



your resource for Affordable Housing



Commonwealth Residences Apartment Development  
Wayland, MA



NEW TENANT APPLICATION

Language assistance will be available, at no charge, by appointment. Call 978-456-8388.  
Reasonable Accommodations are available.

Attached is the information regarding the affordable rental units at Commonwealth Residences Apartment Development in Wayland, Massachusetts. Potential Tenants will not be discriminated against on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.

Located at 373 Commonwealth Road in Wayland, Commonwealth Residences Apartment Development is a 52 rental development offering affordable studio, one, two and three bedroom apartments. The studio has one bathroom in 476 sq. ft. The one bedroom units include one bath in 667-802 sq. ft. The two bedroom units include 1 or 2 bathrooms in 849 - 1102 sq. ft. Each unit includes a stackable washer and dryer. One cat or dog is allowed up to 25 lbs., based on approval of the leasing office. Pet fees are charged. This is a smoke free building.

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.

The 2022 monthly rents are: Studio - \$1,600; One Bedroom - \$2,097 All utilities are included in the rent. The minimum incomes to lease, without a Section 8 voucher or other housing voucher, are: Studio - \$48,000; One Bedroom - \$62,910.

*Please note: Complete financial documentation is required and must be sent with your application to be considered. Included in this package is the list of required documentation and additional forms, if applicable, to be sent in with your application. Complete applications will have priority over incomplete applications.*

Thank you for your interest in affordable housing at **COMMONWEALTH RESIDENCES APARTMENT DEVELOPMENT**. Please contact MCO Housing Services at 978-456-8388, TTY/TTD: 711 or email us at [lotteryinfo@mcohousingservices.com](mailto:lotteryinfo@mcohousingservices.com) if you have any questions. We encourage you to advise other people or organizations that may be interested in this program and make copies of the relevant information as needed.

Sincerely,

*Maureen M. O'Hagan*

Maureen M. O'Hagan  
MCO Housing Services for  
373 Commonwealth Residences LLC

This is an important notice. Please have it translated.  
Este é um aviso importante. Queira mandá-lo traduzir.  
Este es un aviso importante. Sírvase mandarlo traducir.  
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG  
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY  
Ceci est important. Veuillez faire traduire.

本通知很重要。请将其译成中文。  
នេះគឺជាដំណឹងសំខាន់សូមមេត្តាបកប្រែជូនដំណឹង

Это очень важное сообщение. Пожалуйста переведите

# Commonwealth Residences Apartment Development

## Question & Answer

The units will be leased in accordance with policies and guidelines established by the Commonwealth of Massachusetts Department of Housing and Community Development (DHCD) and the Massachusetts Housing Partnership (MHP).

### What are the qualifications required for Prospective Tenants?

- Qualify based on the following maximum income table, which is adjusted for household size:

Household Size	1	2	3	4	5	6
Max Allowable Income	\$78,300	\$89,500	\$100,700	\$111,850	\$120,800	\$129,750

(income limits are subject to change upon HUD release of new income limits)

### APPLICANT QUALIFICATIONS:

1. Household income cannot exceed the above maximum gross allowable income limits.
2. When assets total \$5,000 or less, the actual income received is included in the annual income as income from assets OR when assets exceed \$5,000, annual income includes the greater of actual income from assets or a .06% imputed income calculation. Included in this package is the List of Required Financial Documentation.
3. In addition to income and asset eligibility you will also be subject to a screening by the project and determined eligible based on that basis.
4. Persons with disabilities will be given first preference for such units regardless of what pool they are in based on the requested bedroom size. Where a person with a disability is awaiting an accessible unit and a unit with adaptive features becomes available, the owner/management agent must offer to adapt the unit.

### Are there accessible/adaptable units?

Yes, the building has an elevator so the units are adaptable. There are three units for Handicap Accessible applicants; one 1 bedroom and two 2 bedroom units. Handicap Accessible applicants may request reasonable accommodations or modifications of the housing, when such accommodations or modifications are necessary to afford the Handicap Accessible person equal opportunity to use and enjoy the housing. Where a person with a disability is awaiting an accessible unit and a unit with adaptive features becomes available, the owner/management agent must offer to adapt the unit.

### What happens if my household income exceeds the income limit?

Annually you will be recertified for eligibility. Once your household income exceeds 140% of the maximum allowable income adjusted for household size, then after the end of your current lease you will have the option of staying in your unit and paying the market rent or not renewing your lease.

