

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
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:

PLEASE ANSWER ALL QUESTIONS



- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the Head of Household have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ###-##-#### ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy ☐ GENDER M, F, T
- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian , Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ I am not claiming any Reasonable Accommodation or Special Circumstances at the moment (else, fill in any of the items below)
- ☐ Full Access Wheelchair Unit ☐ Bathroom Mobility Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter – language
- ☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
- ☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Live-In Aide or PCA

- ☐ HEAD OF HOUSEHOLD'S CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other 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 Number of Pets: Describe:

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- ← # Adults ← # Children ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ 1. Homeless ☐ 2. Housing Loss in 14 days ☐ 3. Homeless under other federal status
- ☐ 4. Homeless because Fleeing domestic violence ☐ 5. At risk of homelessness ☐ 6. Stably Housed

- ☐ HAVE YOU RECENTLY BEEN DISPLACED? ☐ No ☐ Accessibility or Personal Health Issues ☐ Cost of Living ☐ Domestic Violence or Sexual Assault
- ☐ Condemnation of Home, code violations ☐ Fire, flood, earthquake ☐ Pandemic ☐ Threat to Life or Safety ☐ Urban Development, eminent domain

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS ☒ Check this box if backup address is the same as best mailing address below.

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ UNIT SIZE

OTHER PRIORITIES AND PREFERENCES? It is important *to claim these if you can!*

BEDROOMS NEEDED

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certificate ☐ Community Based Housing





your resource for Affordable Housing



***Northgate Meadows
Affordable Housing Rental Application
Sterling, MA***

Attached is the information regarding the affordable rental units at Northgate Meadows in Sterling, 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 3000 Meadows Drive in Sterling, Northgate Meadows is a new rental development offering 18 affordable one and two-bedroom apartments for eligible tenants. Surface parking is available for all at no charge. Garage parking is available, based on availability, for \$100/mo. Each unit includes a washer and dryer. Cats and dogs under 75 lbs. are allowed with some breed restrictions per the pet policy. A monthly pet rent is required, \$50/dog and \$30/cat. This is a smoke free building.

The monthly rents are: \$1,430 for one bedroom and \$1,549 for the two-bedroom unit. Utilities are not included. A utility allowance has been deducted from the rent. 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 income, without a Section 8 or Housing Voucher, is: One Bedroom: \$42,900; Two Bedroom - \$46,470.

All remaining units are available on a first come first serve basis. Please review the enclosed information packet in detail and complete the application and disclosure statement at the rear of the packet.

Please note: Complete financial documentation is required to lease a unit. Included in this package is the list of required documentation and additional forms, if applicable, to be sent in with your application. Incomplete applications will not be reviewed until all documentation is received.

Thank you for your interest in affordable housing at **Northgate Meadows**. We wish you the best of luck. Please contact MCO Housing Services at 978-456-8388 or email us at lotteryinfo@mcohousingservices.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 M. O'Hagan

Maureen O'Hagan for Northgate Meadows LLC



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)

此文件为重要文件。如果您需要免费的語言翻譯幫助，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)



Northgate Meadows

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	\$55,350	\$63,250	\$71,150	\$79,050

(income limits subject to change based on HUD releasing the 2021 limits)

APPLICANT QUALIFICATIONS:

- Household income cannot exceed the above maximum gross allowable income limits.
- 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.
- 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.
- Households cannot own a home, including homes in a trust, and lease an affordable unit.

Are there accessible/adaptable units?

Yes, all the units are adaptable. One 1-bedroom unit and two 2-bedroom units are Group 2 handicap accessible. The two 2-bedroom units are also hearing-impaired units. 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. The request for a reasonable accommodation must be made at time of initial application with the required documentation, 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 units are for households requiring one bedroom. Household size preferences are based on the following:

- There is a least one occupant per bedroom.
- 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.
- 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.
- A household may count an unborn child as a household member. The household must submit proof of pregnancy with the application.
- 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.

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.



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.

If you are determined eligible your information will be forwarded to the Leasing Office for credit, criminal, sex offender, judgement & summary processes, and landlord checks. If the Leasing Office determines you are eligible then you will be offered the unit. You need to be determined eligible by MCO Housing Services and the Leasing Office. If either determines you do not meet the eligibility criteria, then you will not be able to lease a unit. If you have a Section 8 voucher they will have their own approval process.



