



your resource for Affordable Housing



**Riverview Meadows
First Come First Serve Application
Raynham, MA**



You must contact the Leasing Office to complete their screening BEFORE submitting this application. Contact the Hilda or Janine at the Leasing Office: 508-880-3727 or riverviewmeadows@dakbuilders.com

Reasonable Accommodations are available.

Attached is the information regarding the affordable rental units at Riverview Meadows in Raynham, Massachusetts. Potential Tenants will not be discriminated against on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.

Located on One Meadow Drive in Raynham, Riverview Meadows is a new 74 unit rental development offering 19 affordable one, two, three and four bedroom apartments for eligible tenants. One surface parking spot is available for each one-bedroom unit and two spaces for the two, three and four bedroom units at no charge. Each unit includes a washer and dryer. This is a smoke and pet free development.

The rents are not income based or subsidized. You are responsible for the full monthly rent. Section 8 or other housing voucher is accepted but you should contact your Section 8 provider to determine if they will accept the project and the rents. The monthly rents are: One Bedroom - \$1,450; Two Bedroom - \$1,733; Three Bedroom - \$1,994; Four Bedroom - \$2,216, heat, hot water, water and sewer are included. Tenants are responsible for electricity only. The minimum income to lease an affordable apartment, without a Section 8 or other housing voucher, is: One Bedroom - \$43,500, Two Bedroom - \$51,990, Three Bedroom - \$59,820, Four Bedroom - \$66,480. Income and assets may be taken under consideration when determining minimum income requirements.

Please note: Complete financial documentation is required and must be sent with your application to be determined eligible for a unit. Included in this package is the list of required documentation and additional forms, if applicable, to be sent in with your application. Applications will be logged in at time of receipt and will be reviewed in the order we receive them. Incomplete applications will not be reviewed for eligibility and the applicant will be notified of what is missing.

Applicants that submit an incomplete application will be notified via email, if available, or by letter. The email or letter will include the list of missing documentation. If you submit the missing documentation and your application is determined complete you would be added to the waiting list.

Thank you for your interest in affordable housing at **RIVERVIEW MEADOWS**. We wish you the best of luck. Please contact MCO Housing Services at 978-456-8388 or email us at lotteryinfo@mcohousingservices.com if you have any questions. We encourage you to advise other people or organizations that may be interested in this program and make copies of the relevant information as needed.

Sincerely,

Maureen M. O'Hagan MCO Housing Services for
Riverview Meadows Limited Partnership

This is an important document. Please contact [AGENCY NAME] at [PHONE #] for free language assistance.

Este documento es muy importante. Favor de comunicarse con el MCO Housing en 978-456-8388 para ayuda gratis con el idioma. (Spanish)

Este é um documento importante. Entre em contato com o MCO Housing Serv no número 978-456-8388 para obter assistência gratuita com o idioma. (Portuguese)

Dokiman sila a enpòtan. Tanpri kontakte MCO Housing la nan 978-456-8388 pou asistans gratis nan lang. (Haitian Creole)

此文件為重要文件。如果您需要免費的語言翻譯幫助，請聯絡 MCO Housing 聯絡方式：978-456-8388。(Chinese, Traditional)

此文件为重要文件。如果您需要免费的语言翻译帮助，请联络 MCO Housing 联络方式：978-456-8388。(Chinese, Simplified)

Это весьма важный документ. Свяжитесь с сотрудником MCO Housing на предмет оказания бесплатной помощи по переводу на иностранный язык (978-456-8388). (Russian)
(Phone #)

នេះគឺជាឯកសារសំខាន់។ សូមទំនាក់ទំនង MCO Housing តាមរយៈ 978-456-8388 ដើម្បីទទួលបានជំនួយ ផ្នែកភាសាដោយឥតគិតថ្លៃ។ [Mon-Khmer, Cambodian]

Đây là một tài liệu quan trọng. Vui lòng liên hệ MCO Housing tại 978-456-8388 để được hỗ trợ ngôn ngữ miễn phí. (Vietnamese)

Kani waa dukumentiyu muhiim ah. Fadlan MCO Housing kala soo xiriir 978-456-8388 si aad u hesho gargaar xagga luqadda oo bilaash ah. (Somali)

هذه وثيقة مهمة. يرجى الاتصال بـ MCO Housing بـ 978-456-8388 للمساعدة اللغوية المجانية.
[Phone #] [Agency Name] (Arabic)

Ce document est très important. Veuillez contacter le MCO Housing au 978-456-8388 afin d'obtenir une assistance linguistique gratuite. (French)

Il presente è un documento importante. Si prega di contattare il MCO Housing al 978-456-8388 per avere assistenza gratuita per la traduzione. (Italian)

Riverview Meadows

Question & Answer

The units will be leased in accordance with policies and guidelines established by the Commonwealth of Massachusetts Department of Housing and Community Development (DHCD) and the Massachusetts Housing Partnership (MHP).

What are the qualifications required for Prospective Tenants?

