

Full Name:  
Address1:  
Address2:  
City State Zip:  
Email:  
Case Manager Email:

THIS SECTION FOR APPLICANT:

← Mail this form to the address at left.

Date Generated:

Fold on this line

Dear

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto:support@housingworks.net)  
HousingWorks  
P.O. Box 231104  
Boston, MA 02123  
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: \_\_\_\_\_  
Name of Waitlist Administrator *optional* \_\_\_\_\_  
Phone of Waitlist Administrator *optional*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

Date Time Received. Application will be stamped to show when it was received:





*your resource for Affordable Housing*



***Cohasset Place  
Lottery Information and Application  
Cohasset, MA***

Attached is the information regarding the affordable rental units at Cohasset Place in Cohasset, 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 390 Chief Justice Cushing Highway in Cohasset, MA, Cohasset Place has 5 new apartments available, by lottery, for eligible applicants. There are 3 one bedroom and 2 two bedrooms apartments are available. Each unit includes one or two full baths, an office in 1,078 – 1,665 sq. ft. of living space. This is a smoke free building. Up to two pets are allowed. Breed restrictions. Monthly pet rents are: Cats - \$70/mo. per cat and dogs are \$80/mo. per dog. Washer and dryer are included. Surface parking is available at no charge.

The monthly rents are: \$1,694 for a one bedroom and \$1,840 for a two bedroom unit. Water is included in the rent. Tenants are responsible for electricity, gas heat, hot water, and sewer. A utility allowance has been deducted from the maximum allowable rent. These affordable units will be distributed by lottery as outlined in the attached package. Please review the enclosed information packet in detail and complete the application and disclosure statement at the rear of the packet.

The rents are NOT subsidized, or income based. You are responsible for the full rent. Section 8 or a Housing voucher will be accepted but it is your responsibility to find out if your Section 8 or Housing provider accepts the rent and project. The minimum incomes, without a Section 8 or Housing Voucher, are: One Bedroom - \$50,820; Two Bedroom - \$55,200.

***Please note: Complete financial documentation is required and must be sent with your application to participate in the lottery. Included in this package is the list of required documentation and additional forms, if applicable, to be sent in with your application. Applications will be logged in at time of receipt and will be reviewed after the application deadline. Incomplete applications will not be included in the lottery and the applicant will be notified after the application deadline.***

Translation Assistance available at no charge, upon request.

***Key Meeting Dates  
Public Information Meeting via Zoom***

6:30 p.m. Tuesday, June 8, 2021

Go to Zoom.com, Click Join a Meeting and enter when asked:

Meeting ID: 816 7079 8713

Passcode: 418594

***Application Deadline***

July 6, 2021



**Lottery via Zoom**

3:00 p.m., Friday July 23, 2021

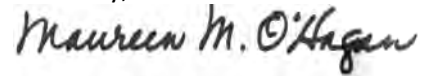
Go to Zoom.com, Click Join a Meeting and enter when asked:

Meeting ID: 827 8797 6220

Passcode: 297558

Thank you for your interest in affordable housing at **Cohasset Place**. We wish you the best of luck. Please contact MCO Housing Services at 978-456-8388 or email us at [lotteryinfo@mcohousingervices.com](mailto:lotteryinfo@mcohousingervices.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 O'Hagan



This is an important document. Please contact [AGENCY NAME] at [PHONE #] for free language assistance.

Este documento es muy importante. Favor de comunicarse con el MCO Housing en 978-456-8388 para ayuda gratis con el idioma. (Spanish)

Este é um documento importante. Entre em contato com o MCO Housing Serv no número 978-456-8388 para obter assistência gratuita com o idioma. (Portuguese)

Dokiman sila a enpòtan. Tanpri kontakte MCO Housing la nan 978-456-8388 pou asistans gratis nan lang. (Haitian Creole)

此文件為重要文件。如果您需要免費的語言翻譯幫助，請聯絡 MCO Housing 聯絡方式: 978-456-8388 (Chinese, Traditional)

此文件為重要文件。如果您需要免費的語言翻譯幫助，請聯絡 MCO Housing 聯絡方式: 978-456-8388 (Chinese, Simplified)