UNIT AVAILABILITY

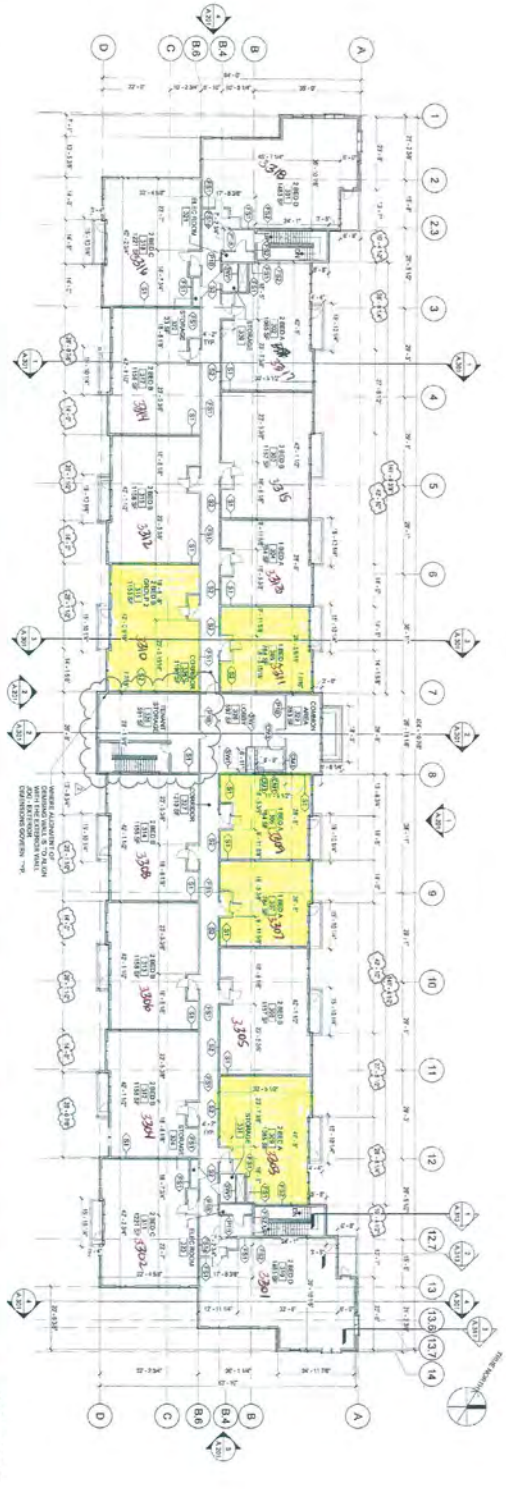
This List May Not Be Accurate

Unit #	Bedroom Size	Sq. Ft.
3103	2	1138
3107	1	764
3110 (H)(HI)	2	1,153
3111 (H)	1	764
3113	1	764
3204	2	1153
3209	1	764
3213	1	764
3217	2	1157
3303	2	1085
3307	1	764
3309	1	764
3310 (H)(HI)	2	1,153
3311	1	764
3403	2	1085
3409	1	764
3411	1	764
3413	1	764

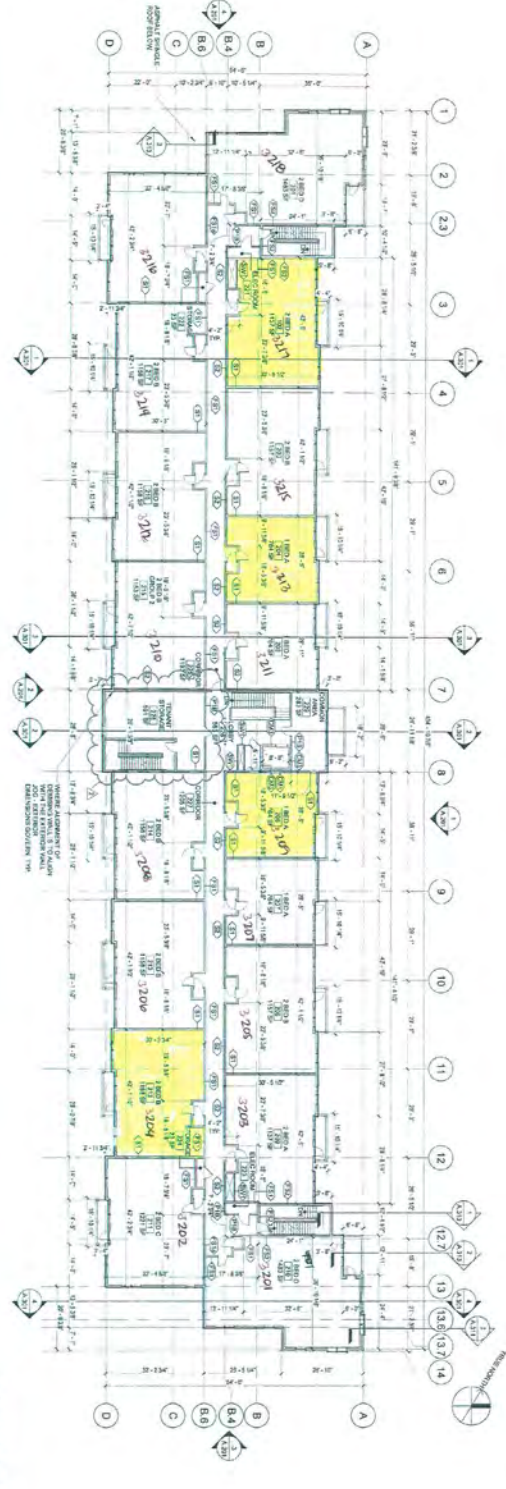
(H) Handicap Accessible

(HI) Hearing Impaired





THIRD FLOOR 3
SCALE: 1/8" = 1'-0"



