



your resource for Affordable Housing



Residences of Tewksbury Commons Tewksbury, MA

WAIT LIST APPLICATION

All affordable units at Residences of Tewksbury Commons are currently leased. If you would like to be added to the waiting list, please complete the application and return to:

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

The following are the 2018 income limits and rent. Income limit and rent can change on an annual basis.

The monthly rent is: One Bedroom - **\$1,204**; Two Bedroom - **\$1,410**; Three Bedroom - **\$1,558**, utilities are not included. The minimum income required, **without a Section 8**, **One** bedroom: **\$36,120**, **Two** Bedroom: **\$42,300**, and **3** Bedroom: **\$46,740**.

Maximum Allowable Income Limits per household size:

Household Size	1	2	3	4	5	6
Max Allowable Income	\$50,350	\$57,550	\$64,750	\$71,900	\$77,700	\$83,450



Residences at Tewksbury Commons

For Office Use Only:

Date Appl. Rcvd: _____

WAIT LIST APPLICATION

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 accessible unit? Yes No

Are you disabled: Yes No

When would you be available to move in? _____

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

Bedroom Size (Check One): One Bedroom; Two Bedroom; Three Bedroom

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.)

Borrowers Monthly Base Income (Gross) _____

Other Income, specify _____

Co-Borrowers 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	_____	_____	_____

The total household size is _____ (This is very important to determine the maximum allowable income for your household.)

Household Composition	Name _____	Relationship _____	Age _____
including applicant(s)	Name _____	Relationship _____	Age _____
	Name _____	Relationship _____	Age _____
	Name _____	Relationship _____	Age _____
	Name _____	Relationship _____	Age _____
	Name _____	Relationship _____	Age _____

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:

**MCO Housing Services, P.O. Box 372, Harvard, MA 01451
Fax: 978-456-8986
Email: lotteryinfo@mcohousingservices.com**

