



Queset Commons Easton, MA

WAIT LIST APPLICATION

All affordable units at Queset Commons 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 01451 Phone: (978) 456-8388

Email: lotteryinfo@mcohousingservices.com

Maximum Allowable Income Limits per household size:

Household Size	1	2	3	4
Max Allowable Income	\$55,950	\$63,950	\$71,950	\$79,900

Section 8 or Other Housing Vouchers are Accepted

If you do not have a Section 8 housing voucher, there is a minimum income limits requirement.





QUESET COMMONS

WAIT LIST APPLICATION

PERSONAL INFORMATION:		Date:		
Name:				
Address:		Гоwn:	Zip:	
Home Telephone:	Work Telephone:	C	ell:	
Email:				
Preferred Method of Contact: Ph	one Email	Mail		
Do you currently own a home:	Yes No			
Do you require a handicapped adapta	able unit?Yes	No		
When would you be available to mov	e in?			
Bedroom Size:Studio	1 Bedroom2 B	edroom		
Do you have a Section 8 or other hou	sing voucher? (These uni	ts are NOT Subsidized):	YesNo	
The total household size is household.) Household Composition - include all v			maximum allowable income for you	
Name	R	elationship	Age	
Name	R	elationship	Age	
Name	R	elationship	Age	
Name	R	elationship	Age	
FINANCIAL WORKSHEET: (Include all for income), business income, vetera pension/disability income, suppleme	ns' benefits, alimony/child	d support, unemployme		
Applicant Monthly Base Income (Gro. Other Income, specifyCo-Applicant Monthly Base Income (Other Income, specify	Gross)			
TOTAL MONTHLY INCOME:				





Checking (avg balance for 3 months)				
Savings Stocks, Bonds, Treasury Bills, CD or				
Money Market Accounts and Mutual	Funds			
Individual Retirement, 401K and Keogh a				
Retirement or Pension Funds (amt you ca	n w/d w/o penalt			
Revocable trusts				
Equity in rental property or other capital	investments			
Cash value of whole life or universal life in	nsurance policies			
TOTAL ASSETS				
EMPLOYMENT STATUS: (include for all v	vorking househol	ld members. Attac	h separate sheet, if ned	cessary.)
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 be advised that you should fill this out ba the appropriate categories:	section in order			
	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 required financial documentation before statements herein are true.				
statements herein are true.				
Signature		Date:		
Applicant(s)				
Signature		Date:		
Co-Applicant	(s)			

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

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