



your resource for Affordable Housing



**Wakefield Vista Apartments
105 Hopkins Street
Wakefield, MA**

Attached is the application to apply for a one or two bedroom affordable unit at Wakefield Vista Apartments.

The 2019/2020 rents are:

One bedroom - \$1,673, all utilities included

Two bedroom - \$2,007, all utilities included

The rents are NOT subsidized or income based. Section 8 or other housing vouchers are accepted. You are responsible for the full rent as stated.

The minimum income to lease, if you do not have a Section 8 or other housing voucher, is as follows:

One Bedroom - \$50,190

Two Bedroom - \$60,210

Applicants are not able to spend more than 40% of their income on rent. Rents subject to change when HUD releases new income limits.

Additional Information:

1. Applicants cannot exceed the maximum allowable income limits as stated on the application.
2. Interest/dividends of assets, \$5,000 or less, will be added to income in determining eligibility or for assets over \$5,000, the greater of interest/dividends or .06% of assets will be added to income in determining eligibility.
3. You can not own a home and lease an affordable unit. The home needs to be sold before you can move in.
4. Applicants will be recertified annually to determine continued eligibility. At recertification applicants can earn up to 140% of median income vs. the 80% at initial occupancy.
5. Applicants must be determined eligible through MCO Housing Services and the Leasing Office before they will be offered a unit. The Leasing Office conducts credit, past landlord, CORI screenings etc.

If you are interested in applying return the following application and all required financial documentation to:

MCO Housing Services

P.O. Box 372

Harvard, MA 01451

Phone: (978) 456-8388/Email: lotteryinfo@mcohousingservices.com

Wakefield Vista Apartments

First Come First Serve APPLICATION

For Office Use Only: Date Appl. Rcvd: _____ Household Size: _____
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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 Voucher? _____ Yes _____ No

Do you require a handicapped accessible unit? _____ Yes _____ No

Bedroom Size: _____ One _____ Two All Utilities included.

of People Living in the Unit _____

Household Composition

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.)

Tenants Monthly Base Income (Gross)	_____
Other Income, specify _____	_____
Tenants Monthly Base Income (Gross)	_____
Other Income, specify _____	_____

TOTAL MONTHLY INCOME: _____

Potential tenants 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.

(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 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:

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 Wakefield Vista Apartments. I (we) understand if selected all information provided shall be verified for accuracy at the time of lease.

Signature _____ Date: _____
Applicant(s)

Signature _____ Date: _____
Co-Applicant(s)

**Wakefield Vista Apartments
Affidavit & Disclosure Form**

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at Wakefield Vista Apartments in Wakefield, 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. Assets \$5,000 or less will add actual interest/dividends earned to income for final 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 submitting an application 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 our 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 Americana 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 Americana Apartments.
8. Program requirements are established by DHCD and MassHousing and are enforced by MassHousing. 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 MassHousing is final.
9. I/We certify that no member of our family has a financial interest in Wakefield Vista Apartments.
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 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 Wakefield Vista Apartments. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.

Applicant

Co-Applicant

Date

Return application and ALL required financial documentation to:

MCO Housing Services

P.O. Box 372

Harvard, MA 01451

Email: lotteryinfo@mcohousingservices.com

Phone: (978) 456-8388/Fax: 978-456-8986

**Required Personal Identification and Income Verification Documents
TO BE RETURNED WITH APPLICATION**

Provide one copy of all applicable information. Complete financial documentation is required for your application to be reviewed for eligibility. A unit will not be held without complete documentation. Call should you have any questions at 978-456-8388.

Initial each that are applicable, and provide the documents, or write N/A if not applicable and return this sheet with your application.