Это весьма важный документ. Свяжитесь с сотрудником MCO Housing на предмет оказания бесплатной помощи по переводу на иностранный язык (978-456-8388). (Russian)  
(Phone #)

នេះគឺជាឯកសារសំខាន់។ សូមទំនាក់ទំនង MCO Housing តាមរយៈ 978-456-8388 ដើម្បីទទួលបានជំនួយ  
ផ្នែកភាសាដោយឥតគិតថ្លៃ។ [Mon-Khmer, Cambodian]

Đây là một tài liệu quan trọng. Vui lòng liên hệ MCO Housing tại 978-456-8388 để được hỗ trợ ngôn ngữ miễn phí. (Vietnamese)

Kani waa dukumentiyu muhiim ah. Fadlan MCO Housing kala soo xiriir 978-456-8388 si aad u hesho gargaar xagga luqadda oo bilaash ah. (Somali)

هذه وثيقة مهمة. يرجى الاتصال بـ MCO Housing بـ 978-456-8388 للمساعدة اللغوية المجانية.  
(Arabic)  
[Agency Name] [Phone #]

Ce document est très important. Veuillez contacter le MCO Housing au 978-456-8388 afin d'obtenir une assistance linguistique gratuite. (French)

Il presente è un documento importante. Si prega di contattare il MCO Housing al 978-456-8388 per avere assistenza gratuita per la traduzione. (Italian)



## Cohasset Place

### 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).

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

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

Household Size	1	2	3	4
Max Allowable Income	\$70,750	\$80,850	\$90,950	\$101,050

#### LOTTERY 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. Assets divested at less than full market value within two years of application will be counted at full market value when determining eligibility.
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. Households cannot own a home, including homes in a trust, and lease an affordable unit.

#### Are units available for Local Preferences?

Yes, 3 of the 5 units are for local preference during the initial lease up only. See application for local preference criteria.

#### Are there accessible/adaptable units?

Yes, the units are adaptable. One 1-bedroom unit is handicap accessible. Applicants with disabilities may request reasonable accommodations or modifications of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing. All units are adaptable. Applicants must request special accommodations at time of application and provide documentation, if needed, i.e. letter from doctor.

#### Are there preferences for Household Size?

In all cases, preference for the two bedroom units will be for households that require two bedrooms. Preference for the one bedroom unit will be for a household requiring one bedroom. Unit size preferences are based on the following:

1. There is a least one occupant per bedroom.
2. A husband and wife, or those in a similar living arrangement, shall be required to share a bedroom. Other household members may share but shall not be required to share a bedroom.
3. A person described in the first sentence of (2) shall not be required to share a bedroom if a consequence of sharing would be a severe adverse impact on his or her mental or physical health and the lottery agent receives reliable medical documentation as to such impact of sharing.
4. A household may count an unborn child as a household member. The household must submit proof of pregnancy with the application.
5. If the applicant is in the process of a divorce or separation, the applicant must provide proof that the divorces or separation has begun or has been finalized, as set forth in the application.



**Are there considerations for minorities?**

Yes, if the percentage of minority applicants in the Local Preference Pool is less than the percentage of minorities in the Surrounding HUD-defined area, currently 27%, a preliminary lottery will be held comprised of all the minority applicants who do not qualify for the Local Preference Pool. These minority applicants would be drawn at random from the Open Pool until the percentage in the Local Preference Pool closely approximates the percentage in the surrounding HUD-defined area. Applicants not selected for the Local Preference Pool would be in the Open Pool only.

**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.

**Lottery Process**

Due to the nature of the affordable units' availability, it is important for everyone to understand the procedure. Please understand the allowable income guidelines are adjusted based upon your household size. Also, be advised that the program and its requirements are subject to changes in local, state or federal regulations.

**Lottery Pools**

Five one and two apartments are available by lottery at Cohasset Place. The units will be distributed through the Local and Open Pool. You must meet at least one of the Local Preference Criteria to be included in the Local Pool. The units' breakdown are as follows:

Unit Size	# of Units	Local Pool	Open Pool
One Bedroom	3	2	1
Two Bedroom	2	1	1

All of the applicants for a given pool will be pulled at the time of the lottery. This will establish the rankings for the distribution of units. This means if you are a one person household and meet the Unit Size Preference (see page 3) for a one bedroom unit and are drawn first in the lottery you will be offered a one bedroom unit. If you are a three-person household and meet the Unit Size Preference and are drawn first you will be offered a two bedroom unit. The process will be identical for both the Local Preference Pool and Open Pool and will be used until all units (one- and two-bedroom units) are leased or until the lottery list is exhausted. Applicants in the Local Preference Pool will select units first then the Open Pool Applicants.

