

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

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

App Generated:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: **617-536-8561**



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

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

Return the following documents:

- ☐ Complete and signed Lottery 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, postmarked on or before April 18, 2016 to:

Please note: The Post Office does not always include a postmark on a piece of mail.

We will accept applications after the deadline ONLY if it is postmarked. It is your responsibility to make sure your post office stamps your mail with a postmark.

MCO Housing Services

P.O. Box 372

Harvard, MA 01451

FAX: 978-456-8986

E mail: lotteryinfo@mcohousingservices.com

Language assistance will be available by appointment at no charge. Call 978-456-8388 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. Sirvase 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。

នេះគឺជាសំណើសំខាន់ សូមមេត្តាបកប្រែជូនផង

Это очень важное сообщение. Пожалуйста переведите

One Upland Apartments

LOTTERY APPLICATION

Application Deadline: April 18, 2016

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) Proof of Local Preference will be required if you have the opportunity to lease.

- ☐ Current Norwood Resident
- ☐ Currently employed by the Town of Norwood or the Norwood School Department
- ☐ Employees of local Norwood businesses
- ☐ Household with children attending the Norwood School System, such as METCO students

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

Bedroom Size (Check One): ____ One Bedroom; ____ Two Bedroom; ____ Three Bedroom

Do you require a wheelchair accessible unit: ____ Yes ____ No

Are you disabled: ____ Yes ____ No

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	_____	_____	_____

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

Household Composition (including applicant(s))

Name _____	Relationship _____	Age _____	Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____	Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____	Name _____	Relationship _____	Age _____

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 One Upland Apartments. I (we) understand if selected all information provided shall be verified for accuracy at the time of lease. I/we understand if I/we provided an incomplete application it will not be included in the lottery.

Signature _____ Date: _____
Applicant(s)

Signature _____ Date: _____
Co-Applicant(s)

Based upon the preliminary information provided, it is my judgment that the applicant should be allowed to participate in the lottery for affordable units at One Upland Apartments. If selected all information provided shall be verified for accuracy at the time of lease.

Signature _____ Date: _____
Certifying Agent (MCO Housing Services)

One Upland Apartments

Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at One Upland Apartments through the Massachusetts Housing Partnership in Norwood, 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	\$48,800	\$55,800	\$62,750	\$69,700	\$75,300	\$80,900

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 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 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 One Upland Apartments.
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 One Upland Apartments.
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.
11. I/We understand that if my/our lottery application is incomplete it will not be included in the lottery and we will lose our opportunity to lease an affordable unit.

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

Applicant

Co-Applicant

Date

HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

Property Name: _____ Unit: _____

Certification Type:
☐ Move Initial Certification
☐ Re-certification
☐ Other: _____

Housing Program:
☐ Low Income Housing Tax Credit
☐ HOME
☐ 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	SSN	FT STUDENT?
1.	HEAD			[] 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?	[] YES [] NO
<ul style="list-style-type: none"> • If NO continue to Section III • If YES please complete the following questions: 	
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 nd 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? <input type="checkbox"/> YES <input type="checkbox"/> 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

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 nd 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 nd 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 nd 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 nd 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)? ☐ YES ☐ NO

25. Has anyone disposed of any assets for less than fair market value in the past 2 years? ☐ YES ☐ NO

If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:

For each asset checked YES above, please complete the following:

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

One Upland Apartments
Norwood, MA

Release of Information Authorization Form

Date: _____

I/We hereby authorize MCO Housing Services, One Upland Apartments Leasing Office, Campanelli Thorndike 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, Upland Woods Leasing Office, Campanelli Thorndike LLC, or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for One Upland Apartments.

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

Provide **one copy, single sided**, of all applicable information. Your application will be logged in at time of receipt and reviewed after the application deadline. If your application is not complete you will not be included in the lottery and will be notified after the application deadline. If you have any questions please call, 978-456-8388.

Initial every question below and check N/A or Yes. You MUST provide all required documentation for every "Yes" checked. Failure to provide documentation and your application will be considered incomplete and NOT included in the lottery.

