

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to  
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10  
double-window envelope, saving you time.

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

Date Generated:

Fold on this line —

**Dear**

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

**THIS SECTION IS FOR WAITLIST ADMINISTRATORS ONLY:**

**LANDLORD: IF REJECTING THIS APPLICATION**, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach 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 Stamp – for Office Use Only*

1. Either type your answers, or else **print small enough** so that your answers stay within the lines of each box. **Don't use *cursive*.**

2. The adult completing this application is considered the **Head of Household**.

**HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY**, type or write in the row below:

**HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:**

**HEAD OF HOUSEHOLD'S LAST NAME** (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes ☐ No

**DATE OF BIRTH**

Y Y Y Y - M M - D D

**NODE ID**

Office will enter this

**GENDER**

F M T

**ETHNICITY:** (Hispanic or Non-Hispanic, Client Refused)

**RACE:** (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

**REQUESTED ACCOMMODATIONS:** Do you need any of these? ☐ = **X** ☐ I don't need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit

☐ Bathroom modifications

☐ Vision Impaired Unit

☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)

☐ Hearing Impaired Unit

☐ Domestic Violence Victim

☐ First-Floor unit only

☐ Unit designed for Environmental Allergies

☐ Live-In Aide or PCA

**HEAD OF HOUSEHOLD'S CAREER STAGE:**

☐ Employed

☐ Unemployed

☐ Retired

☐ FT Student

☐ PT Student

**ANY VETERANS IN YOUR HOUSEHOLD:**

☐ Yes ☐ No

**PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers**

☐ I do not have mobile rental assistance

☐ Mobile Section 8 voucher

☐ MRVP

☐ AHVP

☐ VASH or similar

**CRIMINAL RECORD AND SEX OFFENDER INFORMATION**

**Head of Household:**

Any **Felony/Conviction?**

☐ Yes ☐ No

Any **Misdemeanor Conviction?**

☐ Yes ☐ No

**Other HH Members:**

Any **Felony Convictions?**

☐ Yes ☐ No

Any **Misdemeanor Conviction?**

☐ Yes ☐ No

Is **anyone** in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

**ANY PETS:**

☐ Yes

☐ No

**Breed, Size, Weight,**

**HOUSEHOLD SIZE AND COMPOSITION:**

← # Adults

← # Children

← **Total # in Household**

**ANNUAL INCOME**

\$ .00

**DOCUMENTED DISABILITY?**

☐ Yes ☐ No

**CURRENT HOUSING STATUS:**

☐ Homeless

☐ Housing Loss 14 days

☐ Fleeing Dom. Violence

☐ At risk of homelessness

☐ Stably Housed

**HAVE YOU BEEN DISPLACED:**

☐ No

☐ by Accessibility/health issues

☐ by Addiction behaviors

☐ by Cost of living

☐ by Pandemic

☐ by fire/flood/earthquake

☐ by Domestic Violence or Sexual Assault

☐ by Urban development, eminent domain

☐ by Condemnation of home, code violations

☐ by Threat to life or safety

**PREFERRED TELEPHONE NUMBER:**

**SECOND TELEPHONE**

**PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:**

☐ Email

☐ Mail

☐ Cellphone

**BEST EMAIL ADDRESS:**

**BLUE MAILING ADDRESS** (include apt #):

☐ where I currently live

☐ a shelter

☐ a P.O. Box

☐ a "care of" address

☐ a co-applicant's address

Street or PO:

Apt # or c/or Name:

**City, State, and Zip Code:**

City:

State:

Zip:

**BACKUP ADDRESS**

☐ same as above

☐ a shelter

☐ a P.O. Box

☐ a "care of" address

☐ a co-applicant's address

Street or PO:

Apt # or c/or Name:

**City, State, and Zip Code:**

City:

State:

Zip:

**# BEDROOMS NEEDED →**

**ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?**

☐ Disability

☐ Elder

☐ Local Resident

☐ Local Employee

☐ Local Student

☐ Homeless Veteran

☐ Rent-burdened 40%

☐ Rent-burdened 50%

☐ Fleeing domestic violence

☐ HUD VAWA Certificate

☐ Victim of Hate Crime

☐ Community Based Housing

Displaced by: ☐ Urban Renewal

☐ Sanitation Code

☐ Natural Forces

☐ Other:



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

**PERSONAL**

Each applicant 18 and over must file separate application. Entire household should only be listed on one application.