**Please note:** Household size preference will override local preference. This means if we exhaust the applicants in the local pool that require two-bedroom units we will move to the open pool for households requiring two bedrooms. Household size shall not exceed, nor may the maximum allowable household size be more restrictive than, State Sanitary Code requirements for occupancy of a unit (See 105 CMR 400). Applicants will not be approved for units larger than their household size allows.

Once the lottery rankings have been determined your information will be forwarded to the Leasing Office for credit and background checks. If the Leasing Office determines you are eligible then you will be offered a unit.

You need to be determined eligible by MCO Housing Services and the Leasing Office and if you have a Section 8 or other housing voucher, your Public Housing Authority (PHA). If the PHA determines you or the project do not meet the eligibility criteria then you will not be able to lease a unit. If anyone determines you do not meet their eligibility criteria, then you will not be able to lease a unit.



If there are lottery applicants remaining once the affordable units are leased, then they will be the beginning of the waiting list for future vacancies. Local preference will not be applied beyond the initial marketing and lease up, although any local pool applicant remaining will be added to the waiting list first based on unit size.

### ***Acceptance of Units***

It is important for all applicants to understand that applicants may have an opportunity to select their unit if they meet all the deadlines, to be provided post lottery, to all that have the initial opportunity to lease. Unit selection will be in done in ranking order post lottery for the initial 5 applicants that have the opportunity to lease based on the lottery results only. The Local Pool applicants will select first. Selection will happen after the Leasing Office application has been completed and approved. If the Leasing Office denies your application, then you will not be able to lease. Those with a Section 8 or other Housing Voucher, the project and rents need to be approved by your voucher holder. If they do not accept the rents or project you will not be able to lease, even if you were approved by the Leasing Office. Applicants that miss the provided deadlines will lose the opportunity to lease as we will move to the next applicant on the lottery list.

### ***Summary***

We hope this helps explain the process by which the units will be distributed. It can be a lengthy and sometimes complicated process. We greatly appreciate your participation and wish you the best of luck in the lottery process.

