



your resource for Affordable Housing



OLD COLONY SQUARE @ COHASSET STATION

Waiting List

Thank you for your inquiry into the rental units at Old Colony Square @ Cohasset Station in Cohasset, MA. Old Colony Square is located at 132 Chief Justice Cushing Highway (Route 3A) in Cohasset. Attached is the application to be added to the waiting list.

As a reminder there are 2 affordable units at Old Colony Square: 1 one bedroom and 1 two bedroom unit. Both units are currently rented.

Eligibility will be determined on gross household annual income plus .06% or interest/dividend, whichever is greater, income of the value of household assets at the time you have an opportunity to lease .

To be added to the wait list, please complete the application and return to:

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

You will be notified when a unit becomes available. Please call Maureen O'Hagan should you have any questions at 978-456-8388.



Old Colony Square @ Cohasset Station

Wait List APPLICATION

For Office Use Only:

Date Appl. Rcvd: _____

Household Size: _____

Bedroom Size: 1 Bedroom
 2 Bedroom

PERSONAL INFORMATION:

Date: _____

Name: _____

Address: _____ Town: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

Email: _____

Bedroom Size: One Bedroom; 2 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: _____ (A)

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

Checking (avg balance for 6 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 _____ (C)

(Please complete reverse side)



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 _____

ADDITIONAL INFORMATION:

The MAXIMUM allowable annual income is as follows:

Household Size	1	2	3	4
Max Allowable Income	\$54,750	\$62,550	\$70,350	\$78,150

HUD 2017 income limits. Income limits can change on an annual basis.

These income limits are FIRM and cannot be adjusted. Please be advised that the income to be used should include income for all members of the household that are to be residing in the home.

SIGNATURES:

The undersigned warrants and represents that all statements herein are true. It is understood that the sole use of this application is to be added to the waiting list for Old Colony Square @ Cohasset Station. I (we) understand if we have an opportunity to lease additional financial documentation will be required to determine eligibility.

Signature _____ Date: _____
Applicant(s)

Signature _____ Date: _____
Co-Applicant(s)

Return to:

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Harvard, MA 01451