1. \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ D.O.B. \_\_\_\_\_ Applicant \_\_\_\_\_ SS# \_\_\_\_\_

2. \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship \_\_\_\_\_ SS# \_\_\_\_\_

3. \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship \_\_\_\_\_ SS# \_\_\_\_\_

4. \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship \_\_\_\_\_ SS# \_\_\_\_\_

5. \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship \_\_\_\_\_ SS# \_\_\_\_\_

6. \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship \_\_\_\_\_ SS# \_\_\_\_\_

Present Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Former Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

☐ Own: Date of Current Occupancy From \_\_\_\_\_ Month \_\_\_\_\_ Year To: \_\_\_\_\_ Month \_\_\_\_\_ Year \$ \_\_\_\_\_ Monthly Mortgage Payment

☐ Rent: Date of Current Occupancy From \_\_\_\_\_ Month \_\_\_\_\_ Year To: \_\_\_\_\_ Month \_\_\_\_\_ Year \$ \_\_\_\_\_ Monthly Rental Payment

☐ Rent: Date of Previous Occupancy From \_\_\_\_\_ Month \_\_\_\_\_ Year To: \_\_\_\_\_ Month \_\_\_\_\_ Year \$ \_\_\_\_\_ Monthly Rental Payment

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Number of Autos \_\_\_\_\_ Reg. No. of Auto #1 \_\_\_\_\_ Reg. No. of Auto #2 \_\_\_\_\_

Do you have any pets? ☐ No ☐ Yes # of pets \_\_\_\_\_ Description \_\_\_\_\_

In Case of Emergency Notify (name) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment? (e.g. - unit for mobility impaired, unit for visually impaired, unit for hearing impaired, grab bars)

Check One: ☐ Yes ☐ No If yes, you will be asked to complete a Request for Reasonable Accommodation.

Where did you hear about us?

Are you or any member of your household ever been: 1) subject to a lifetime registration requirement under a State Sex Offender registration program in any state? \_\_\_\_\_ 2) convicted of a sex-related crime? \_\_\_\_\_

**INCOME & ASSETS**

Affordable program applicants skip to Supplemental Applicant Questionnaire

Currently employed by \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Length of Employment \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Annual Gross Salary \_\_\_\_\_

Other Source of Income (i.e., social security, retirement fund, disability, workers compensation, pension, alimony/ child support, investments, etc.)

Type \_\_\_\_\_ Amount \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_

Type \_\_\_\_\_ Amount \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_

Former Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Bank Account - Type \_\_\_\_\_

Bank Account - Type \_\_\_\_\_

Other - Type \_\_\_\_\_

Other - Type \_\_\_\_\_

**APPLICANT'S TERMS**

APPLICANT: PLEASE READ CAREFULLY

This application is for Apartment No. \_\_\_\_\_ or similar type of occupancy on (date) \_\_\_\_\_

The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on the terms and conditions stated therein.

The applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Furthermore, applicant understands that an investigative consumer report will be obtained which may include information about personal character and criminal records. Applicant agrees that the information set forth on the application is true and complete, and any misrepresentation on this application will constitute a default under the Lease or Rental Agreement between the parties.

The deposit taken with this application is to be applied to the Security Deposit. If the applicant fails to execute a lease, then the deposit shall be retained by the owner as liquidated damages. However, the owner will refund the deposit if the application is rejected.

A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days.

The rental agent is only authorized to show the apartment for rent and has no authority to make any representations concerning the premises.

The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on the terms and conditions stated therein.

Deposit with application \_\_\_\_\_ Dated \_\_\_\_\_

Agents Signature \_\_\_\_\_ Applicant's Signature \_\_\_\_\_





THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services 200  
Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations conducting CORI checks for housing purposes.

\_\_\_\_\_ WinnResidential \_\_\_\_\_ is registered under the  
(Organization)  
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening applicants for the rental or lease of housing.  
As an applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal  
information to the DCJIS. I hereby acknowledge and provide permission to  
WinnResidential \_\_\_\_\_  
(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my  
signature. I may withdraw this authorization at any time by providing \_\_\_\_\_ WinnResidential \_\_\_\_\_  
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this  
Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature of CORI Subject

\_\_\_\_\_  
Date

**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_  
Former Last Name 1: \_\_\_\_\_  
Former Last Name 2: \_\_\_\_\_  
Former Last Name 3: \_\_\_\_\_  
Former Last Name 4: \_\_\_\_\_  
\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
\* Last SIX digits of Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_ ☐ No Social Security Number  
Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_  
Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
Father's Full Name: \_\_\_\_\_  
Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_  
Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
Print Name of Verifying Employee

\_\_\_\_\_  
Signature of Verifying Employee

\_\_\_\_\_  
Date



## Supplemental Applicant Questionnaire

### Household Information:

Each household member 17 years of age and over who will occupy the apartment at the time of move-in must complete a separate questionnaire.