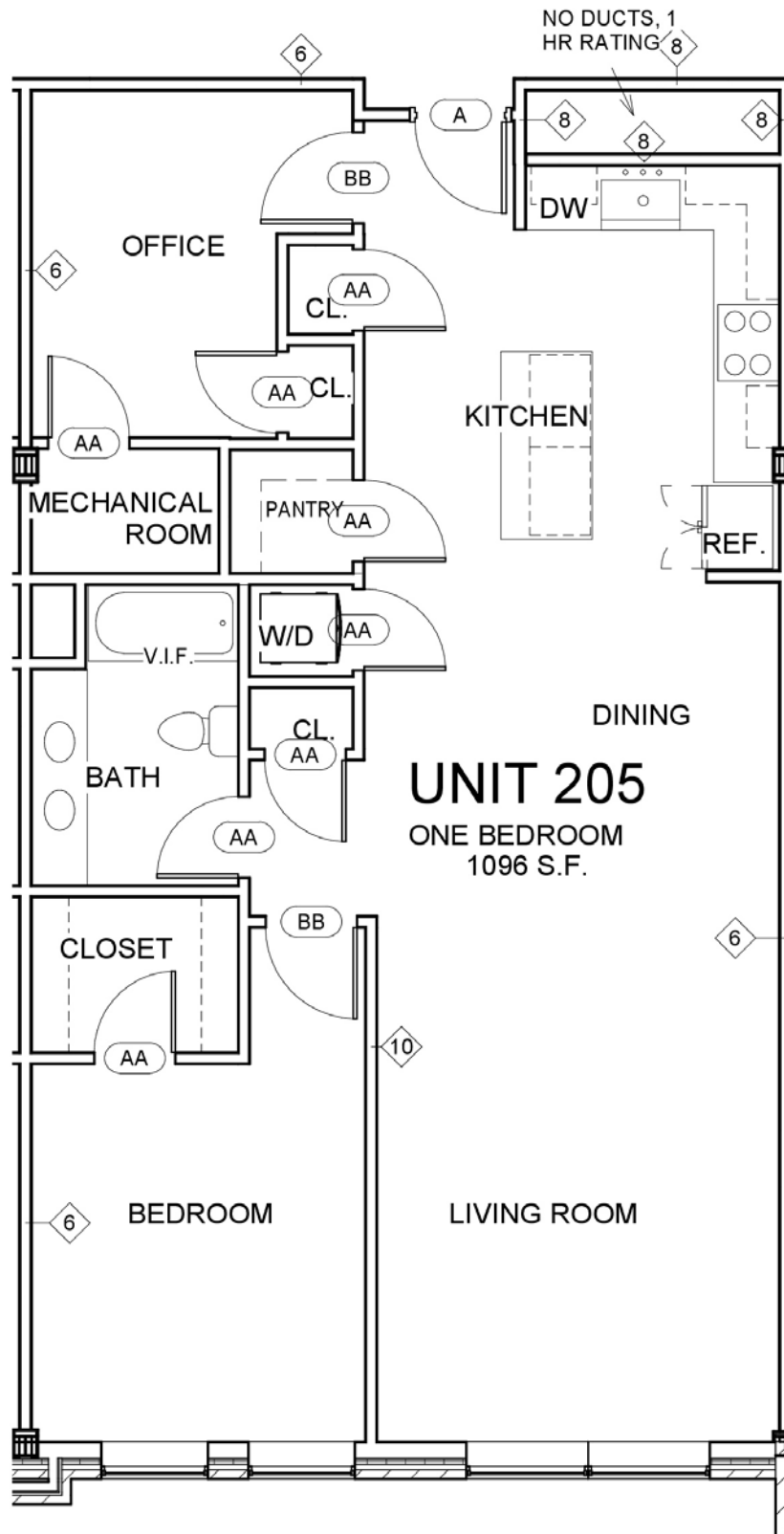
### **UNIT AVAILABILITY**

<b>Unit #</b>	<b>Bedroom Size</b>	<b>Sq. Ft.</b>
205	1	1,041
208	2	1,665
210(H)	1	1,078
213	2	1,658
217	1	1,096

