

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

THIS SECTION FOR APPLICANT:

Date Generated:

**← Mail this application to the address at left.
Do not fax or email!**

Dear

Fold on this line ———

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

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



your resource for Affordable Housing



Commonwealth Residence Apartments Wayland, MA Wait List Application

All affordable units at the Commonwealth Residence Apartments are currently leased. If you would like to be added to the waiting list, please complete the application, and return to:

MCO Housing Services

P.O. Box 372

Harvard, MA

FAX: 978-456-8986

Email: lotteryinfo@mcohousingservices.com

The following are the 2021 rents. Income limit and rent can change on an annual basis. Utilities are included in the rent.

Current Rents: Studio - \$1,000
 One Bedroom - \$1,894
 Two Bedroom - \$2,273
 Three Bedroom - \$2,627

All utilities are included in the rent.

Maximum Allowable 2021 Income Limits per household size:

Household Size	1	2	3	4	5	6
Max Allowable Income	\$70,750	\$80,850	\$90,950	\$101,050	\$109,150	\$117,250

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.

Required minimum income, without a Section 8 or housing voucher:

Studio: \$30,000
1 Bedroom: \$56,820
2 Bedroom: \$68,190
3 Bedroom: \$78,810



Commonwealth Residences Wayland, MA

WAIT LIST APPLICATION

For Office Use Only:

Date Appl. Rcvd: _____

Household Size: _____

PERSONAL INFORMATION:

Date: _____

Name: _____

Address: _____ Town: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

Email: _____ Have you ever owned a home? ____ If so, when did you sell it? ____

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

Bedroom Size: ____ Studio; ____ One Bedroom; ____ Two Bedroom; ____ Three Bedroom

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

Total Household Members: _____

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.)

Tenants Monthly Base Income (Gross) _____

Other Income, specify _____

Co-Tenants Monthly Base Income (Gross) _____

Other Income, specify _____

TOTAL MONTHLY INCOME: _____

(Please complete reverse side)



Household Assets: (This is a partial list of required assets. Complete all that apply with current account balances)

Checking (avg balance for 3months) _____
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:

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: *This section is optional.*

	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 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. I (we) understand if selected an additional application and financial documentation will be required to determine final eligibility. I (We) also understand we need to be approved by the Leasing Office in order to lease a unit.

Signature _____ Date: _____
Applicant(s)

Signature _____ Date: _____
Co-Applicant(s)

Return by mail, fax or email to:

MCO Housing Services , P.O. Box 372, Harvard, MA 01451 – 978-456-8388
Email: lotteryinfo@mcohousingservices.com /FAX: 978-456-8986/ TTY/TTD: 711

