyport Crossing at 3 Boston Way. I/We am qualified based upon the program guidelines and
agree to comply with applicable regulations.

Co-Applicant

See page 21 for submission information



Applicant

Date

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

Provide of all applicable information. Complete financial documentation is required and must be sent with your application to have the opportunity to lease. Incomplete applications will not be reviewed for eligibility until all documents have been received.

<u>Initial each that are applicab</u>	le, and provide the	e documents, or	write N/A if	not applicable and	return this
sheet with your application.					

1.	If you have a Section 8 Voucher or other Housing Voucher, you MUST provide a valid copy with your application.
2.	One form of identification for all household members, i.e. birth certificates, driver's license, etc.
3.	If you require Special Accommodation you must request as part of your application and documentation is required, i.e. doctors letter, it MUST be included with the application.
4.	The most recent last five (5) <u>consecutive</u> 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.
	• <u>NOTE:</u> If you are no longer working for an employer you worked for in the past 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, 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, copy of divorce papers. If you do not receive child support provide a letter stating that you are not receiving child support.
7.	If you are self-employed you MUST provide a detailed Profit and Loss statement for the last 12 months and three months of business checking and savings accounts along with last three Federal Income Tax Returns. Uber, Lyft, Grubhub, etc. are considered self employment.
8.	Federal Tax Returns –2022 – (NO STATE TAX RETURNS)
	• NOTE: Provide all pages that are submitted to the IRS. For example, if a Schedule C is submitted to



filing from the IRS. The form to request is 4506-T and can be found on irs.gov or create an account at irs.gov and print out the Verification of Non-filing Letter.

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the IRS and not part of your application, your application will be considered incomplete.

• NOTE: If you did not submit a tax return for 2021 then you must provide a Verification letter of non-

•	NOTE: If you filed your taxes and are unable to locate you can request the Tax Transcript of your Federal taxes by submitting form 4506-T to the IRS. The form can be found on irs.gov or create an account at irs.gov and print out the Tax Transcript.
9	W2 and/or 1099-R Forms: 2022
•	<u>NOTE:</u> If you filed are unable to locate your W2's and/or 1099's you can request a Wage Transcript by submitting form 4506-T to the IRS. The form can be found on 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. A	sset 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. <i>This includes all deposits from Venmo, Paypal, Visa direct etc.</i> 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 <u>NOT</u> your ATM/Debit card. This is usually a separate debit card statement showing income deposited directly 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
	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. <i>This includes all deposits from Venmo, Paypal, Visa direct etc.</i> NOTE: Do NOT provide a running transaction list of activity. You must provide the individual statements.
	•Revocable trusts
	 Equity in rental property or other capital investments Current statements for Investment accounts, including stocks, bonds, Treasury Bills, Certificates of Deposit, Mutual Funds, Money Market, Robinhood and all online accounts etc.
	 Current Retirement statement including, i.e. IRA's, Roth IRA's, 401K, 403B, Keogh accounts, Pensions etc. from current and past employment. Cash value of Whole Life or Universal Life Insurance Policy.
	0 40 (04



reviewed until all documentation l Print Applicants Name(s):			
reviewed until all documentation l			
We understand if we do not provide		ncial documentation our application	on will not be
14If the applicant is in the production of the divorce or separate regarding the distribution of family as eligibility status will count even if the	ition has begun or has ssets. If unable to pr	as been finalized. Information mustovide then your spouse/partners in	st be provided
13A household may count an of pregnancy with the application, i.e			must submit proc
semester. Only \$480 income from a f Income Tax return will count towards eligibility.	_		
Page 3 Required Personal Identification and	Income Verification	Documents	
_		chold members over age of 18 and nt status, full time or part time for	
	or one-time receipt	S	
 Lump-sum receipts 			

See page 21 for submission information



Newburyport Crossing at 3 Boston Way Newburyport, MA

Release of Information Authorization Form

Date:							
I/We hereby authorize MCO Housing Services, Newburyport Crossing at 3 Boston Way Leasing Office, Three Boston Way, LLC, 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, Newburyport Crossing at 3 Boston Way Leasing Office, Three Boston Way, LLC, or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for Newburyport Crossing at 3 Boston Way.							
A photocopy of this authorization with my sig	nature may be deemed to be used as a	duplicate original.					
Applicant Name (Please Print)		•					
Applicant Name (Please Print)		-					
Applicant Signature	_						
Applicant Signature	_						
Mailing Address							

See page 21 for submission information



Return the following to MCO Housing Services:

- 1. Completed, signed and dated application
- 2. Signed and dated Affidavit and Disclosure Form
- 3. Completed, signed and dated Required Personal Identification and Income Verification Documents Form
- 4. All required financial and other documentation
- 5. Complete, signed and dated Release of Information Authorization Form
- 6. Documentation for Special Accommodations
- 7. Identification for all household members

You may submit the application by email, fax, or mail. Following is the information:

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
TTY: 711, when asked 978-456-8388



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