- Qualify based on the following maximum income table, which is adjusted for household size:

Household Size	1	2	3	4	5	6	7	8
Max Allowable Income	\$62,600	\$71,550	\$80,500	\$89,400	\$96,600	\$103,750	\$110,900	\$118,050

(income limits are subject to change when HUD releases the 2022 income limits)

APPLICANT QUALIFICATIONS:

1. Household income cannot exceed the above maximum gross allowable income limits. Gross income is required for all adult household members 18 or older.
2. When assets total \$5,000 or less, the actual income received is included in the annual income as income from assets OR when assets exceed \$5,000, annual income includes the greater of actual income from assets or a .06% imputed income calculation. Included in this package is the List of Required Financial Documentation.
3. In addition to income and asset eligibility you will also be subject to a screening by the project and determined eligible based on that basis.
4. Persons with disabilities will be given first preference for such units regardless of what pool they are in based on the requested bedroom size. Where a person with a disability is awaiting an accessible unit and a unit with adaptive features becomes available, the owner/management agent must offer to adapt the unit.
5. Full-time college students renting an apartment on their own will not be eligible for an affordable apartment if they have been in school 5 months in the certification year.
6. Applicants may own a home and lease an affordable unit.

Are there accessible/adaptable units?

All units are adaptable. One 1 bedroom, one 2 bedroom and 1 four bedroom unit are handicap accessible. One 2-bedroom unit is hearing impaired. Handicap accessible applicants may request reasonable accommodations or modifications of the housing when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing. Where a person with a disability is awaiting an accessible unit and a unit with adaptive features becomes available, the owner/management agent must offer to adapt the unit. Persons with disabilities will be given first preference for such units regardless of what pool they are in based on the requested bedroom.

Are there preferences for Household Size?

In all cases, preference for the one-bedroom unit will be for households that require one-bedroom. Preference for the two bedrooms will be for households requiring two bedrooms. Preference for the three bedroom units are for households requiring three bedrooms. Preference for the four bedroom units are for household requiring four bedrooms.

Unit size preferences are based on the following:

1. There is a least one occupant per bedroom.
2. A husband and wife, or those in a similar living arrangement, shall be required to share a bedroom. Other household members may share but shall not be required to share a bedroom.
3. A person described in the first sentence of (2) shall not be required to share a bedroom if a consequence of sharing would be a severe adverse impact on his or her mental or physical health and the lottery agent receives reliable medical documentation as to such impact of sharing.

- 4. A household may count an unborn child as a household member. The household must submit proof of pregnancy with the application.
- 5. If the applicant is in the process of a divorce or separation, the applicant must provide proof that the divorces or separation has begun or has been finalized, as set forth in the application.

What happens if my household income exceeds the income limit?

Annually you will be recertified for eligibility. Once your household income exceeds 140% of the maximum allowable income adjusted for household size, then after the end of your current lease you will have the option of staying in your unit and paying the market rent or not renewing your lease.

You need to be determined eligible by MCO Housing Services, the Leasing Office and MHP or their third-party representative. If anyone determines you do not meet the eligibility criteria, then you will not be able to lease a unit.

If applicants have a Section 8 or other housing voucher the Public Housing Authority (PHA) will need to approve the project and rent before they will be able to sign a lease.