1. _____ Copy Section 8 Voucher or other housing voucher
2. _____ If you require a special accommodation you need to provide the appropriate documentation, i.e. letter from doctor, with your application.
3. _____ The most recent last five (5) **consecutive** pay stubs for all jobs (check/direct deposit stubs). For unemployment, copies of unemployment checks or DOR verification stating benefits received. Same for disability compensation, worker's compensation and/or severance pay.
 - **NOTE:** If you have obtained a new job within the last 12 months you must provide a copy of the Employment Offer Letter.
 - **NOTE:** If you are no longer working for an employer you worked for in the last 12 months, you must provide a letter from the employer with your separation date.
 - **NOTE:** You need to provide 5 pay stubs whether you are paid weekly, bi-weekly or monthly.
4. _____ Benefit letter providing full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts.
5. _____ Child support and alimony: court document indicating the payment amount, DOR statement. If you do not receive child support provide a letter stating, that you are not receiving child support. See attached form.
6. _____ Federal Tax Returns – 2018, 2019, if available (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 and not part of your application, your application will be considered incomplete.
 - **NOTE:** If you did not file a tax return in 2018 you must provide verification of non-filing. Obtain form 4506-T from the irs.gov. Complete and return to IRS. Forward letter when received.
7. _____ W2 and/or 1099-R Forms: 2018 and 2019
8. _____ Interest, dividends and other net income of any kind from real or personal property.
9. Asset Statement(s): provide **current** statements of all that apply, unless otherwise noted:

- _____ Checking accounts – Last **three (3)** months of statements – EVERY PAGE – FRONT AND BACK.

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.

- _____ Pre-paid debit card statements – current month.

NOTE: This is NOT your ATM/Debit card. This is usually a separate debit card statement showing income deposited directing onto the debit card, i.e. Social Security or other regular income.

NOTE: If Social Security payments are deposited on a Direct Express card it is your responsibility to provide proof. You can print a statement from the Direct Express website at <https://www.usdirectexpress.com/>.

- _____ Saving accounts – last three months of full statements
- _____ Revocable trusts
- _____ Equity in rental property or other capital investments
- _____ Investment accounts, including stocks, bonds, Treasury Bills, Certificates of Deposit, Mutual Funds and Money Market Accounts including all individual retirement accounts, 401K, Keogh accounts and Retirement and Pension funds.
- _____ Cash value of Whole Life or Universal Life Insurance Policy.
- _____ Personal Property held as an investment
- _____ Lump-sum receipts or one-time receipts

10. _____ 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.

11. _____ A household may count an unborn child as a household member. The household must submit proof of pregnancy with the application, i.e. letter from doctor.

12. _____ 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.

13. _____ If you are self-employed you MUST provide a detail expense and income statement for the last 12 months and three months of business checking and savings accounts.

We understand if we do not provide all applicable financial documentation we will not be able to verify your continued eligibility and may be determined ineligible to lease an affordable apartment.

Print Applicants Name(s): _____

Applicants Signature

DATE

Co-Applicants Signature

DATE

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Harvard, MA 01451

Email: lotteryinfo@mcohousingservices.com

Phone: (978) 456-8388/Fax: 978-456-8986

Release of Information Authorization Form
Wakefield Vista Wakefield, MA

Date: _____

I/We hereby authorize MCO Housing Services, Wakefield Vista Leasing Office or any of its assignees 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, Wakefield Vista Leasing Office or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for Wakefield Vista in Wakefield, MA.

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

Applicant Name (Please Print)

Applicant Name (Please Print)

Applicant Signature

Applicant Signature

Mailing Address

Custody & Child Support Affidavit

Applicant/Tenant: _____ **Unit #:** _____

Please complete a separate form for each minor in this unit not living with both biological or adoptive parents:

Child Name/SSN(last four digits)/DOB : _____ / _____ / _____

Name of Absent Parent: _____

Will this child live with you in the tax credit apartment at least 50% of the time?

YES **NO**

Was there a legal marriage to the other parent? **YES** **NO** **STILL LEGALLY MARRIED**

- If **YES**, please submit a copy of the divorce decree, separation agreement, or other document outlining custody arrangements.
- If **NO**, please submit documents such as tax return, school records, court order, or DHS records showing placement of child

Who claimed the child as a dependant on their most recent tax return?

I did **The absent parent** **Other:** _____ **No one**

Do you receive support (monetary or not) for this child? **YES** **NO**

If **YES** list amount \$ _____ per _____

Have you ever been awarded an amount of child support for this child through the courts or an informal agreement? **YES** **NO**

If awarded but not paid, have you taken legal action to collect child support?

YES **NO**

If so, please describe efforts _____

Do you expect to receive child support for this child in the next 12 months?

YES **NO**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

(Signature of Tenant)

Date

(Signature of Manager)

Date