1. Identification for each household member, i.e. Social Security Card, Birth Certificate etc.

☐ N/A

☐ Yes

Initial(s): _____ Initial(s): _____

2. SIGNED Federal Tax Returns –2014 and 2015 – NO STATE TAX RETURNS

☐ N/A

☐ Yes

Initial(s): _____ Initial(s): _____

3. W2 and/or 1099-R Forms: 2014 and 2015

☐ N/A

☐ Yes

Initial(s): _____ Initial(s): _____

4. Current Employment: Last five (5) **consecutive** pay stubs ending within one month of lottery application for all jobs for every household member over the age of 18 (check/direct deposit stubs). For unemployment, copies of unemployment checks or DOR verification stating benefits received. Statements of disability compensation, worker's compensation and/or severance pay. If unemployed complete Unemployed Status Affidavit.

☐ N/A

☐ Yes

Initial(s): _____ Initial(s): _____

5. **Current Employment Less Than 1 Year:** In addition to information provided in #4 also provide a copy of your employment letter, from your employer, which includes start date, current salary/hourly rate and # of hours worked per week.

☐ N/A

☐ Yes

Initial(s): _____ Initial(s): _____

6. **Earnings:** Yearly benefit letter for received from Social Security Administration. Most recent statement for annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts.

☐ N/A

☐ Yes

Initial(s): _____ Initial(s): _____

7. **Former Employment:** If you have left a job in 2014 or 2015 provide a letter from past employer, on company letterhead, stating your last day of employment.

☐ N/A

☐ Yes

Initial(s): _____ Initial(s): _____

8. **Self-Employment:** provide a year to date profit and loss statement and year to date income and expense report. Provide past 3 years of business tax returns. Provide all current financial statements, i.e. checking, savings. Complete the attached Self Employment Affidavit.

☐ N/A

☐ Yes

Initial(s): _____ Initial(s): _____

9. **Household Member with Zero Income:** Complete the attached Certification of Zero Income and Unemployed Status Affidavit.

☐ N/A

☐ Yes

Initial(s): _____ Initial(s): _____

10. **Gift Income:** if you receive gift income then complete the attached Gift Income Certification Form.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

11. **Divorce and/or Separation:** Provide copy of legal divorce and/or separation agreement. If you are filing for divorce or legal separation and no legal action has been taken, then your partner's income and assets must be included in this application.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

12. **Child support and alimony:** Court document indicating the payment amount, statement from the Department of Revenue showing payments for the past 5 months and copy of divorce/separation agreement. Complete attached Child and Custody Support Affidavit and/or Child Support and Alimony Verification. If you have more than one child complete form for each child.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

13. **Section 8:** If you have a Section 8 voucher provide a copy of the signed voucher from the appropriate Housing Authority.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

14. **Household with Students:** for household members over 18 and who are full time college students provide proof of fulltime student status, i.e. Letter from Registrar, transcript, or other proof of verification.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

15. **Asset Statement(s):**

a. ☐ N/A or ☐ Yes - Checking accounts – last **SIX (6)** months of statements – EVERY PAGE – FRONT AND BACK – SINGLE SIDED. For all nonpayroll deposits you **MUST** provide the source of those funds; create list with date of deposit, amount of deposit and where the funds came from.

b. ☐ N/A or ☐ Yes - Debit card(s) – For funds deposited directly to a debit card provide the last statement which can be requested from your debit card provider.

c. ☐ N/A or ☐ Yes - Saving accounts - provide current statement(s)

- d. ☐ N/A or ☐ Yes - Revocable trust(s) - provide current statement(s)
- e. ☐ N/A or ☐ Yes - Equity in rental property or other capital investments - provide documentation
- f. ☐ N/A or ☐ Yes - 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 – provide current statement for each account
- g. ☐ N/A or ☐ Yes – for 401K or any kind of retirement account you MUST provide information on your ability to obtain a service withdrawal from the account. This can be obtained from your Human Resource department or whomever manages your retirement/401K account.
- h. ☐ N/A or ☐ Yes - Cash value of Whole Life or Universal Life Insurance Policy – provide documentation.
- i. ☐ N/A or ☐ Yes - Personal Property held as an investment – provide documented value of property.
- j. ☐ N/A or ☐ Yes - Lump-sum receipts or one-time receipts – provide documented proof of receipts.

16. **Assets less than \$5000** – if you have assets less than \$5,000 complete the attached Under \$5000 Asset Certification Form.

☐ N/A

☐ Yes

Initial(s): _____ Initial(s): _____

17. **Current Homeowner:** If you currently own a home or investment property you need to provide documentation supporting the value of the property, i.e. market analysis, tax assessment etc. and a copy of your last mortgage statement.