H = handicap assessible unit







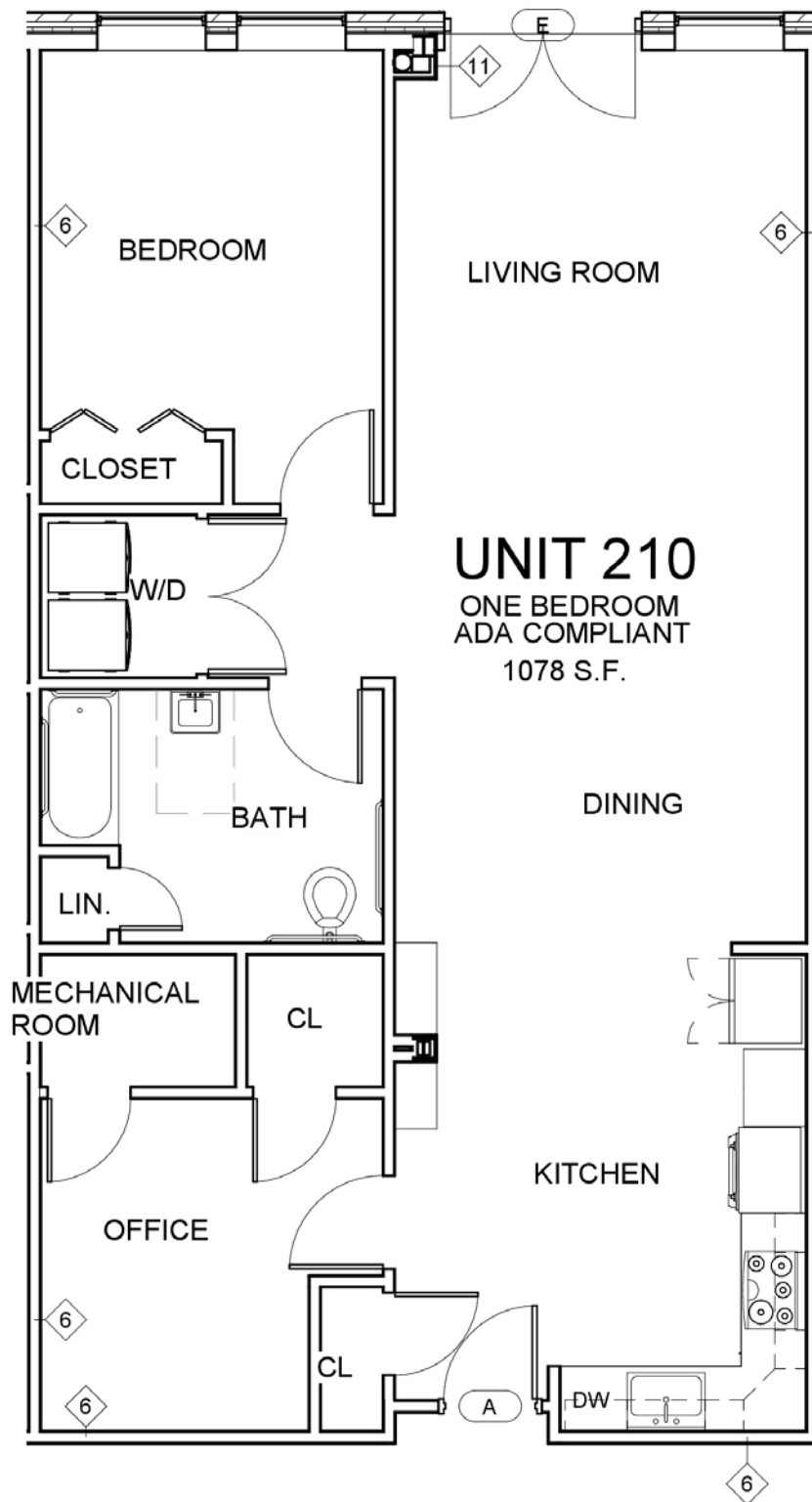
# COHASSET PLACE - UNIT 205

SCALE: 3/16"=1'