**COMPLETE AND RETURN  
ALL APPLICABLE DOCUMENTS  
FROM THIS POINT FORWARD**

**Return the following documents:**

- Complete and signed Application
- Signed Affidavit and Disclosure Form
- Complete and signed Household Eligibility Questionnaire
- Signed Authorization to Release Information Form
- Complete and signed Personal Identification & Income Verification Document Form
- All required financial documentation
- Complete and signed, applicable, Additional Documents

**Return to:**

MCO Housing Services  
P.O. Box 372  
Harvard, MA 01451  
FAX: 978-456-8986

E mail: [lotteryinfo@mcohousingservices.com](mailto:lotteryinfo@mcohousingservices.com)

Language assistance will be available by appointment at no charge. Call 978-456-8388 or TTY/TTD: 711 to schedule.

This is an important notice. Please have it translated.  
Este é um aviso importante. Queira mandá-lo traduzir.  
Este es un aviso importante. Sírvase mandarlo traducir.  
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG  
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY  
Ceci est important. Veuillez faire traduire.  
本通知很重要。请将之译成中文。  
នេះគឺជាជំពាក់ដ៏សំខាន់ សូមមេត្តាបកប្រែជូនផង

# Commonwealth Residences Apartment Development

## FIRST COME FIRST SERVE APPLICATION

For Office Use Only:

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

Household Size: \_\_\_\_\_

**PERSONAL INFORMATION:**

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

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

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

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

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

Do you own a home?  Yes  No

Do you have a Section 8 voucher (the units are NOT subsidized or income based):  Yes  No

Bedroom Size (Check One):  Studio;  One Bedroom

Do you require a wheelchair accessible unit?:  Yes  No Are you disabled?:  Yes  No

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

Household Composition - include all that will be living in the apartment

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

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

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.)

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

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

Co-Applicants 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:**

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 Commonwealth Residences Apartment Development. I (we) understand if selected all information provided shall be verified for accuracy at the time of lease. I

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant(s)

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Co-Applicant(s)

# Commonwealth Residences Apartment Development

## *Affidavit & Disclosure Form*

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at Commonwealth Residences Apartment Development through the Massachusetts Housing Partnership in Wayland, MA:

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

Household Size	1	2	3	4	5	6
Max Allowable Income	\$78,300	\$89,500	\$100,700	\$111,850	\$120,800	\$129,750

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 determined eligible 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 understand that if selected I/we may be able to select a unit. If I/we reject a 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 Commonwealth Residences Apartment Development.
7. Program requirements are established by DHCD and the Massachusetts Housing Partnership (MHP) and are enforced by MHP. 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 MHP is final.
8. I/We certify that no member of our family has a financial interest in Commonwealth Residences Apartment Development.
9. I/We understand there may be differences between the market and affordable units and accept those differences.
10. 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 Commonwealth Residences Apartment Development. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

# **HOUSEHOLD ELIGIBILITY QUESTIONNAIRE**

**REVIEW THIS FORM CAREFULLY.**

**FOLLOW THE INSTRUCTIONS.**

**Read every line.**

**Answer every question.**

**Provide all information as  
requested.**

**Do NOT draw a line through all the  
no's.**

**Take your time when filling out.**

## HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

Property Name: \_\_\_\_\_ Unit: \_\_\_\_\_

<p><i>Certification Type:</i></p> <input type="checkbox"/> Move In/Initial Certification <input type="checkbox"/> Re-certification <input type="checkbox"/> Other: _____	<p><i>Housing Program:</i></p> <input type="checkbox"/> Low Income Housing Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Other: _____
--	---

### I. HOUSEHOLD COMPOSITION

- Unless assistance is required, this form must be completed by the applicant/tenant.
- List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.
- Do not include minors who will be present less than 50% of the time.
- List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.