Project Amenities

Club House

Pool

Basketball Court

Grill Area

Toddler Park

Playground

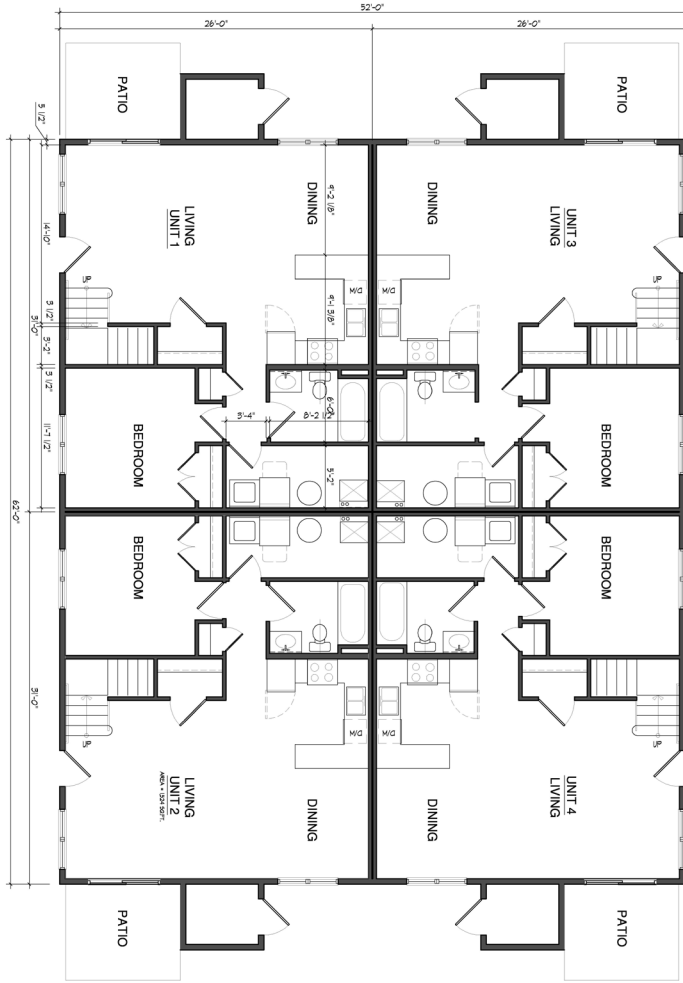
AFFORDABLE UNIT NUMBERS

Building #	Unit #	Floor #	Bedroom Size	# of Baths	Sq. ft.	Availability
19	303	1	1	1	851	Leased
19	308	2	2	2	1167	Leased
20	350	1	2	2	1163	February 2022
20	354	1	1	1	841	Leased
21	314	1	1	1	841	Leased
21	317	2	1	1	889	Leased
22	360	1 & 2	3	2	1366	Leased
22	361	1 & 2	3	2	1366	Leased
23	320(H)	1&2	4	3	1524	Leased
24	367(H)	1& 2	4	3	1524	Leased
25	330	1	2	2	1163	September 2022
25	335	2	1	1	770	Leased
25	336	1	1	1	860	TBD
26	370(HI)	1	2	2	1163	TBD
26	374(H)	1	1	1	860	TBD
26	379(H)	1	2	2	1173	TBD
27	343	1	1	1	851	TBD
27	344	1	1	1	841	TBD
27	347	2	1	1	889	TBD

(H) = Handicap Accessible Unit

(HI) = Hearing Impaired Unit



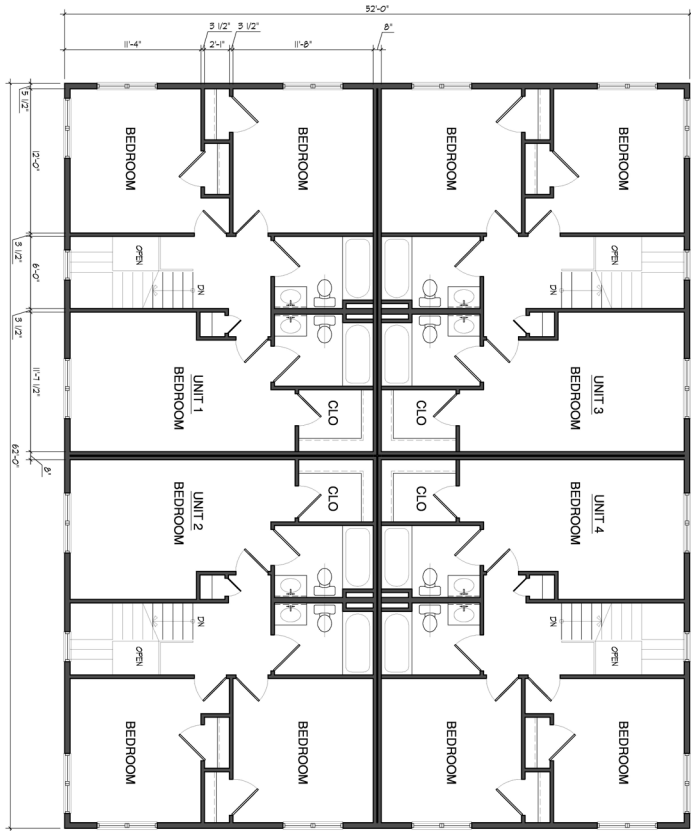


① FIRST FLOOR PLAN
1/4" = 1'-0"

COLLEEN NEWMAN ARCHITECTS
 RiverView Meadows III
 RiverView, Massachusetts
 ARCHITECT
 PROJECT NO. FV-03-0001
 SHEET NO. A1.1
 DATE 02/04/2014
 100 Cottage Street, Westport, MA 01886
 TEL: 978.336.8800 FAX: 978.336.8801
 WWW.COLLEENNEWMANARCHITECTS.COM

ANNEX
 4
 NORTH
 ARCHITECT: COLLEEN NEWMAN ARCHITECTS
 100 COTTAGE STREET
 WESTPORT, MA 01886
 TEL: 978.336.8800
 WWW.COLLEENNEWMANARCHITECTS.COM