12/02/2019





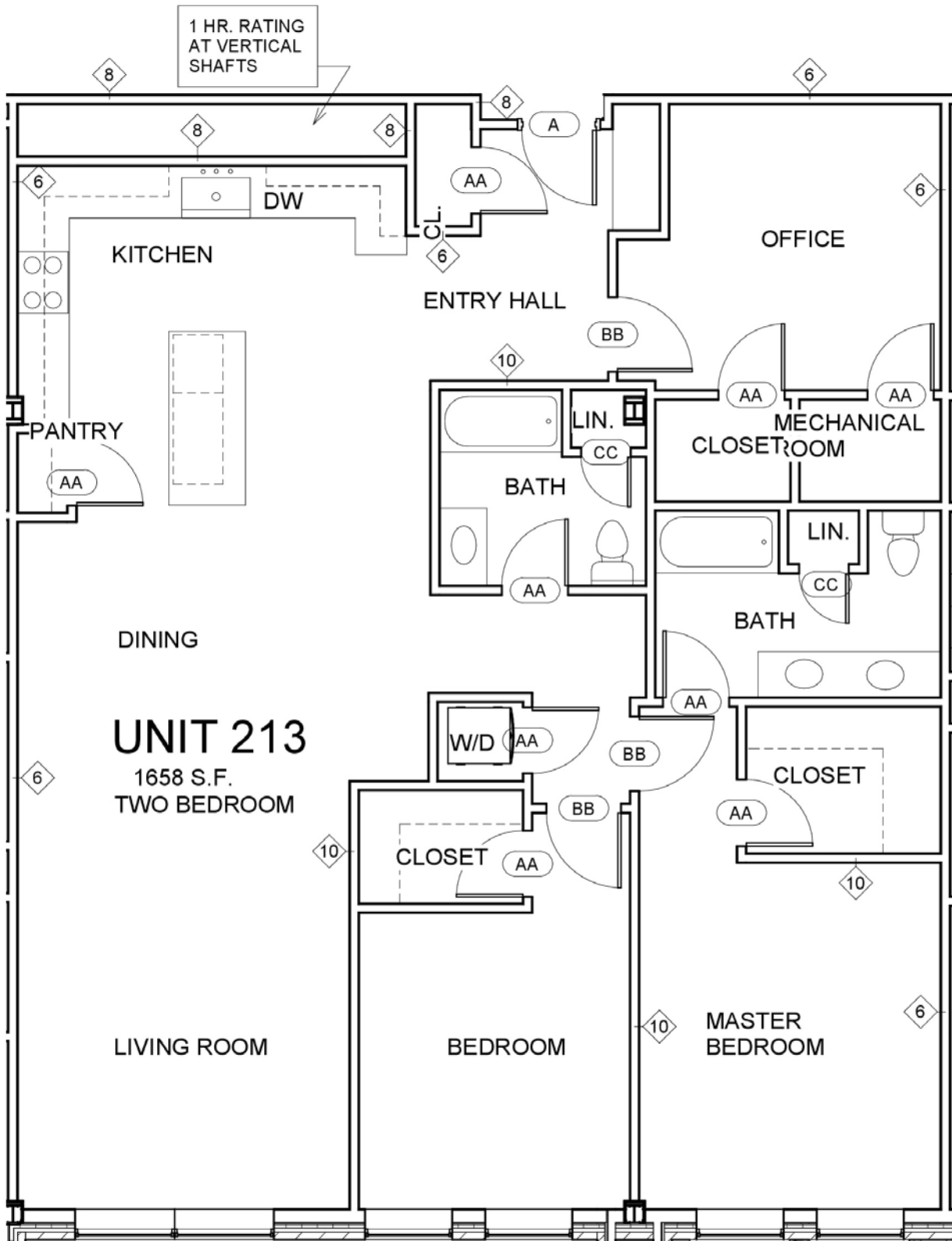


# COHASSET PLACE - UNIT 210

SCALE: 3/16"=1'

