

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

**THIS SECTION FOR APPLICANT:**

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line —

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*



**EDGEWOOD APARTMENTS  
PLAINVILLE, MA**

**WAIT LIST APPLICATION**

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

**Edgewood Apartments, Leasing Office  
100 Taunton Street  
Plainville, MA 02762**

**Section 8 or Other Housing Vouchers are Accepted.**

**If you do not have a Section 8 housing voucher, the minimum income limit applies.**

**The 2024 Income Limits Are:**

Household Size	1	2	3	4	5	6
Max Allowable Income	\$91,200	\$104,200	\$117,250	\$130,250	\$140,700	\$151,100

# Edgewood Apartments Plainville, MA

## WAIT LIST APPLICATION

**For Office Use Only:**

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

### PERSONAL INFORMATION

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

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

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

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

Email: \_\_\_\_\_ Do you currently own a home: ☐ Yes ☐ No

Do you require a handicapped adaptable unit? ☐ Yes ☐ No

When would you be available to move in? \_\_\_\_\_

Bedroom Size: ☐ One ☐ Two

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

The total household size is \_\_\_\_\_

Household Composition -- List ALL who will be living in the apartment

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.)

Tenant 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: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Date of Hire (Approximate): \_\_\_\_\_  
 Annual Wage - Base: \_\_\_\_\_  
 Additional: \_\_\_\_\_ (Bonus, Commission, Overtime, etc.)

**ABOUT YOUR HOUSEHOLD: (OPTIONAL)**

You are requested to fill out the following section in order to assist us in fulfilling affirmative action requirements. Please be advised that you should fill this out based upon family members that will be living in the apartment/unit. Please check the appropriate categories:

	Applicant	Co-Applicant	(#) of Dependents
Non-Minority	_____	_____	_____
Black or African American	_____	_____	_____
Hispanic or Latino	_____	_____	_____
Asian	_____	_____	_____
Native American or Alaskan Native	_____	_____	_____
Native Hawaiian or Pacific Islander	_____	_____	_____

**SIGNATURES:**

We understand this application is for the waiting list only. If we have the opportunity to lease we will need to provide required financial documentation before eligibility will be determined. The undersigned warrants and represents that all statements herein are true.

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

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

Return to:

**Edgewood Apartments, Leasing Office**  
**100 Taunton Street**  
**Plainville, MA 02762**



# Edgewood Apartments

## Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at Edgewood Apartments through the Local Initiative Program (LIP) in Plainville, 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	\$91,200	\$104,200	\$117,250	\$130,250	\$140,700	\$151,100

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 your eligibility to lease.
6. I/We further authorize MCO Housing Services 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 and consequently the Projects Administrator, for the purpose of determining income eligibility for Edgewood Apartments.
7. 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 Edgewood Apartments.
8. 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.
9. I/We certify that no member of our family has a financial interest in Edgewood Apartments.
10. I/We understand that we will be recertified for eligibility on an annual basis. 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 Edgewood Apartments. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.

\_\_\_\_\_  
Applicant

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

\_\_\_\_\_  
Date

**Return with completed application and complete financial documentation to:**  
Edgewood Apartments, Leasing Office, 100 Taunton Street, Plainville, MA 02762

