ess2:	← APPLICANT COMPLETE THIS SECTION
State Zip:	Use Adobe Acrobat Reader and print this application
:	to "Custom Scale - 100%".
Manager Email:	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 You Downloaded the Application:	
	Fold on this
r	
applying to the following waitlist, which I believe is o	peri – piease iax nousiligworks ii tile list is cioseu.
THIS SECTION IS FOR WAITLIS	T ADMINISTRATORS ONLY:
THIS SECTION IS FOR WAITLIS Landlord: IF REJECTING THIS APPLICATION, please email,	
<u> </u>	support@housingworks.net
Landlord: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will	support@housingworks.net HousingWorks
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	support@housingworks.net HousingWorks P.O. Box 231104
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!	support@housingworks.net HousingWorks
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	support@housingworks.net HousingWorks P.O. Box 231104 Boston, MA 02123 617-536-8561 fax
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! O This waitlist is closed. The only waitlists	support@housingworks.net HousingWorks P.O. Box 231104 Boston, MA 02123 617-536-8561 fax open at present are:
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! O This waitlist is closed. The only waitlists	Support@housingworks.net HousingWorks P.O. Box 231104 Boston, MA 02123 617-536-8561 fax open at present are:
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Full Name: Address1:



your resource for Affordable Housing



Warner Woods Concord, MA

WAIT LIST APPLICATION Rents at 50% AMI

Reasonable Accommodations are available.

Located at 223 & 247 Laws Brook Road in Concord, Warner Woods has a total 16 affordable one and two bedroom apartments for eligible tenants at 50% of median income. The waiting list is currently open.

Each one bedroom unit has 1 or 1.5 bathrooms and the two bedroom apartments have 1, 1.5 or 2 bathrooms. Washer and dryer hookups are available as well as Coin Op Laundry in the Building. Surface parking is available at no charge. Garage parking is \$100 per month. This is a pet and smoke free development. There is an elevator. Tenants are responsible for electricity only. Gas Heat, Hot Water, water and sewer are included in the rent.

The rents are not income based or subsidized. You are responsible for the full monthly rent. Section 8 is accepted but you should contact your Section 8 provider to determine if they will accept the project and the rents.

Maximum Allowable 2022 Income Limits per household size at 50% AMI:

Household Size	1	2	3	4
Max Allowable Income	\$49,100	\$56,100	\$63,100	\$70,100

Section 8 or Other Housing Vouchers are Accepted

If you do not have a Section 8 housing voucher, the minimum income limits apply.





Warner Woods

WAIT LIST APPLICATION

For Office Use Only:		
Date Appl. Rcvd:		
Lottery Code:		

PERSONAL INFORMATION:		Date:		
Name:				
Address:	Town: _		_ Zip:	
Home Telephone:	Work Telephone:	Cell:		
Email:				
Preferred Method of Contact:	Phone Email	_ Mail		
Do you currently own a home:	YesNo			
Do you require a handicapped a	daptable unit?Yes	No		
When would you be available to	move in?			
Bedroom Size:1 Bedro	om2 Bedroom			
Do you have a Section 8 or other	housing voucher? (These units are	e NOT Subsidized):	_YesNo	
The total household size isincome for your household.)	(This is particularly important	t to determine the maxin	านm allowable	
Household Composition - include	e all who will be living in the unit.			
Name	Relatio	onship	Age	
Name	Relatio	onship	Age	
Name	Relation	onship	Age	
Name	Relatio	onship	Age	
FINANCIAL WORKSHEET: (Includ	e all Household Income, which incl	udes gross wages, retiren	nent income (if	
drawing on it for income), busine	ess income, veterans' benefits, alim	nony/child support, unem	ployment	
=	ension/disability income, suppleme			
Applicant Monthly Base Income	(Gross)			
Other Income, specify				
Co-Applicant Monthly Base Inco	ma (Crass)			
Other Income, specify				
TOTAL MONTHLY INCOME:				





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	
the apartment/unit. Please check the appropriate categories	
	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 provide required financial documentation before eligibility w	· · · · · · · · · · · · · · · · · · ·
represents that all statements herein are true.	in be determined. The undersigned warrants and
represents that an statements herein are true.	
Signature	Date:
Signature Applicant(s)	
Signature	Date:
Signature Co-Applicant(s)	
Return to:	
MCO Housin	

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

MCO Housing Services P.O. Box 372 Harvard, MA 01451

978-456-8388 lotteryinfo@mcohousingservices.com



