



# The Oasis at Plainville Luxury Apartments Plainville, MA WAIT LIST APPLICATION

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

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

Income limits are subject to change annually based on new HUD limits.

Rents are NOT subsidized and you are responsible for the full rent amount.

There is a minimum incomes to lease, without a Section 8 or other housing voucher.

**UTILITIES ARE NOT INCLUDED IN THE RENT AND ARE THE FULL RESPONSIBILITY OF THE TENANT.**

Please return the waitlist application to:

The Oasis at Plainville  
85 Washington Street  
Plainville, MA 02762  
leasing@oasisatplainville.com

Effective Date 3/31/2020



# The Oasis at Plainville

## WAIT LIST APPLICATION

**For Office Use Only:**

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

Bedroom Size: \_\_\_\_\_

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

PERSONAL INFORMATION:

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

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

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

Email: \_\_\_\_\_ Do you currently own a home: \_\_\_ Yes \_\_\_ No

Do you require a handicapped adaptable unit? \_\_\_ Yes \_\_\_ No

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

When would you be available to move in? \_\_\_\_\_

Bedroom Size : \_\_\_\_\_ 1 Bedroom \_\_\_\_\_ 2 Bedroom \_\_\_\_\_ 3 Bedroom (List first preference if interested in multiple apartment home sizes)

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

**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:** \_\_\_\_\_

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

Checking (avg balance for 6 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** \_\_\_\_\_

(Please complete reverse side)



**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	_____	_____	_____

The total household size is \_\_\_\_\_ (This is very important to determine the maximum allowable income for your household.)

Household Composition (including applicant(s))

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

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

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

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

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

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

**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:**

The Oasis at Plainville  
85 Washington Street  
Plainville, MA 02762

[leasing@oasisatplainville.com](mailto:leasing@oasisatplainville.com)



# The Oasis at Plainville Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable apartments at The Oasis at Plainville, through the Department of Housing and Community Development in Plainville, MA:

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

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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 0.06% 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 believe under full penalty of perjury. I/We understand that providing false information will result in disqualification from further consideration.
5. I/We authorize The Oasis at Plainville 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 The Oasis at Plainville for the purpose of determining income eligibility.
6. I/We understand that if I/We are offered a specific unit I/We will have the option to accept or reject the available unit one time. I/We understand that if we are offered a second available unit and reject again I/We will be moved to the bottom of the waiting list. I/We understand that if this happens a third time I/We will be removed from the waiting list.
7. Program requirements are established by EOHLIC and are enforced by EOHLIC. 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 EOHLIC is final.
8. I/We certify that no member of our family has a financial interest in The Oasis at Plainville.
9. I/We understand there may be differences between the market and affordable units and accept those differences.
10. I/We understand that I/We are subject to recertifications annually at the time of the lease renewal. 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 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 apartments at The Oasis at Plainville. I/We am/are qualified based upon the program guidelines and agree to comply with applicable regulations.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

