



your resource for Affordable Housing



**EDGEWOOD APARTMENTS
PLAINVILLE, MA**

WAIT LIST APPLICATION

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

**Edgewood Apartments, Leasing Office
100 Taunton Street
Plainville, MA 02762**

The following are the 2020 income limits and rents. Income limits and rents can change on an annual basis.

Current Rent: One Bedroom - \$1,175 – utilities are not included.
 Two Bedroom - \$1,325 – utilities are not included.

Maximum Allowable Income Limits per household size:

Household Size	1	2	3	4
Max Allowable Income	\$67,400	\$77,000	\$86,650	\$96,250

Minimum Income without a Section 8 or other housing voucher is:

One Bedroom: \$35,250

Two Bedroom: \$39,750



Edgewood Apartments Plainville, MA

For Office Use Only:

Date Appl. Rcvd: _____

WAIT LIST APPLICATION

PERSONAL INFORMATION

Date: _____

Name: _____

Address: _____ Town: _____ Zip: _____

Home Telephone _____ Work Telephone: _____ Cell: _____

Email: _____ 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: ___ One ___ Two

Do you have a Section 8 voucher? (These units are NOT Subsidized): ___ Yes ___ No

The total household size is _____

Household Composition – List ALL who will be living in the apartment

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.)

Tenant Monthly Base Income (Gross) _____

Other Income, specify _____

Co-Tenants 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)

Return to:

**Edgewood Apartments, Leasing Office
 100 Taunton Street
 Plainville, MA 02762**



Edgewood Apartments

Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at Edgewood Apartments through the Local Initiative Program (LIP) in Plainville, MA:

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

Household Size	1	2	3	4
Max Allowable Income	\$67,400	\$77,000	\$86,650	\$96,250

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.
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 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 your eligibility to lease.
6. I/We further authorize MCO Housing Services 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 and consequently the Projects Administrator, for the purpose of determining income eligibility for Edgewood Apartments.
7. 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 Edgewood Apartments.
8. Program requirements are established by DHCD and are enforced by DHCD. 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 DHCD is final.
9. I/We certify that no member of our family has a financial interest in Edgewood Apartments.
10. I/We understand that we will be recertified for eligibility on an annual basis. I/We understand that 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 Edgewood Apartments. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.

Applicant

Co-Applicant

Date

Return with completed application and complete financial documentation to:
Edgewood Apartments, Leasing Office, 100 Taunton Street, Plainville, MA 02762