HOUSEHOLD MEMBER NAME	RELATIONSHIP	DOB	Last 4 of SSN	FT STUDENT?
1.	<b>HEAD</b>			[ ] YES [ ] NO
2.				[ ] YES [ ] NO
3.				[ ] YES [ ] NO
4.				[ ] YES [ ] NO
5.				[ ] YES [ ] NO
6.				[ ] YES [ ] NO
7.				[ ] YES [ ] NO
8.				[ ] YES [ ] NO

Are any HH changes expected in next 12 months? [ ] YES [ ] NO

If YES explain: \_\_\_\_\_

Are any student changes expected in next 12 months? [ ] YES [ ] NO

If YES explain: \_\_\_\_\_

### II. STUDENT STATUS

Is every member of the household a FT student as defined above? <ul style="list-style-type: none"> <li>• If NO continue to Section III</li> <li>• If YES please complete the following questions:</li> </ul>	[ ] YES [ ] NO
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	[ ] YES [ ] NO
Was a student previously a foster child?	[ ] YES [ ] NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	[ ] YES [ ] NO
Is a student married and eligible to file a joint tax return?	[ ] YES [ ] NO
Is a student a single parent who is not claimed as a dependent by another individual?	[ ] YES [ ] NO
Are the minors in the household claimed as a dependent by a parent?	[ ] YES [ ] NO

#### **INCOME INSTRUCTIONS:**

- List gross amounts anticipated to be received in the 12 month period following move in or recertification
- For minors include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets
- For adults include both earned income from jobs and unearned income
- Answer each YES-NO question. For each YES include the gross amount and frequency
- Do not leave any unanswered questions



### III. HOUSEHOLD INCOME

*Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household.  
All adults must sign the form.*

Type of Income	Head of Household			Co Head and/or Other Member		
	Check One	Amount	Frequency	Check One	Amount	Frequency
1. Salary or pay from job	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
2. Overtime or shift pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
3. Bonus/commission/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
4. Do you have a 2 <sup>nd</sup> job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
5. Seasonal/sporadic work	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
6. Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
7. Cash pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
8. Self employment income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
9. Periodic gift income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
10. Non cash contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
11. Formal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
12. Is child support awarded but not paid?	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
13. Informal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
14. Formal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
15. Is spousal support awarded but not paid?	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
16. Informal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
17. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
18. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
19. TANF, AFDC, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
20. Unemployment benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Worker's compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Severance pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
24. Retirement acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
25. Investment acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
26. Annuity acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
27. Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
28. Disability/death benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
29. Real estate rent income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
30. Student financial aid	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
31. Military pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
32. Veterans/VA income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
33. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
34. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	

35. Are any income changes expected in the next 12 months?  YES  NO If YES please describe:

*For each source of income checked YES above, please complete the following:*

Income #	HH Member	Name of Source	Address/Phone/Email

### IV. HOUSEHOLD ASSETS

- List assets for all household members including minors
- Cash value is market value minus any costs/penalties/fees required to convert to cash
- Do not list assets that are not accessible to the family

#### Household Eligibility Questionnaire

© SPECTRUM ENTERPRISES 2020



Type of Asset	Head of Household		Co Head and/or Other Member	
	Check One	Apprx Cash Value	Check One	Apprx Cash Value
1. Checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
2. 2 <sup>nd</sup> checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
3. Savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
4. 2 <sup>nd</sup> savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
5. Debit /direct deposit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
6. 2 <sup>nd</sup> prepaid debit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
7. Cash on hand	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
8. Certificate of Deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
9. Other bank account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
10. Mutual Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
11. Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
12. Portfolio/brokerage	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
13. IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
14. 2 <sup>nd</sup> IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
15. Treasury bills/bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
16. Company retirement acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
17. Annuity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
18. Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
19. Revocable trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
20. Life insurance (not term)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
21. Real estate equity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
22. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
23. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
24. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
25. Has anyone disposed of any assets for less than fair market value in the past 2 years? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<i>If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:</i>				
<i>For each asset checked YES above, please complete the following:</i>				
Asset #	HH Member	Name of Source	Address/Phone/Email	

*Under penalties of perjury, I/we certify that the information presented on this form is true and accurate to the best of my/our knowledge. False, misleading, or incomplete information may result in the termination of this application/lease.*

\_\_\_\_\_  
**Head of Household Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Co Head and/or Other Member Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Management Signature**

\_\_\_\_\_  
**Date**

**Household Eligibility Questionnaire**

© SPECTRUM ENTERPRISES 2020



**\*\*\*MUST BE COMPLETED BY ALL APPLICANTS WHETHER or NOT YOU ARE CURRENTLY OR A HOUSEHOLD MEMBER IS CURRENTLY A STUDENT**

**STUDENT STATUS AFFIDAVIT**  
(LIHTC or Tax Exempt Bond Compliance Period)

Applicant/Tenant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Completed For: (check one)**

Move-in; effective date: \_\_\_\_\_  
 Annual recertification; effective date: \_\_\_\_\_

**Will all of the persons in your household be or have been full-time students during five calendar months of the certification year?**  Yes  No

