



*your resource for Affordable Housing*



### **RENTAL Properties**

**You should have reviewed the property information package in advance of completing this Application. In order to be considered for the Lottery you must include ALL of the below listed forms and related financial documents.**

**The Last form is a check off sheet requiring your signature.**

- (A) Lottery Application
- (B) Local Preference Affidavit
- (C) Applicant Affidavit & Disclosure Form
- (D) MANDATORY Financial & Related Information
- (E) Release of Information Authorization Form
- (F) FINAL Sign Off Sheet

**To Mail ALL documentation:  
MCO Housing Services, LLC  
P.O. Box 372  
Harvard, MA 01451**

**To Drop off or Overnight Application:  
206 Ayer Road – Suite 5, Harvard, MA 01451**

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

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

**Fax: (978) 456-8986**

**Incomplete applications will not be included in the lottery.**



Potential applicants will not be discriminated against on the basis of race, color, religious creed, marital status, military status, disability, national origin, sex, age, ancestry, sexual preference, source of income, presence of children, or any other basis prohibited by local, state or federal law.





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**LOTTERY APPLICATION (A)**

**PROPERTY NAME:** Brookside Apartments  
**APPLICATION DEADLINE:** January 11, 2021

**For Office Use Only:**

Date Appl. Rcvd: \_\_\_\_\_  
Local: Y / N  
Household Size: \_\_\_\_\_  
Lottery Code: \_\_\_\_\_

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_

Have you or any member of your household ever owned a home? \_\_\_\_\_ If yes, when did you sell it? \_\_\_\_\_

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

Bedroom Size: One Bedroom Two Bedroom

Do you require an adaptable unit? Yes No

Are you disabled? Yes No

**HOUSEHOLD COMPOSITION:**

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

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

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

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

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

**EMPLOYMENT STATUS:**

**(Include information for all working household members. Attach separate sheet, if necessary.)**

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Date of Hire (Approximate): \_\_\_\_\_

Annual Wage - Base: \_\_\_\_\_

Additional: \_\_\_\_\_ (Bonus, Commission, Overtime, etc.)



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**FINANCIAL WORKSHEET:** Include all Household Income which includes gross (before taxes) wages, retirement income (if drawing on it for income), business income, veterans' benefits, alimony/child support, unemployment compensation, social security, pension/disability income, SSI and any dividend income.

Tenants Annual Base Income (Gross) \_\_\_\_\_

Other Income - Source: \_\_\_\_\_

Co- Tenants Annual Base Income (Gross) \_\_\_\_\_

Other Income - Source: \_\_\_\_\_

***TOTAL MONTHLY INCOME:*** \_\_\_\_\_

**Household Assets:** (This is a partial list of required assets. A complete list will be provided should you have an opportunity to purchase. Complete all that apply with current account balances)

Checking (average balance for 3 months) \_\_\_\_\_

Savings/CD's/Money Market Accounts \_\_\_\_\_

Individual Retirement, 401(k) and Keogh accounts \_\_\_\_\_

Retirement or Pension Funds \_\_\_\_\_

Stocks, Bonds, Mutual Funds \_\_\_\_\_

***TOTAL ASSETS*** \_\_\_\_\_

**ABOUT YOUR FAMILY: OPTIONAL**

You are requested to fill out the following section in order to assist us in fulfilling affirmative action requirements. Please be advised you should fill this out based ONLY upon family members *that will be living in the home*. Please check the appropriate categories:

	Applicant	Co-Applicant	(#) of Dependents
Black or African American			_____
Asian			_____
Hispanic/Latino			_____
Native Hawaiian / Pacific Islander			_____
Native American or Alaskan Native			_____
Other, Not White			_____
White			_____

**SIGNATURES:**

The undersigned warrants and represents all statements herein are true. I/We understand, if selected for the opportunity to purchase an affordable home, all information provided shall be verified and additional financial information may be required.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_



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

**LOCAL PREFERENCE AFFIDAVIT (B)**

**PROPERTY NAME: Brookside Apartments**

**TOWN/CITY: Boylston, MA**

I am NOT qualified as a Local Applicant

You must meet one of the Local Preference Criteria established by the Town/City to be in the Local Preference Pool. Please check each appropriate category(s) that applies to your household\*:

Applicant currently lives in Town/City.

A household with a family member who works in Town/City, has been hired to work in Town/City, or has a bona fide offer of employment in Town/City.

Household who works for the Town/City or the Town/City Public Schools.

Households with a family member who attends a public school in Town/City.

***\* If you have the opportunity to purchase a home, local applicants will need documented proof of compliance which will be reviewed and verified by the TOWN/CITY.***

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

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



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# AFFIDAVIT & DISCLOSURE FORM (C)

**PROPERTY NAME:**            **Brookside Apartments**

I/We understand and agree to the following conditions and guidelines regarding the distribution of affordable homes.