SCALE: AS SHOWN
 DATE: 02/04/2014



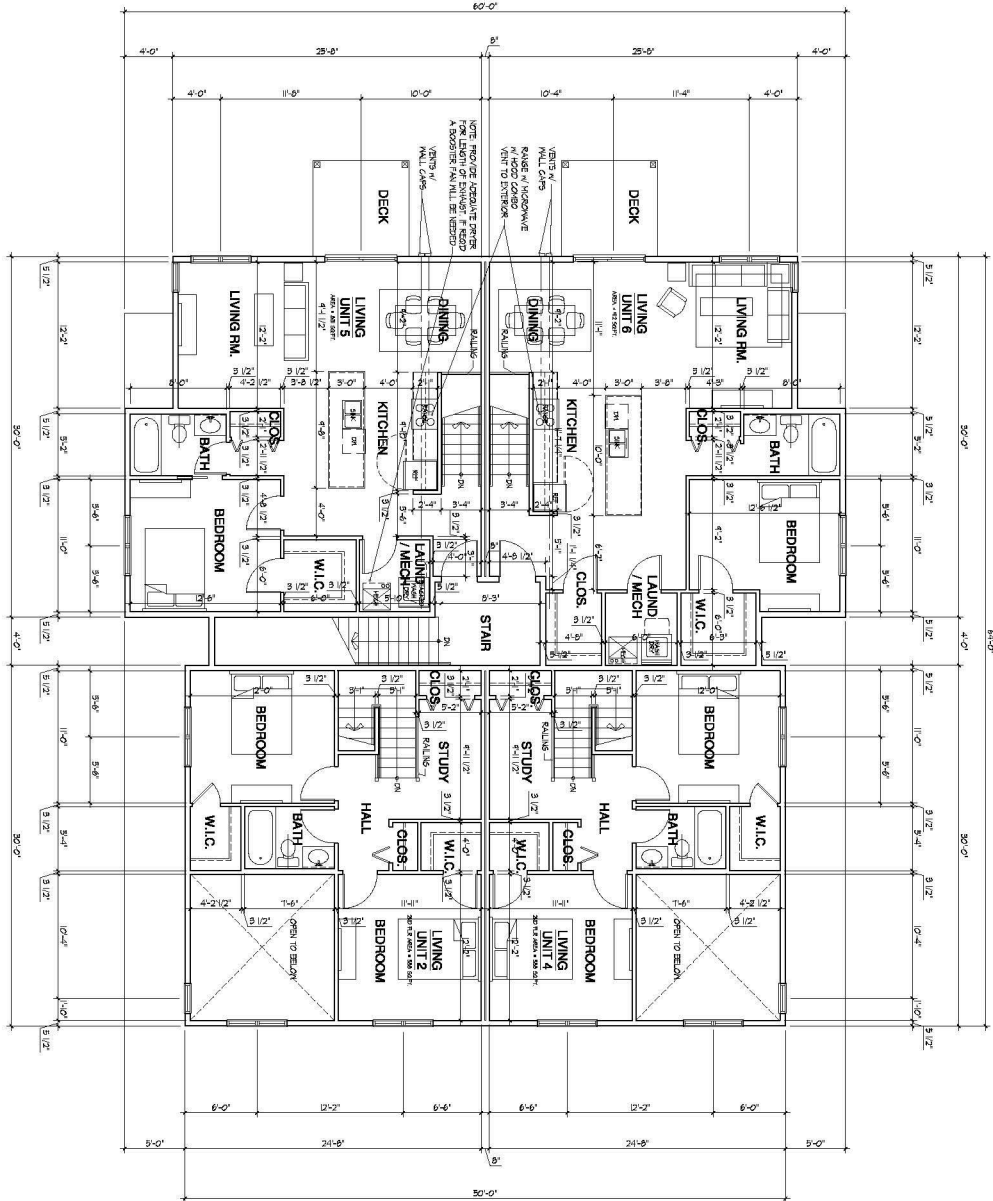
① SECOND FLOOR PLAN

RYAN WOOD ARCHITECTURE
 Ryan Wood Architecture
 1000 W. 10th Street
 Suite 100
 Anchorage, Alaska 99501
 Phone: (907) 562-1234
 Fax: (907) 562-1235
 Email: info@ryanwoodarch.com
 Website: www.ryanwoodarch.com

A1.2

THIS DRAWING IS THE PROPERTY OF RYAN WOOD ARCHITECTURE. IT IS TO BE USED ONLY FOR THE PROJECT AND SITE SPECIFICALLY IDENTIFIED HEREON. ANY REUSE OR MODIFICATION OF THIS DRAWING WITHOUT THE WRITTEN PERMISSION OF RYAN WOOD ARCHITECTURE IS STRICTLY PROHIBITED.

ANNEX
 ARCHITECT: RYAN WOOD ARCHITECTURE
 1000 W. 10th Street
 Anchorage, Alaska 99501
 Phone: (907) 562-1234
 Fax: (907) 562-1235
 Email: info@ryanwoodarch.com
 Website: www.ryanwoodarch.com



① SECOND FLOOR PLAN
1/4" = 1'-0"