☐ N/A

☐ Yes

Initial(s): _____ Initial(s): _____

18. **Unborn Child:** A household may count an unborn child as a household member. The household must submit proof of pregnancy with the application.

☐ N/A

☐ Yes

Initial(s): _____ Initial(s): _____

Applicants Signature

DATE

Co-Applicants Signature

DATE

REMEMBER IF YOU CHECKED YES TO ANY OF THE ABOVE YOU MUST PROVIDE THE REQUIRED DOCUMENTATION AND STATED ADDITIONAL FORMS OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND NOT INCLUDED IN THE LOTTERY. ALL ADDITIONAL FORMS STATED ABOVE ARE INCLUDED AT THE END OF THIS APPLICATION.

ADDITIONAL FORMS

ONLY COMPLETE IF APPLICABLE

**Call us should you have questions at
978-456-8388.**

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 [] YES [] NO

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
- 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. Sales from self employed resources (Avon, Mary Kay, etc.)
- j. Cash payments
- k. 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:	_____
Transportation:	_____
Internet/Cable/Phone:	_____
Toiletries:	_____
Credit cards/loans/bills:	_____

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

CHILD SUPPORT OR ALIMONY INCOME VERIFICATION

Send this form to the person providing child support or alimony payments. If the payments are made due to a formal court order please include the divorce decree in the tenant file.

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

Name and Address of Contributor:

Name: _____ **Relationship:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____ **Email:** _____

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

Cash: \$ _____ Frequency: _____

This is ☐ CHILD SUPPORT or ☐ ALIMONY

These payments are made through a ☐ formal agreement or ☐ informal agreement

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

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

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 schedule C for past 3 years

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

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets are less than \$5,000.00
Complete only one form per household; include assets of children

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

Complete 1 or 2:

1. ☐ I/we do not have any assets at this time (skip to #5)
2. ☐ I/we do have assets as follows:

Cash on hand	\$ _____	
Balance on prepaid debit card	\$ _____	Interest/Dividend Income: _____
Avg 6 mo checking acct balance	\$ _____	Interest/Dividend Income: _____
Current savings acct balance	\$ _____	Interest/Dividend Income: _____
401k/IRA/CD/Money Market	\$ _____	Interest/Dividend Income: _____
Stocks/Bonds/Retirement	\$ _____	Interest/Dividend Income: _____
Life Insurance (except Term)	\$ _____	Interest/Dividend Income: _____
Safe Deposit Box	\$ _____	Interest/Dividend Income: _____
Equity in Real Estate	\$ _____	Rental Income: _____
Lump Sum Amounts received	\$ _____	<i>i.e. lottery/inheritance/insurance/lawsuit</i>
Other:	\$ _____	Interest/Dividend Income: _____
Other:	\$ _____	Interest/Dividend Income: _____
Other:	\$ _____	Interest/Dividend Income: _____

- For all assets list the cash value which is the market value minus the cost of converting the asset to cash such as broker fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- List only amounts accessible to the household members. For instance, do not list pension or retirement account balances that cannot be accessed without terminating employment
- Do not list necessary personal property such as clothing, furniture, televisions, etc.
- Include any personal property held as an investment such as artwork, antique cars, coin collections, gems, etc.

3. The net household assets above are less than \$5,000.0 ☐ YES ☐ NO
4. Total annual income from all assets is: _____
5. In the past 2 years I/we have sold or given away assets (such as cash, real estate, etc.) for less than fair market value: ☐ YES ☐ NO
If YES list asset disposed: _____ Date of disposal: _____
Fair market value: _____ Amount received: _____

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 Tenant)	_____ Date
_____ (Signature of Tenant)	_____ Date
_____ (Signature of Tenant)	_____ 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: _____

Return the following documents:

- ☐ Complete and signed Lottery Application
- ☐ Signed Affidavit and Disclosure Form
- ☐ Complete and signed Household Eligibility Questionnaire
- ☐ Complete and 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, postmarked on or before April 18, 2016 to:

Please note: The Post Office does not always include a postmark on a piece of mail. We will accept applications after the deadline ONLY if it is postmarked. It is your responsibility to make sure your post office stamps your mail with a postmark.

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

E mail: lotteryinfo@mcohousingservices.com

LAST CHANCE

REMEMBER: 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.