

Old Colony Square @ Cohasset Station

Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at Old Colony Square @ Cohasset Station through the Local Action Unit Program (LAU) in Cohasset, MA:

1. The annual household income for my family does not exceed the allowable limits as follows:

Household Size	1	2	3	4
Max Allowable Income	\$46,300	\$52,950	\$59,550	\$66,150

Income from all family members must be included. Subject to change without notice to HUD 2010 income limits.

2. I/We understand that 2% of our household assets will be added to our 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 screen our application to determine eligibility.
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 Old Colony Square @ Cohasset Station.
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 Old Colony Square @ Cohasset Station.
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 Old Colony Square @ Cohasset Station.
10. I/We understand there may be differences between the market and affordable units and accept those differences.
11. I/We understand that if my/our total income exceeds 140% of maximum allowable income at the time of annual eligibility determination, my/our lease will not be renewed.

I/We have completed an application and have reviewed and understand the process that will be utilized to distribute the available units at Old Colony Square @ Cohasset Station. 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:

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

