



*your resource for Affordable Housing*



## **Warner Woods Concord, MA**

### **WAIT LIST APPLICATION Rents at 50% AMI**

Reasonable Accommodations are available.

Located at 223 & 247 Laws Brook Road in Concord, Warner Woods has a total 16 affordable one and two bedroom apartments for eligible tenants at 50% of median income. The waiting list is currently open.

Each one bedroom unit has 1 or 1.5 bathrooms and the two bedroom apartments have 1, 1.5 or 2 bathrooms. Washer and dryer hookups are available as well as Coin Op Laundry in the Building. Surface parking is available at no charge. Garage parking is \$100 per month. This is a pet and smoke free development. There is an elevator. Tenants are responsible for electricity only. Gas Heat, Hot Water, water and sewer are included in the rent.

The rents are not income based or subsidized. You are responsible for the full monthly rent. Section 8 is accepted but you should contact your Section 8 provider to determine if they will accept the project and the rents.

Maximum Allowable 2022 Income Limits per household size at 50% AMI:

<b>Household Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Max Allowable Income</b>	<b>\$49,100</b>	<b>\$56,100</b>	<b>\$63,100</b>	<b>\$70,100</b>

Section 8 or Other Housing Vouchers are Accepted

If you do not have a Section 8 housing voucher, the minimum income limits apply.

# Warner Woods

## WAIT LIST APPLICATION

For Office Use Only:

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

Lottery Code: \_\_\_\_\_

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

### PERSONAL INFORMATION:

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

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

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

Email: \_\_\_\_\_

Preferred Method of Contact: ☐ Phone ☐ Email ☐ Mail

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: ☐ 1 Bedroom ☐ 2 Bedroom

Do you have a Section 8 or other housing voucher? (These units are NOT Subsidized): ☐ Yes ☐ No

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

Household Composition - include all who will be living in the unit.

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.)

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

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

Co-Applicant 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:**

MCO Housing Services

P.O. Box 372

Harvard, MA 01451

978-456-8388

lotteryinfo@mcohousingservices.com