SECOND FLOOR 2
SCALE: 1/8" = 1'-0"

MAUCCEL 10000 100th Ave NE Redmond, WA 98073 (206) 881-1111 www.mauccel.com		Project: Northgate Meadows Apartments 10000 100th Ave NE Redmond, WA 98073	Architect: Whiting Companies 10000 100th Ave NE Redmond, WA 98073	Contractor: Whiting Companies 10000 100th Ave NE Redmond, WA 98073	Drawn By: J. Anderson 10000 100th Ave NE Redmond, WA 98073	Check By: J. Anderson 10000 100th Ave NE Redmond, WA 98073	Date: 08/12/13	Sheet Number: A.102
Drawing Title: SECOND FLOOR UNIT PLANS		Notes: 1. SEE UNIT FLOOR PLANS FOR UNIT LAYOUTS. 2. SEE UNIT FLOOR PLANS FOR UNIT LAYOUTS. 3. SEE UNIT FLOOR PLANS FOR UNIT LAYOUTS. 4. SEE UNIT FLOOR PLANS FOR UNIT LAYOUTS. 5. SEE UNIT FLOOR PLANS FOR UNIT LAYOUTS. 6. SEE UNIT FLOOR PLANS FOR UNIT LAYOUTS. 7. SEE UNIT FLOOR PLANS FOR UNIT LAYOUTS. 8. SEE UNIT FLOOR PLANS FOR UNIT LAYOUTS. 9. SEE UNIT FLOOR PLANS FOR UNIT LAYOUTS. 10. SEE UNIT FLOOR PLANS FOR UNIT LAYOUTS.						



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. 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 reviewed, but depending on the circumstances, we may be able to work with you.
3. Do not take photos with your cell-phone of any documentation and email it to us. The photos are not legible and we will not accept them.
4. You can fax your information but it is not recommended. If all pages are not received your application would be considered incomplete.

ALL FORMS MUST BE COMPLETELY FILLED OUT, SIGNED AND DATED



Northgate Meadows

FIRST COME FIRST SERVE 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? ____

I learned of this lottery from (check all that apply):

Website: _____

Letter: _____

Advertisement: _____

Other: via the HousingWorks.net website

Bedroom Size: _____ One Bedroom _____ Two Bedroom

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

Are you disabled? ____ Yes ____ No

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

Do you require a Hearing Impaired unit: ____ Yes ____ No

The total household size is _____

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 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	_____	_____	_____

SIGNATURES:

The undersigned warrants and represents that all statements herein are true. It is understood that the sole use of this application is to determine eligibility to have an opportunity to lease an affordable unit at Northgate Meadows. 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: _____

See page 19 for application submission information



Northgate Meadows

Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at Northgate Meadows through DHCD in Sterling, 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	\$55,350	\$63,250	\$71,150	\$79,050

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 submitting an application 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 Northgate Meadows.
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 Northgate Meadows.
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. MCO will not review your received application over the phone.



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

Applicant

Co-Applicant

Date

See page 19 for application submission information



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

Provide one copy of all applicable information. Complete financial documentation is required and must be sent with your application. Incomplete applications will not be reviewed until all documentation is received.

Initial each item that are applicable AND provide the document. 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 the last 12 months, 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. If you do not receive child support provide a letter stating, that you are not receiving child support. See 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, 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 did not submit a tax return for the 2019 and 2020 then you must provide a Verification letter of non-filing from the IRS. The form to request is 4506-T and can be found on irs.gov.
- **NOTE:** If you filed your taxes and are unable to locate you can request the transcript of your Federal taxes by submitting form 4506-T to the IRS. The form can be found on irs.gov.

9. _____ W2 and/or 1099-R Forms: 2019, 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.

- _____ 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, Keogh 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 or 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 our application will not be reviewed and we may lose the opportunity for a unit.

Print Applicants Name(s): _____

Applicants Signature DATE

Co-Applicants Signature DATE

See page 19 for application submission information



Northgate Meadows
Sterling, MA

Release of Information Authorization Form

Date: _____

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

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



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

Spectrum Enterprises 2013



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 related documentation
5. Complete, signed and dated *Release of Information Authorization Form*

RETURN ALL to:

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