**If YES, then is anyone in your household:**

- A student and receiving AFDC/TANF?  Yes  No
- A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act?  Yes  No
- A student enrolled in a job training program funded under the Workforce Investment Act or similar federal, state or local program?  Yes  No
- A single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependants of another individual other than a parent?  Yes  No
- Married and file a joint return  Yes  No
- Has the person attended school full-time during any part of 5 months of this calendar year?  Yes  No
- Months/year attended full time \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Manager)	_____ Date



**Commonwealth Residences Apartment Development**  
**Wayland, MA**

***Release of Information Authorization Form***

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

I/We hereby authorize MCO Housing Services, Commonwealth Residences Apartment Development Leasing Office, 373 Commonwealth Residences LLC, 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, Commonwealth Residences Apartment Development Leasing Office, 373 Commonwealth Residences LLC, or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for Commonwealth Residences Apartment Development.

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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Personal Identification and Income Verification Documents**  
**TO BE RETURNED WITH APPLICATION**  
**ALL APPLICANTS 18 YEARS OR OLDER MUST PROVIDE THEIR INCOME AND ASSETS STATEMENT**

Provide one copy of all applicable information. Complete financial documentation is required and must be sent with your application to participate in the lottery. Incomplete applications will not be included in the lottery and the applicant will be notified after the application deadline.

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

1. \_\_\_\_\_ If you have a Section 8 Voucher or other Housing Voucher, you MUST provide a valid copy with your application.
2. \_\_\_\_\_ Proof of Local Preference, you must provide copies of one form of local preference, i.e. utility bill.
3. \_\_\_\_\_ If you require a reasonable accommodation you must make the request at time of application, i.e doctors letter or other documentation.
4. \_\_\_\_\_ 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.
  - **NOTE:** If you are unemployed or have Zero income you must complete the attached **Unemployment Status Affidavit and Certificate of Zero Income.**
5. \_\_\_\_\_ Current 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. If you are not working, even if you receive income for the above you must complete the **Unemployment Status Affidavit.**
6. \_\_\_\_\_ Child support and alimony: court document indicating the payment amount, DOR statement or divorce papers. **Complete Custody and Child Support Affidavit for each child, even if you do not receive.**
7. \_\_\_\_\_ 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 along with last three Federal Income Tax Returns. Uber, Lyft etc. are considered self employment. **Complete attached Self-Employment Affidavit.**

8. \_\_\_\_\_ **SIGNED** Federal Tax Returns –2021 (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 do not have a copy of your tax return you can obtain a transcript through the IRS using form 4506-T. You can obtain the form at the [irs.gov](https://www.irs.gov).
  - **NOTE:** If you did not file taxes in any of the required years you must provide a verification of non-filing letter from the IRS using form 4506-T. You can obtain the form at [irs.gov](https://www.irs.gov).
9. \_\_\_\_\_ W2 and/or 1099-R Forms: 2021
- **NOTE:** If you do not have a copy of your W2's/1099's you can obtain a transcript through the IRS using form 4506-T. You can obtain the form at the [irs.gov](https://www.irs.gov).
10. \_\_\_\_\_ Interest, dividends and other net income of any kind from real or personal property.
11. Asset Statement(s): provide **current** statements of all that apply, unless otherwise noted:
- i. \_\_\_\_\_ 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.
  - ii. \_\_\_\_\_ 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/>.
  - iii. \_\_\_\_\_ Saving accounts – last three months of full statements
 

**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.
  - iv. \_\_\_\_\_ Revocable trusts
  - v. \_\_\_\_\_ Equity in rental property or other capital investments
  - vi. \_\_\_\_\_ Investment accounts, including stocks, bonds, Treasury Bills, Certificates of Deposit, Mutual Funds, Money Market, Robinhood and all online accounts etc.
  - vii. \_\_\_\_\_ Retirement including, i.e. IRA's, Roth IRA's, 401K, 403B, Keogh accounts, Pensions etc. from current and past employment.
  - viii. \_\_\_\_\_ Cash value of Whole Life or Universal Life Insurance Policy.

- ix. \_\_\_\_\_ Personal Property held as an investment
- x. \_\_\_\_\_ Lump-sum receipts or one-time receipts

12. \_\_\_\_\_ 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 or next semester. **Complete attached Student Status Affidavit, even if there are no students in the household.**

13. \_\_\_\_\_ 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.

