



*your resource for Affordable Housing*



**WAKEFIELD VISTA APARTMENTS  
WAKEFIELD, MA**

**WAIT LIST APPLICATION**

All affordable units at Wakefield Vista Apartments in Wakefield 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](mailto:lotteryinfo@mcohousingservices.com)**

The following are the 2017 income limits and rent. Income limit and rent can change on an annual basis. All utilities are included in the rent.

Current Rent:      One Bedroom - \$1,466  
                            Two Bedroom - \$1,758

Maximum Allowable Income Limits per household size:

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

# Wakefield Vista Apartments

## Wait List Application APPLICATION

For Office Use Only:

Date Appl. Rcvd: \_\_\_\_\_

Household Size: \_\_\_\_\_

### PERSONAL INFORMATION:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Have you ever owned a home?  Yes  No If so, when did you sell it? \_\_\_\_\_

Do you have a Section 8 Voucher?  Yes  No

Do you require a handicapped accessible unit?  Yes  No

Bedroom Size:  One  Two

**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 \_\_\_\_\_

Tenants 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 (including applicant(s))	Name _____	Relationship _____	Age _____
	Name _____	Relationship _____	Age _____
	Name _____	Relationship _____	Age _____
	Name _____	Relationship _____	Age _____

**ADDITIONAL INFORMATION:**

The 2015 MAXIMUM allowable gross annual household income is as follows:

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

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 establish the preliminary requirements to have an opportunity to lease an affordable unit at Wakefield Vista Apartment in Wakefield, MA. 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 to:**  
MCO Housing Services, P.O. Box 372, Harvard, MA 01451  
FAX: 978-456-8986/email: lotteryinfo@mcohousingservices.com