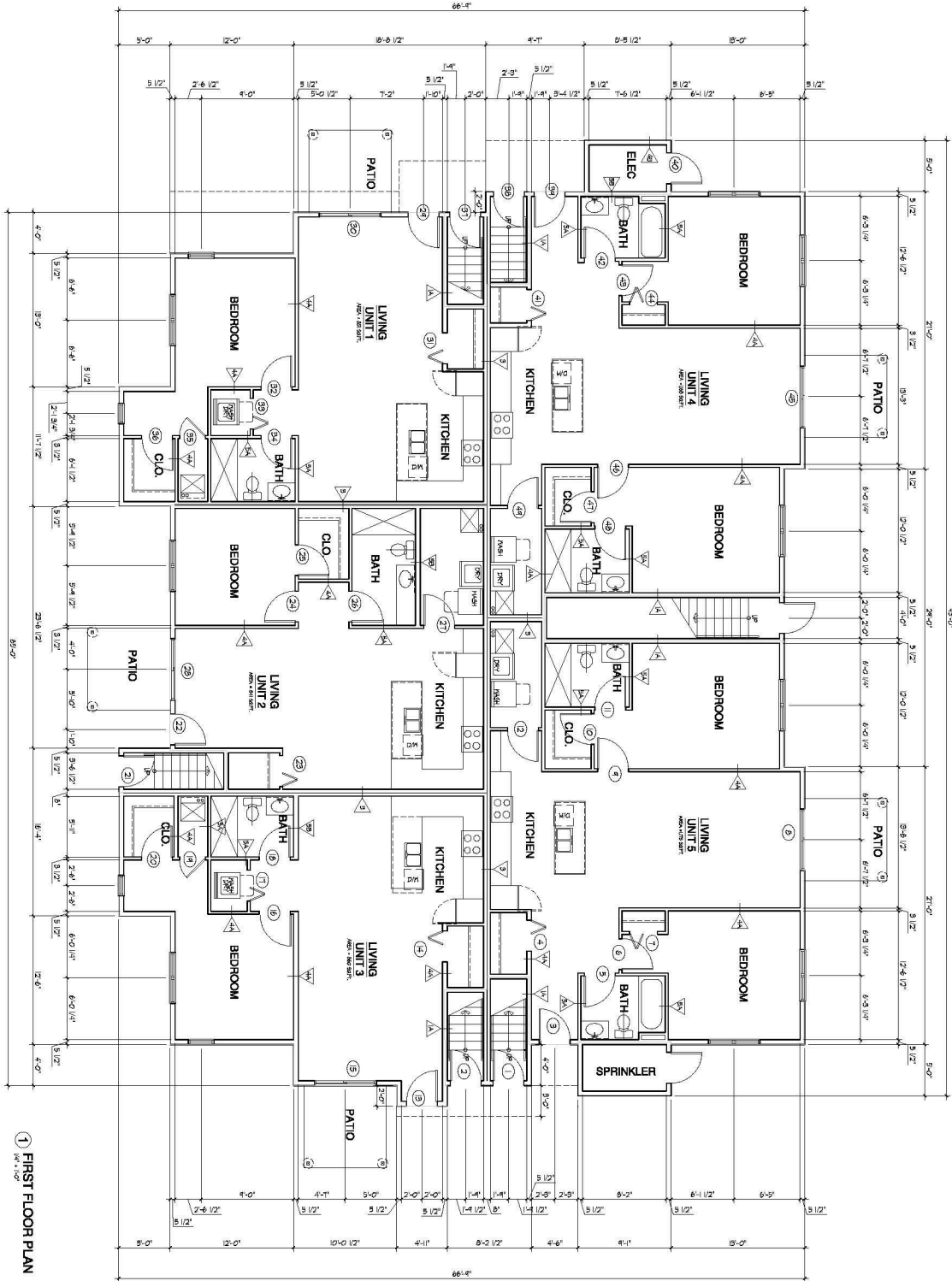
PROJECT: RIVERVIEW MEADOWS PHASE III
 SHEET NO.: A1.2
 DATE: 1/27/2023
 DRAWN BY: [Name]
 CHECKED BY: [Name]

RIVERVIEW MEADOWS PHASE III
6 UNIT BUILDING
 Raynham, Massachusetts



ARCHITECT: [Name]
 PROJECT NO.: [Number]

ARCHITECT: [Name]
 PROJECT NO.: [Number]