12/02/2019



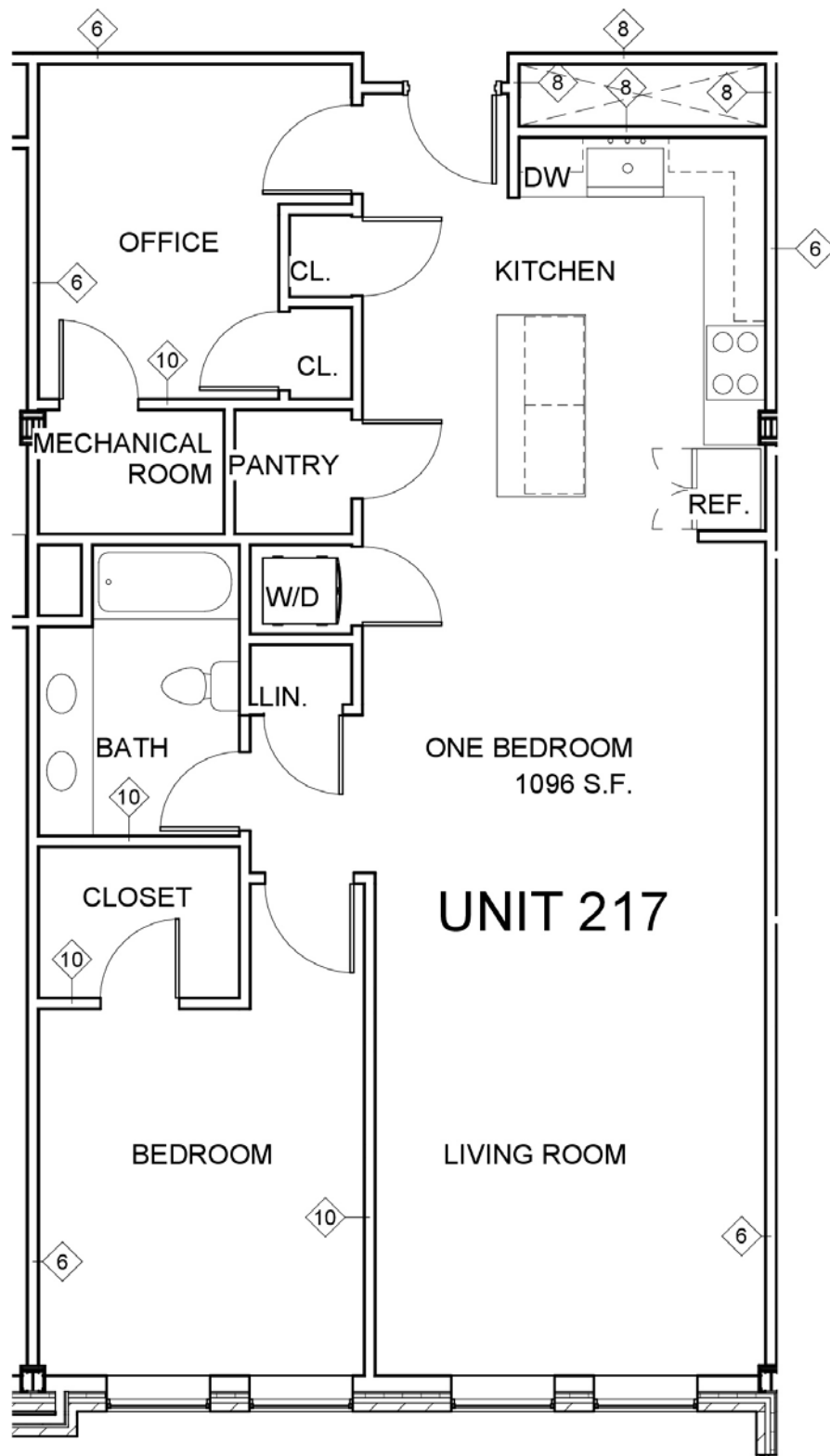


## COHASSET PLACE - UNIT 213

SCALE: 3/16"=1'

12/02/2019





# COHASSET PLACE - UNIT 217

SCALE: 3/16"=1'

12/04/2019



## **PLEASE READ THE FOLLOWING CAREFULLY**

1. More than 50% of applications submitted to MCO Housing Services for lotteries are incomplete and not included in lotteries. Please take the time to read the application and submit all required documentation. It is your responsibility to provide the correct documentation. It does not matter if you were the first application or the last application received, we will NOT review applications until AFTER the posted deadline.
2. Pay attention to the NOTES on the Required Financial Documentation Form. It will be to your advantage to do so.
3. A Robinhood account is considered an asset. You MUST provide with your application. Additionally, retirement, 401K etc. are required for past and current jobs.
4. If you are unable to provide specific information, then submit a note with your application explaining the circumstances. This will not guarantee your application will be included in the lottery, but depending on the circumstances, we may be able to work with you.
5. Do not take photos with your cellphone of any documentation and email it to us. The photos are not legible, and we will not accept them.
6. You can fax your information, but it is not recommended. If all pages are not received your application would be considered incomplete.



# Cohasset Place

## LOTTERY APPLICATION

**Application Deadline: July 6, 2021**

**For Office Use Only:**

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

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

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

Local: Yes/No

**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? \_\_\_\_\_

**LOCAL PREFERENCE:** (Check all that apply) Provide one source of Proof of Local Preference i.e. utility bills

- ☐ Resident of the Town of Cohasset
- ☐ Household member employed by the Town of Cohasset or the Cohasset school system
- ☐ Household member employed in the Town of Cohasset; Employees of local businesses; Employees of businesses located in the municipality including those applicant who have been hired with a bona fide offer of employment.
- ☐ Households with children attending Cohasset Public Schools

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

Check bedroom size: \_\_\_\_\_ One \_\_\_\_\_ Two

Are you disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

**Household Composition** – include ALL that 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.)

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 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: \_\_\_\_\_  
Town/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
White/Non-Minority	_____	_____	_____
Black or African American	_____	_____	_____
Hispanic or Latino	_____	_____	_____
Asian	_____	_____	_____
Native American or Alaskan Native	_____	_____	_____
Native Hawaiian or Pacific Islander	_____	_____	_____

Continue





**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 for placement into a lottery to have an opportunity to lease an affordable unit at Cohasset Place. I (we) understand if selected all information provided shall be verified for accuracy at the time of lease.