14. \_\_\_\_\_ 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. Failure to provide the documentation than all household income and assets from the soon to be ex will be counted towards eligibility even if they will not be living in the home.

15. \_\_\_\_\_ If you currently own a home or rental property you MUST provide a copy of the market analysis and last mortgage statement.

We understand if we do not provide all applicable financial documentation our application will not be reviewed for eligibility until all required documents are received.

Print Applicants Name(s): \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Co-Applicants Signature

\_\_\_\_\_  
DATE

## **ADDITIONAL FORMS**

**ONLY COMPLETE IF APPLICABLE**

**Call us should you have questions at  
978-456-8388 or TTY/TTD - 711.**

### **NOTES:**

**READ THE FOLLOWING FORMS CAREFULLY AND ANSWER  
ALL QUESTIONS OR PROVIDE INFORMATION**

**ADDITIONAL DOCUMENTS MAY BE REQUESTED**



## CERTIFICATION OF ZERO INCOME

(To be completed by all adult household members with no reported income)

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

1.  I currently have no income of any kind and I do not expect this to change in the next 12 months. (If you have **ANY** income whatsoever **DO NOT** complete this form).

2. I have been living with zero income for \_\_\_\_\_ years and \_\_\_\_\_ months.

3. I hereby certify that I do not individually receive income from any of the following sources:
- a. Wages from employment (including commissions, tips, bonus, etc.)
  - b. Income from the operation of a business or Sales from self-employed resources (Avon, Mary Kay, etc.)
  - c. Rental income from real or personal property
  - d. Interest or dividends from assets
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
  - f. Unemployment or disability payments
  - g. Public assistance payments
  - h. Periodic allowances such as alimony, child support, or gifts from persons not living in my household
  - i. Income from driving for Uber/Lyft
  - j. Cash payments
  - k. Student financial aid
  - l. Any other source not named above

4. The reason I have no income is: \_\_\_\_\_  
\_\_\_\_\_

5. I will be using the following sources of funds to pay for:

Rent: \_\_\_\_\_  
Utilities: \_\_\_\_\_  
Food: \_\_\_\_\_  
Clothing and laundry: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
Internet/Cable/Phone: \_\_\_\_\_  
Toiletries: \_\_\_\_\_  
Credit cards/loans/bills: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
(Signature of Manager)

**COMPLETE ONE FORM FOR EACH CHILD**

**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 court order, tax return, school records, 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**  
*(Note: "Support" may be legally ordered or an informal agreement)*

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

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

If awarded but not paid, have you taken legal action to collect child support?  
 **YES**       **NO**

If so, please describe efforts and proof: \_\_\_\_\_

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 Household Member)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Manager)

\_\_\_\_\_  
Date

## GIFT INCOME VERIFICATION

*Send this form to any person or organization providing ongoing cash contributions to a tenant/applicant or for any ongoing contributions made on behalf of a tenant/applicant such as rent payments, utility bills, etc.*

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

*Name and Address of Contributor:*

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I, \_\_\_\_\_, am contributing the following assistance to the above named individual.

*List all monetary and non-monetary amounts and frequency (i.e. monthly, weekly, etc.):*

Cash: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Rent Payment: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Utility Payment: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Cable/Cell Phone/Internet: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Transportation: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Cash for food: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Clothing: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Alcohol, tobacco, etc. \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Diapers/Items for Children: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Cash for Child Care: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Other: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

**Will this assistance change in the next 12 months?  YES  NO**

**If YES please describe:** \_\_\_\_\_

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

*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.*

\_\_\_\_\_  
(Signature of Contributor)

\_\_\_\_\_  
Date



# SELF-EMPLOYMENT INCOME AFFIDAVIT

Use this form for any applicant or resident who receives income as a business owner, independent contractor, sole proprietorship, cash pay, odd jobs, etc.

Applicant/Tenant: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Position Held: \_\_\_\_\_

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

Anticipated Gross Annual Income: \$ \_\_\_\_\_

Anticipated Annual Business Expenses: \$ \_\_\_\_\_

Anticipated Annual Profit: \$ \_\_\_\_\_

Previous Year Profit (or Loss): \$ \_\_\_\_\_

Cash Withdrawals from Business: \$ \_\_\_\_\_

Do you file tax returns?  YES Taxpayer ID# \_\_\_\_\_  NO

If YES please submit tax returns with the most recent schedule Cr

If NO please state why: \_\_\_\_\_

- If tax returns were not filed, please submit a profit/loss report for each month since the business started
- Please include documents such as invoices, receipts, written business plan, or accountant statement of business income.