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

\_ **Worcester** \_\_\_\_\_ *PMSA*

Household Size	1	2	3	4		
Max Allowable Income Up to 80%	\$54,950	\$62,800	\$70,650	\$78,500		

*Income from all family members must be included. Income limits subject to change based on HUD updates.*

2. In calculating the total household income, I/We understand if assets are greater than \$5,000, we will include the higher of the actual interest/dividends earned or an imputation of .06% of the value of total household assets will be added to income in determining eligibility. If assets are less than \$5,000, the actual value of interest/dividends earned for 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 by being selected in the lottery does not guarantee that I/we will be able to lease a unit. I/We understand all application data will be verified and additional financial information may be required, verified and reviewed in detail prior to leasing a unit.
6. I/We also understand that the Property Owner/Leasing Office may also perform its own screening, which will typically include a credit check, CORI and landlord reference check/review to determine your eligibility to lease.
7. 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 may likely not have another opportunity to lease an affordable unit at the property.
8. Program requirements are established by the Dept of Housing and Community Development (DHCD), MassHousing, HUD and the host community. I/We agree to be bound by program changes which may be imposed at any time throughout the process. If any program conflicts arise, I/we agree that any determination made by the Monitoring Agent is final.
9. I/We certify that no member of our family has a financial interest in the project.
10. I/We understand there may be differences between the market and affordable units and accept those differences.
11. I/We understand that if my/our total income exceeds 140% of the maximum allowable income at the time of our annual income re-certification, I will no longer be eligible for the affordable rent and have the option of moving out or paying market rent.

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 providing false information will result in disqualification from further consideration. It is understood the signing Applicant has communicated all information to all parties that may be included with the Application.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_



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# MANDATORY FINANCIAL & RELATED INFORMATION (D)

APPLICANT NAME: \_\_\_\_\_

PROPERTY NAME: Brookside Apartments

1. INCOME VERIFICATION: *Check off all which are appropriate and included in your submittal.*

The most recent five (5) **consecutive** pay stubs for all jobs (check/direct deposit stubs);  
If Self Employed – Last 12 Months Income & Expense Report  
(see sample at <http://mcohousing.com/pdfs/doclib009-sample-Income&Expense-Report.pdf>);  
Child Support/Alimony Statement;  
Benefit(s) Letter (SS, SSI, SSDI, SSP, VA, etc);  
Worker's Compensation, Unemployment, Severance, etc;  
Retirement Income (Pension, Annuity, etc);  
Gift Letter.

**NOTE:** You need to provide 5 pay stubs whether you are paid weekly, bi-weekly or monthly.

**NOTE:** If you have a source of income not listed above, provide appropriate documentation.

2. ASSET VERIFICATION: *Check off all which are appropriate and included in your submittal.*

Checking accounts – Last **three (3) months** of full statements – EVERY PAGE – FRONT AND BACK.  
Savings Accounts/Money Market Accounts/CD's – Last **three (3) months** of full statements  
Mutual Funds/Stocks – Current Statement  
401K/IRA's – Current Statement

**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.

3. Federal Tax Returns – Last Year (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 but is not included in 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](http://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](http://irs.gov).

4. W2 and/or 1099-R Forms: Last Year

5. OTHER INFORMATION WHICH MAY BE REQUIRED:

**Divorce or Separation Agreement:** 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. If you are unable to provide then both parties income/assets will be used is determining eligibility.

**Reasonable Accommodation:** If you require a Reasonable Accommodation you must request the reasonable accommodation as part of your application and if documentation is required, i.e. doctors letter, it MUST be included with the application.

**Student Status:** 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.

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

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



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**RELEASE OF INFORMATION AUTHORIZATION FORM (E)**

**PROPERTY NAME:** Brookside Apartments

I/We hereby authorize MCO Housing Services, LLC, The Property Leasing Office, or any of its assignees to verify any 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, The Property Leasing Office, or any of its assignees and the Projects Administrator, for the purpose of determining income eligibility for this property.

A photocopy of this authorization with my signature shall be deemed and used as a duplicate original.

**Applicant Name (Please Print):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

Current Mailing Address:

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



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# FINAL SIGN OFF SHEET

PROPERTY NAME: Brookside Apartments

## CHECK OFF THE COMPLETED INFORMATION BEING SUBMITTED

- (A) Lottery Application
- (B) Local Preference Affidavit and proof of Local Preference, if applicable
- (C) Applicant Affidavit & Disclosure Form
- (D) MANDATORY Financial & Related Information Form
- (E) Mandatory Financial & Related Documentation
- (F) Release of Information Authorization Form
- (G) Copy of Section 8 or other Housing Voucher (If Applicable)
- (H) One Form of Identification for Each Household Member (*i.e. Drivers License, Birth Certificate, Passport, etc.*)

All documents outlined above have been completed and are included with the Application submission. I/We understand that if we have not included all documentation as outlined above we will not be included in the lottery.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **PLEASE ADVISE HOW YOU HEARD ABOUT THIS PROJECT**

I'm on MCO Housing Services, LLC Member list Websites?

MCOHousingServices.com

MassAccessHousingRegistry.org

g Metrolist

Print Advertising (*please specify* : \_\_\_\_\_ )

Flyer

Referred by Family/Friends, etc.

Visited the Property

Other : \_\_\_\_\_

*Thank you for responding to help us better direct our marketing resources.*



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