1 FIRST FLOOR PLAN

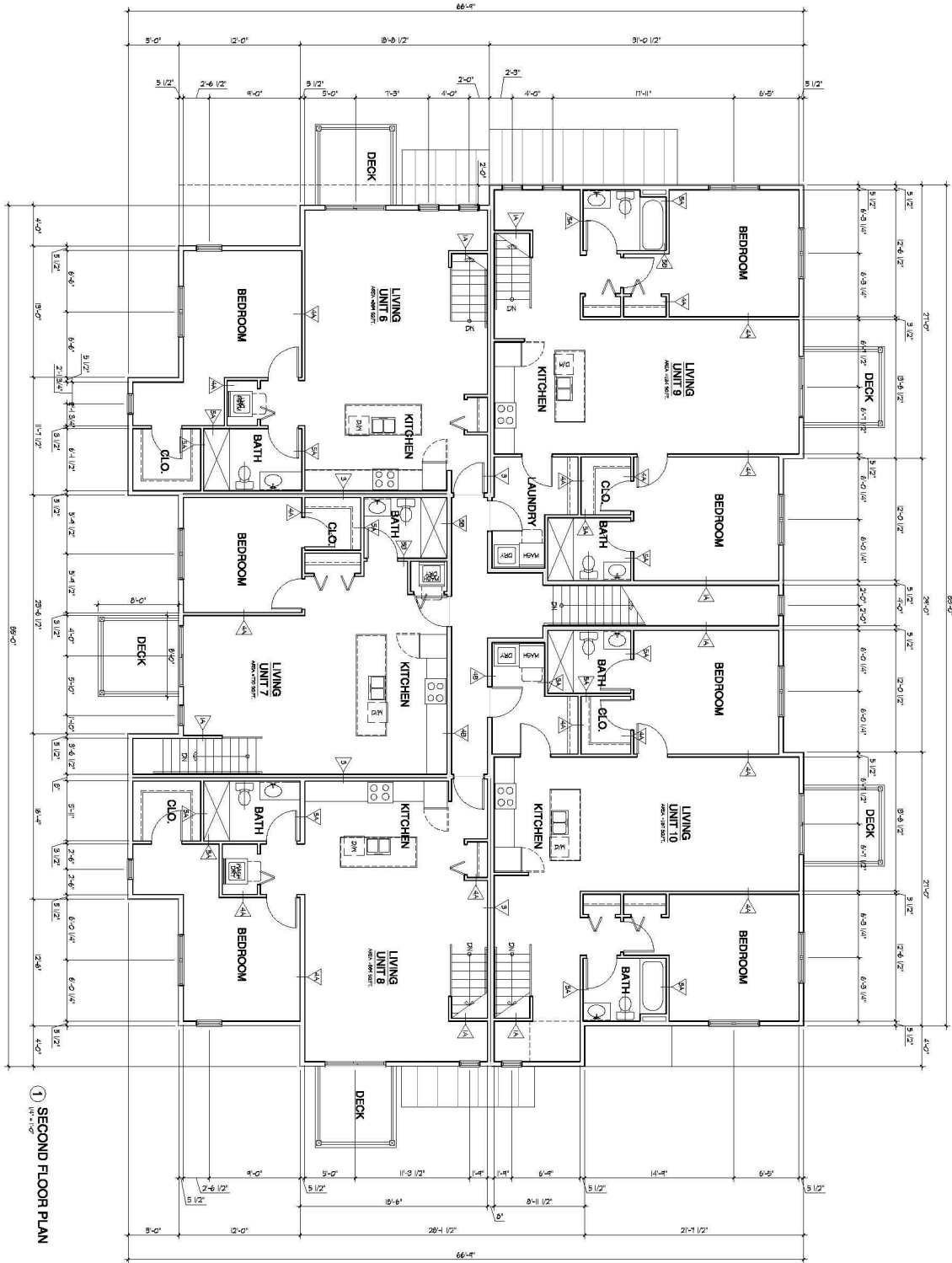
PROJECT: RIVERVIEW MEADOWS PHASE III
 UNIT: 10 UNIT BUILDING
 SCALE: 1/8" = 1'-0"
 DATE: 11/11/2011
A1.1

RIVERVIEW MEADOWS PHASE III
10 UNIT BUILDING
 Raynham, Massachusetts



ARCHITECT: [Redacted]
 CONTRACTOR: [Redacted]

11/11/11
 11/11/11
 11/11/11



1 SECOND FLOOR PLAN

PROJECT: RIVERVIEW MEADOWS PHASE III
 UNIT: 10 UNIT BUILDING
 SHEET: A1.2
 DATE: 08/20/17

RIVERVIEW MEADOWS PHASE III
10 UNIT BUILDING
 Raynham, Massachusetts



SCALE: AS SHOWN
 DATE: 08/20/17

ARCHITECT: A&K ARCHITECTS
 1000 WASHINGTON STREET
 WILMINGTON, MASSACHUSETTS 01897
 TEL: 508.653.1111
 WWW.A&KARCHITECTS.COM

PLEASE READ THE FOLLOWING CAREFULLY

- 1. More than 50% of applications submitted to MCO Housing Services are incomplete. Please take the time to read the application and submit all required documentation. It is your responsibility to provide the correct documentation. If you have questions call or email.**
- 2. Income and assets are required for all household members 18 or older.**
- 3. Pay attention to the NOTES in the Required Financial Documents pages. This can make the difference between an eligible and ineligible application.**
- 4. If you are unable to provide specific information, then submit a note with your application explaining the circumstances. This will not guarantee but depending on the circumstances, we may be able to work with you.**
- 5. You must provide all asset statements, i.e. 401K or other retirement accounts from past jobs, current jobs, Robinhood or other online investment accounts no matter what the current balance is.**
- 6. Do not take photos with your cell-phone of any documentation and email it to us. The photos are not legible and we will not accept them.**
- 7. You can fax your information, but it is not recommended. If all pages are not received your application would be considered incomplete.**

ALL FORMS MUST BE COMPLETELY FILLED OUT, SIGNED AND DATED

COMPLETE AND RETURN

ALL APPLICABLE DOCUMENTS

**The REQUIRED documents are from pages 17-28.
Additional documents are from pages 30-38 are to be completed if
applicable to you.**

