



your resource for Affordable Housing



The Tremont Burlington, MA Wait List Application

All affordable units at The Tremont in Burlington 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

FAX: 978-456-8986

Email: lotteryinfo@mcohousingservices.com

The following are the 2017 income limits and rent. Income limit and rent can change on an annual basis. Utilities are not included in the rent.

Current Rent: One Bedroom - \$1,429
 Two Bedroom - \$1,590
 Three Bedroom - \$1,748

Maximum Allowable Income Limits per household size:

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

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 Tremont

WAIT LIST APPLICATION

For Office Use Only:

Date Appl. Rcvd: _____

Household Size: _____

Lottery Code: _____

Local: Yes/No

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? ___

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

Bedroom Size: ___ One Bedroom; ___ Two Bedroom; ___ Three Bedroom

Do you require a wheelchair accessible or sensory (hearing) adapted unit? ___ Yes ___ No Please specify: _____

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 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 _____

(Please complete reverse side)

Language assistance will be available by appointment at no charge. Call 978-456-8388 to schedule.

This is an important notice. Please have it translated.
Este é um aviso importante. Queira mandá-lo traduzir.
Este es un aviso importante. Sirvase mandarlo traducir.
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
Ceci est important. Veuillez faire traduire.

本通知很重要。请将之译成中文。

នេះគឺជាសំណើសុំ អ្នកមេត្តាបកប្រែជូនផង

Это очень важное сообщение. Обязательно переведите



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	_____	_____	_____

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

Household Composition (including applicant(s))

Name _____	Relationship _____	Age _____	Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____	Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____	Name _____	Relationship _____	Age _____

SIGNATURES:

The undersigned warrants and represents that all statements herein are true. It is understood that the sole use of this application is to establish the preliminary requirements to have an opportunity to lease an affordable unit at The Tremont. I (we) understand if selected all information provided shall be verified for accuracy at the time of lease.

Signature _____ Date: _____
Applicant(s)

Signature _____ Date: _____
Co-Applicant(s)

Return with signed Affidavit & Disclosure Form, complete financial documentation and Release of Information by mail, fax or email to:

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

