



your resource for Affordable Housing



# Commonwealth Residence Apartments Wayland, MA Wait List Application

All affordable units at the Commonwealth Residence 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**

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

The rents are NOT subsidized, or income based. You are responsible for the full rent. Rents are subject to change. (Tenant responsible for all other utilities. A utility allowance has been deducted from the rent.)

Maximum Allowable Income Limits per household size:

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

Section 8 or Other Housing Vouchers are Accepted

***If you do not have a Section 8 housing voucher, minimum income will apply***



# Commonwealth Residences Wayland, MA

## WAIT LIST APPLICATION

For Office Use Only:

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

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

**PERSONAL INFORMATION:**

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

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

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

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

Email: \_\_\_\_\_ Have you ever owned a home? \_\_\_ If so, 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: \_\_\_ Studio; \_\_\_ One Bedroom; \_\_\_ Two Bedroom; \_\_\_ Three Bedroom

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

Total Household Members: \_\_\_\_\_

Household Composition: Include ALL that will be living in the apartment.

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

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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.)

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

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

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

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

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

*(Please complete reverse side)*



**Household Assets:** (This is a partial list of required assets. Complete all that apply with current account balances)

Checking (avg balance for 3months) \_\_\_\_\_  
 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:**

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: *This section is optional.*

	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	_____	_____	_____

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 to have an opportunity to lease an affordable unit at Commonwealth Residences. I (we) understand if selected an additional application and financial documentation will be required to determine final eligibility. I (We) also understand we need to be approved by the Leasing Office in order to lease a unit.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant(s)

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

**Return by mail or email to:**

MCO Housing Services , P.O. Box 372, Harvard, MA 01451 – 978-456-8388  
 Email: [lotteryinfo@mcohousingservices.com](mailto:lotteryinfo@mcohousingservices.com) / TTY/TTD: 711