Return the following documents:

- Complete and signed Application - required
- Signed Affidavit and Disclosure Form - required
- Complete and signed Household Eligibility Questionnaire - required
- Complete and signed Student Affidavit - required
- Signed Authorization to Release Information Form -required
- Complete and signed Personal Identification & Income Verification Document Form - required
- All required financial documentation - required
- Complete and signed, applicable, Additional Documents - required

ALL DOCUMENTS MUST BE RETURNED SINGLE SIDED

Riverview Meadows

First Come First Serve APPLICATION

For Office Use Only:

Date Appl. Rcvd: _____

Household Size: _____

PERSONAL INFORMATION:

Date: _____

Name: _____

Address: _____ Town: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

Email: _____ Do you own a home? Yes No

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

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

Do you require a wheelchair accessible unit? Yes No

Do you require a hearing-impaired unit? Yes No

Are you disabled? Yes No

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 _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

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.)

Applicants Monthly Base Income (Gross) _____

Other Income, specify _____

Co-Applicants 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	_____	_____	_____

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 Riverview Meadows. I (we) understand if selected all information provided shall be verified for accuracy at the time of lease. I/we understand if I/we provided an incomplete application it will not be processed for eligibility.

Signature _____ Date: _____
 Applicant(s)

Signature _____ Date: _____
 Co-Applicant(s)

Riverview Meadows

Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at Riverview Meadows through the Massachusetts Housing Partnership in Raynham, MA:

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

Household Size	1	2	3	4	5	6	7	8
Max Allowable Income	\$62,600	\$71,550	\$80,500	\$89,400	\$96,600	\$103,750	\$110,900	\$118,050

Income from all family members must be included.

2. I/We understand the calculation of income will include the higher of actual income from assets (if over \$5,000) or an imputation of .06% of the value of total household assets which is added to a household's income in determining eligibility. The interest /dividends earned for assets \$5,000 or under will be added to income in determining eligibility. Assets divested at less than full market value within two years of application will be counted at full market value 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 submitting an application 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 perform its own screening to determine our eligibility to lease.
6. I/We understand that if selected I/we may 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 Northgate Meadows.
7. 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.
8. I/We certify that no member of our family has a financial interest in Northgate Meadows.
9. I/We understand there may be differences between the market and affordable units and accept those differences.
10. I/We understand that if my/our total income exceeds 140% of the maximum allowable income at the time of annual eligibility determination, after the end of my then current lease term I will no longer be eligible for the affordable rent and have the option of moving out or paying market rent.
11. I/We understand that MCO Housing Services (MCO) is not responsible for incomplete applications if received by mail, email, or fax. It is understood that MCO will not notify tenants if their application is incomplete until after the deadline. MCO will not review your received application over the phone.

I/We have completed an application and have reviewed and understand the process that will be utilized to distribute the available units at Riverview Meadows. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.

Applicant

Co-Applicant

Date

HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

REVIEW THIS FORM CAREFULLY.

FOLLOW THE INSTRUCTIONS.

Read every line.

Answer every question.

**Provide all information as
requested.**

**Do NOT draw a line through all the
no's.**

Take your time when filling out.

HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

Property Name: _____ Unit: _____

Certification Type:
 Move In/Initial Certification
 Re-certification
 Other: _____

Housing Program:
 Low Income Housing Tax Credit
 HOME
 Other: _____

I. HOUSEHOLD COMPOSITION

- Unless assistance is required, this form must be completed by the applicant/tenant.
- List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.
- Do not include minors who will be present less than 50% of the time.
- List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.

HOUSEHOLD MEMBER NAME	RELATIONSHIP	DOB	Last 4 of SSN	FT STUDENT?
1.	HEAD			[] YES [] NO
2.				[] YES [] NO
3.				[] YES [] NO
4.				[] YES [] NO
5.				[] YES [] NO
6.				[] YES [] NO
7.				[] YES [] NO
8.				[] YES [] NO

Are any HH changes expected in next 12 months? [] YES [] NO

If YES explain: _____

Are any student changes expected in next 12 months? [] YES [] NO

If YES explain: _____

II. STUDENT STATUS

Is every member of the household a FT student as defined above? • If NO continue to Section III • If YES please complete the following questions:	[] YES [] NO
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	[] YES [] NO
Was a student previously a foster child?	[] YES [] NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	[] YES [] NO
Is a student married and eligible to file a joint tax return?	[] YES [] NO
Is a student a single parent who is not claimed as a dependent by another individual?	[] YES [] NO
Are the minors in the household claimed as a dependent by a parent?	[] YES [] NO

INCOME INSTRUCTIONS:

- List gross amounts anticipated to be received in the 12 month period following move in or recertification
- For minors include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets
- For adults include both earned income from jobs and unearned income
- Answer each YES-NO question. For each YES include the gross amount and frequency
- Do not leave any unanswered questions

III. HOUSEHOLD INCOME

*Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household.
All adults must sign the form.*