Name	Relationship to Head of Household	M/F	Last 4 digits of SS#	Full or Part Time Student? FT-PT-N/A	Birth Date mm/dd/yyyy

**Head of Household** only answer **Yes** or **No** to each of the following questions for the household:

**YES NO**

- |   |   |   |
|---|---|---|
| <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>1. Do you expect any additions to the household within the next twelve months? If yes, please list name and relationship _____<br/>Explanation: _____</p> <p>2. Are all members of the household full time students?</p> <p>3. Does anyone in the household attend an institute of higher education?<br/>If yes, do they receive financial assistance for tuition?<br/>If yes, name of household member receiving financial assistance for tuition _____</p> <p>4. Do you or any member of your household have a Section 8 voucher?<br/>If yes, name of Housing Authority _____</p> <p>5. Do you know of any reason a local utility company would not set up an account in the name of the head, co-head or spouse? If yes, please explain _____</p> <p>6. Are you or any member of your immediate family, including those by blood, marriage or adoption, the spouse, parent (including a stepparent), child (including stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, or in-laws, an officer, employee, agent, elected or appointed official, or consultant of the the owner, developer, or sponsor of this property? If yes, list individual and relationship: _____</p> |
|---|---|---|

### Income Information:

All household members 17 years and over must complete the following questions. List gross amounts anticipated to be received in the 12 month period following move in. Include the dollar (\$) amount in the space provided.

**Answer each YES –NO question. For each YES include the gross amount and frequency.**

YES	NO	INCOME SOURCE	AMOUNT/Frequency
		Employment (If hourly rate provided, please list hours per week.)	\$
		Social Security	\$
		SSI	\$
		SSP	\$
		Pension	\$
		Periodic Payments from Retirement, Investment and/or Annuity Accounts	\$
		Veterans Benefits or Disability	\$
		Unemployment	\$

		Worker's Compensation	\$
		AFDC / TANF / Welfare Grant	\$
		Are you entitled to receive alimony?	
		Do you receive alimony? (enter amount)	\$
		Do you have at least 50% custody of your children?	
		Are you entitled to receive child support?	
		Do you receive child support? (enter amount)	\$
		Military Pay	\$
		Net income from a business	\$
		Contributions from anyone outside the household	\$
		Does anyone else in the household have income?	
		Any income from assets?	\$
		Any income from sources not mentioned above?	\$
		Do you anticipate any changes to your income within the next 12 months? If yes, explain: _____	

**Asset Information:** List assets for all household members including minors.

YES	NO	ASSET SOURCE	AMOUNT
		Checking Accounts	\$
		Savings Accounts	\$
		Certificates of Deposit	\$
		Direct Deposit Debit Cards (SSA/Welfare/Child Support/Unemployment)	\$
		Stocks or Bonds	\$
		401K, 403B, IRA's or other Retirement Accounts	\$
		Mutual Funds	\$
		Revocable Trust Accounts	\$
		Life Insurance (whole / universal / annuity)	\$
		Personal Property Held as an Investment	\$
		Real Estate (if Yes to Real Estate answer next question)*	
		* For sale	\$
		* Rented	\$
		Other current assets	\$
		Any other assets that you owned in the past 2 years	
		List asset and current market value of the asset:	
		1.	\$
		2.	\$

**Complete Only for Sites with Project Based Subsidy**

1. Are you a Military Veteran? Yes \_\_\_\_ No \_\_\_\_
2. Have you been displaced as a result of a Presidentially Declared Disaster (PDD)?  
Yes \_\_\_\_ No \_\_\_\_
3. Do you pay for child care which allows you or another family member to work or to go to school?  
Yes \_\_\_\_ No \_\_\_\_  
If yes, give name/address of child care provider, weekly cost and name of family member enabled to work or to go to school: \_\_\_\_\_

**Elderly/Disabled Families Only**

4. Do you have disability assistance expenses which allow an adult household member to work?  
Yes \_\_\_\_ No \_\_\_\_  
If yes, list type, amount, and name of family member enabled to work \_\_\_\_\_
5. Do you have Medicare? Yes \_\_\_\_ No \_\_\_\_
6. Do you participate in the Medicare Prescription Drug Plan? Yes \_\_\_\_ No \_\_\_\_  
If yes, list provider and premium amount \_\_\_\_\_
7. Do you have any other kind of medical insurance? Yes \_\_\_\_ No \_\_\_\_
8. Do you have any outstanding medical bills that you are making payments on? Yes \_\_\_\_ No \_\_\_\_
9. Do you expect to have any medical expenses during the next 12 months not covered by insurance?  
Yes \_\_\_\_ No \_\_\_\_ If yes, list type and amount \_\_\_\_\_