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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## TIP / GRATUITY INCOME AFFIDAVIT

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

1. Do you receive tips or gratuities at this job?

**YES**                       **NO**

2. Please list the average amount of tip/gratuity received:

\$ \_\_\_\_\_ per  day  week other \_\_\_\_\_

3. Are all tips reported to the employer?                       **YES**                       **NO**

If **NO** please explain:

\_\_\_\_\_

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

# UNEMPLOYED STATUS AFFIDAVIT

*All adults who are unemployed should complete this form*

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

I am currently unemployed:  YES  NO

I work on a seasonal basis depending on the time of year:  YES  NO

I receive benefit income such as unemployment, disability, workers compensation:  YES  NO

***[ ] If my employment status changes between now and the move in (or recertification) date I understand that I must inform the manager before moving into this apartment***

I have been unemployed for \_\_\_\_\_ years and \_\_\_\_\_ months

My last job paid \$\_\_\_\_\_ per hour and I worked \_\_\_\_\_ hours per week

**\*\*\*Please complete either Section A, B, or C as applicable\*\*\***

**Section A**

I [print name], \_\_\_\_\_, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

---

**Section B**

I [print name], \_\_\_\_\_, state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months. Based upon my prior employment history and educational training, I anticipate earning \$\_\_\_\_\_ from anticipated employment over the next twelve months.

*(Please supply documentation to support this, such as previous tax returns and/or W-2)*

---

**Section C**

I [print name], \_\_\_\_\_, state that I am currently unemployed but I have been hired for a new job which has not yet begun.

The company is: \_\_\_\_\_

The start date is: \_\_\_\_\_

The salary is: \_\_\_\_\_

*\*Manager will contact employer for verification of this income*

---

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

Applicant/Tenant Signature: \_\_\_\_\_ Date \_\_\_\_\_

## SCHOOL EMPLOYEE AFFIDAVIT

*Any adult applying to live in a tax credit unit who is employed by an educational institution should complete this form*

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

Name of School: \_\_\_\_\_

Position Held (i.e.: teacher, bus driver, assistant)  
\_\_\_\_\_

Do you work at the school during the summer months?

**YES**       **NO**

If you answered NO, please check the following as applicable to the summer months:

- |   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| 1. I receive my salary, but will not work during the summer | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 2. I have/will look for another job                         | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 3. I will receive unemployment benefits                     | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 4. I will receive gift income from friends/family/etc       | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 5. I will have zero income status                           | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 6. Other  | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |

- If **YES** to 1, 2, 3 or 4 please list the amount of income expected to be received:  
\_\_\_\_\_

*(NOTE TO PROPERTY MANAGEMENT: Employment income and gift income earned during summer months must be verified via third party affidavits.)*

- If **OTHER** please explain:  
\_\_\_\_\_

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



## SEASONAL WORKER AFFIDAVIT

*Any adult applying to live in a tax credit unit who has a seasonal job should complete this form*

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

Name of Seasonal Employer: \_\_\_\_\_

Are you employed at this job for only a portion of the year?

**YES**                      **NO**

Please list the dates that you **DO NOT** work at this job:

\_\_\_\_\_

During your lay off period, please check the following as applicable:

- |   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| 1. I will receive unemployment benefits               | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 2. I have/will look for another job                   | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 3. I will receive gift income from friends/family/etc | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 4. I will have zero income status                     | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 5. Other  | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |

- If **YES** to 1, 2 or 3 please list the amount of income expected to be received:

\_\_\_\_\_

- If **OTHER** please explain:

\_\_\_\_\_

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





## Return the following documents:

- Complete, signed and dated Lottery Application
- Signed and dated Affidavit and Disclosure Form
- Complete and signed Household Eligibility Questionnaire
- Complete, signed and dated Authorization to Release Information Form
- Complete, signed and dated Personal Identification & Income Verification Document Form
- All required financial documentation. **SIGN YOUR FEDERAL INCOME TAX RETURN**
- Complete, signed and dated additional, applicable, Documents/Forms.

### Return to:

MCO Housing Services  
P.O. Box 372  
Harvard, MA 01451  
FAX: 978-456-8986

E mail: [lotteryinfo@mcohousingservices.com](mailto:lotteryinfo@mcohousingservices.com)

### Questions:

(978) 456-8388  
TTY/TTD: 711