Signature \_\_\_\_\_

Applicant(s)

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

Signature \_\_\_\_\_

Co-Applicant(s)

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

**Refer to page 22 for submission information**



# Cohasset Place

## ***Affidavit & Disclosure Form***

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at Cohasset Place through DHCD in Cohasset, 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	\$70,750	\$80,850	\$90,950	\$101,050

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. The interest /dividends earned for assets \$5,000 or under will be added to income in determining eligibility. Assets divested at less than full market value within two years of application will be counted at full market value 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 selected in the lottery 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 understand that if selected I/we may 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 Cohasset Place.
7. Program requirements are established by DHCD and are enforced by DHCD. 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 DHCD is final.
8. I/We certify that no member of our family has a financial interest in Cohasset Place.
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 and have the option of moving out or paying market rent.
11. I/We understand that MCO Housing Services (MCO) is not responsible for incomplete applications if received by mail, email, or fax. It is understood that MCO will not notify tenants if their application is incomplete until after the deadline.



I/We have completed an application and have reviewed and understand the process that will be utilized to distribute the available units at Cohasset Place. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.

---

Applicant

---

Co-Applicant

---

Date

**Refer to page 22 for submission information**



**Cohasset Place**  
**Cohasset, MA**

***Release of Information Authorization Form***

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

I/We hereby authorize MCO Housing Services, Cohasset Place Leasing Office, Cohasset Associates, 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, Cohasset Place Leasing Office, Cohasset Associates, or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for Cohasset Place.

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

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

**Refer to page 22 for submission information**



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

Provide copies 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. \_\_\_\_\_ Identification for each household member, i.e. Social Security Card, Birth Certificate etc.
2. \_\_\_\_\_ If you have a Section 8 Voucher or other Housing Voucher, you MUST provide a valid copy with your application.
3. \_\_\_\_\_ If you require a Special Accommodation you must request as part of your application and if documentation is required, i.e. doctors letter, it MUST be included with the application.
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 2018, 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.
5. \_\_\_\_\_ 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.
6. \_\_\_\_\_ Child support and alimony: court document indicating the payment amount, DOR statement or copy of your divorce papers. If you do not receive child support provide a letter stating, that you are not receiving child support our use the attached form.
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.



8. \_\_\_\_\_ Federal Tax Returns –2019 and 2020 (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 filed but do not have copies of your Federal Income Tax returns, you can obtain a copy of your transcripts using form 4506-T that you can obtain at [irs.gov](https://irs.gov).
  - **NOTE:** If you have not filed tax returns you must provide a letter from the IRS verify non-filing of your tax return(s). Request using form 4506-T that you can obtain at [irs.gov](https://irs.gov).
9. \_\_\_\_\_ W2 and/or 1099-R Forms: 2019 and 2020
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:
- \_\_\_\_\_ 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. You can obtain e-statements on your banks website.
  - \_\_\_\_\_ 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, 403B, Keogh, Robinhood 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
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 **and** next semester.
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. Information must be provided regarding the distribution of family assets.

We understand if we do not provide all applicable financial documentation we will not be included in the lottery. We also understand we will be notified after the application deadline that our application is incomplete

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

_____	_____	_____	_____
Applicants Signature	DATE	Co-Applicants Signature	DATE

**Refer to page 22 for submission information**



## Return the following to MCO Housing Services:

1. Completed, signed and dated application
2. Signed and dated Affidavit and Disclosure Form
3. Completed, signed and dated Required Personal Identification and Income Verification Documents Form
4. All required financial and other documentation
5. Complete, signed and dated *Release of Information Authorization Form*
6. Proof of Local Preference
7. Documentation for Special Accommodations, if needed
8. Identification for all household members

**RETURN ALL, postmarked on or before the July 6, 2021 application deadline to:**

MCO Housing Services, LLC  
P.O. Box 372  
Harvard, MA 01451  
Overnight mailing address: 206 Ayer Road, Suite 5, Harvard, MA 01451  
Phone: 978-456-8388  
FAX: 978-456-8986  
Email: [lotteryinfo@mcohousingservices.com](mailto:lotteryinfo@mcohousingservices.com)  
TTY: 711, when asked 978-456-8388

**NOTE:** If you are mailing your application close to the application deadline, make sure you go into the Post Office and have them date stamp and mail. As I understand, mail that is sent to the central sorting facility use bar codes so we would have no idea when the application was mailed, and it can take longer for MCO to receive. If we receive an application after the deadline that has a barcode it will be counted as a late application and will not be included in the lottery.