**Certification by Applicant:**

I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program. I certify that all questions on this interview checklist have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on this checklist with management. I consent to have management verify the information contained in this questionnaire for the purpose of determining eligibility for occupancy. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Affordable Housing Program requirements. I certify that all answers are true to the best of my knowledge and that my misrepresentation of information will lead to cancellation/rejection of my application. I understand I must report any changes to management as soon as they occur.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management

\_\_\_\_\_  
Date



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。請將之譯成中文。  
នេះគឺជាជំពូកដ៏សំខាន់ សូមមេត្តាបកប្រែជូនផង

Это очень важное сообщение. Пожалуйста переведите

Massachusetts Department of Housing and Community  
Development Resident Notice and Consent Form

Pursuant to state law, Chapter 334 of the Acts of 2006, the Department of Housing and Community Development (DHCD) must gather, compile, and report data in order to provide current, accurate, and detailed information on the number, location, and residents of assisted housing units (including privately owned housing with state subsidy or federal subsidy administered by the state). DHCD will also evaluate the data to ensure that housing choice and inclusive patterns of housing are available across the Commonwealth.

In response to the above cited law and the regulations at 760 CMR 61.00, DHCD and the quasi-public agencies Massachusetts Housing Partnership, MassHousing, and MassDevelopment are requiring development sponsors/owners or their delegates to collect and report certain resident household data to a web-based reporting system, including income level and the information requested below. DHCD will annually report to the state legislature on its data collection efforts. DHCD may also share information with the quasi-public agencies and provide reports to other interested parties in a manner consistent with privacy laws, including Massachusetts General Laws Chapter 66A. Massachusetts General Laws Chapter 66A also provides for the rights of data subjects: this includes your right to inspect and copy your personal data and to object to the collection, maintenance, dissemination, use, accuracy, completeness, or relevance of the personal data or type of information held about you.



Please respond to the following data questions:

1) What is the race of the head of household?

Circle all that apply:

White

Black or African American

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Other (specify) \_\_\_\_\_

2) Is at least one adult member of the household a racial minority (Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or other minority) (yes or no)? \_\_\_\_\_

3) Is the head of household Hispanic/Latino (yes or no)? \_\_\_\_\_

4) Is at least one adult member of the household Hispanic/Latino (yes or no)? \_\_\_\_\_

5) What is the number of children under 6 years of age in the household that reside in the unit?  
\_\_\_\_\_

6) What is the number of children in the household that are 6 years of age or older but under 18 years of age that reside in the unit? \_\_\_\_\_

7) What is the household type?

Circle one of the following choices below:

- Single/non-Elderly
- Elderly
- Related/Single Parent (a single parent household with a dependent child or children)
- Related/Two parent (a two-parent household with a dependent child or children)
- Other (any household not included in the above four definitions, including two or more unrelated individuals)

In signing this consent form, you acknowledge that after reading this form you **voluntarily** provided the information above, that you understand that there are **no penalties** if you do not wish to provide the information, and that you have received a copy of this form for future reference.

Head of household signature

Date

\_\_\_\_\_

\_\_\_\_\_

## Parkside Village

195 Hildreth St #50 Lowell, MA 01850  
P:978-454-9228 F:978-446-1229 Email: parksidevillage@winnc.com

### 2022 Income Guidelines

Studio	Rent \$950	1 Person	2 Person	3 Person	4 Person	5 Person
60%	Maximum	53,100	N/A	N/A	N/A	N/A
	Minimum	37,860	N/A	N/A	N/A	N/A
1 Bd	Rent \$1,340					
	Maximum	53,100	60,660	68,220	75,780	81,900
60%	Minimum	40,200	40,200	40,200	47,850	47,850
2Bd	Rent \$1,595					
	Maximum	53,100	60,660	68,220	75,780	81,900
60%	Minimum	47,850	47,850	47,850	47,850	47,850

HUD Income Limits Effective 5/2022

### Amenities

**Community Amenities**  
 24-hour Emergency Maintenance  
 Adjacent to Public Transportation: Bus Stop  
 Adjacent to Tennis & Basketball Courts  
 Located Beside Public Park & Pool  
 Nearby Parks & Recreation  
 One Business Day Service Response Guarantee  
 Online Payments Accepted  
 On-Site Laundry Center  
 Pet Friendly Community (Indoor cats only)  
 ResidentsFirst Program & Services

**Apartment Amenities**  
 Air Conditioning  
 Carpeting  
 Energy Star Appliances  
 Fully-Equipped Kitchens  
 Garden Style Units  
 Heat, Hot Water & Gas Cooking Included  
 Linen Closets  
 Updated Bathrooms  
 Walk-in Closets  
 Window Coverings