Type of Income	Head of Household			Co Head and/or Other Member		
	Check One	Amount	Frequency	Check One	Amount	Frequency
1. Salary or pay from job	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
2. Overtime or shift pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
3. Bonus/commission/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
4. Do you have a 2 nd job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
5. Seasonal/sporadic work	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
6. Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
7. Cash pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
8. Self employment income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
9. Periodic gift income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
10. Non cash contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
11. Formal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
12. Is child support awarded but not paid?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
13. Informal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
14. Formal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
15. Is spousal support awarded but not paid?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
16. Informal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
17. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
18. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
19. TANF, AFDC, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
20. Unemployment benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Worker's compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Severance pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
24. Retirement acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
25. Investment acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
26. Annuity acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
27. Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
28. Disability/death benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
29. Real estate rent income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
30. Student financial aid	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
31. Military pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
32. Veterans/VA income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
33. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
34. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	

35. Are any income changes expected in the next 12 months? YES NO If YES please describe:

For each source of income checked YES above, please complete the following:

Income #	HH Member	Name of Source	Address/Phone/Email

IV. HOUSEHOLD ASSETS

- List assets for all household members including minors
- Cash value is market value minus any costs/penalties/fees required to convert to cash
- Do not list assets that are not accessible to the family

Household Eligibility Questionnaire
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Type of Asset	Head of Household		Co Head and/or Other Member	
	Check One	Apprx Cash Value	Check One	Apprx Cash Value
1. Checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
2. 2 nd checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
3. Savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
4. 2 nd savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
5. Debit /direct deposit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
6. 2 nd prepaid debit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
7. Cash on hand	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
8. Certificate of Deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
9. Other bank account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
10. Mutual Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
11. Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
12. Portfolio/brokerage	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
13. IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
14. 2 nd IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
15. Treasury bills/bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
16. Company retirement acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
17. Annuity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
18. Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
19. Revocable trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
20. Life insurance (not term)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
21. Real estate equity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
22. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
23. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

24. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? YES NO

25. Has anyone disposed of any assets for less than fair market value in the past 2 years? YES NO

If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:

For each asset checked YES above, please complete the following:

Asset #	HH Member	Name of Source	Address/Phone/Email

Under penalties of perjury, I/we certify that the information presented on this form is true and accurate to the best of my/our knowledge. False, misleading, or incomplete information may result in the termination of this application/lease.

Head of Household Signature

Printed Name

Co Head and/or Other Member Signature

Printed Name

Management Signature

Date

Household Eligibility Questionnaire

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*****MUST BE COMPLETED BY ALL APPLICANTS WHETHER or NOT YOU ARE CURRENTLY OR A HOUSEHOLD MEMBER IS CURRENTLY A STUDENT**

STUDENT STATUS AFFIDAVIT
(LIHTC or Tax Exempt Bond Compliance Period)

Applicant/Tenant Name: _____
Address: _____

Completed For: (check one)

Move-in; effective date: _____
 Annual recertification; effective date: _____

Will all of the persons in your household be or have been full-time students during five calendar months of the certification year? Yes No

If YES, then is anyone in your household:

- A student and receiving AFDC/TANF? Yes No
- A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act? Yes No
- A student enrolled in a job training program funded under the Workforce Investment Act or similar federal, state or local program? Yes No
- A single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependants of another individual other than a parent? Yes No
- Married and file a joint return Yes No
- Has the person attended school full-time during any part of 5 months of this calendar year? Yes No
- Months/year attended full time ___/___/___ to ___/___/___

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Manager)	_____ Date

Riverview Meadows
Raynham, MA

Release of Information Authorization Form

Date: _____

I/We hereby authorize MCO Housing Services, Riverview Meadows Leasing Office, Riverview Meadow Limited Partnership, or any of its assignees 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, Riverview Meadows Leasing Office, Riverview Meadows Limited Partnership, or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for Riverview Meadows.

A photocopy of this authorization with my signature may be deemed to be used as a duplicate original.

Applicant Name (Please Print)

Applicant Name (Please Print)

Applicant Signature

Applicant Signature

Mailing Address

Required Personal Identification and Income Verification Documents
TO BE RETURNED WITH APPLICATION
ALL APPLICANTS 18 YEARS OR OLDER MUST PROVIDE THEIR INCOME AND ASSETS STATEMENT

Provide **one copy** of all applicable information. Complete financial documentation is required and must be sent with your application to be considered for a unit. Incomplete applications will be notified of what is missing.

Initial each that are applicable, and provide the documents, or write N/A if not applicable and return this sheet with your application.

1. _____ If you have a Section 8 Voucher or other Housing Voucher, you MUST provide a valid copy with your application.
2. _____ Proof of Local Preference, you must provide copies of one form of local preference, i.e. utility bill.
3. _____ If you require a reasonable accommodation you must make the request at time of application, i.e doctors letter or other documentation.
4. _____ The most recent last five (5) **consecutive** pay stubs for all jobs (check/direct deposit stubs). For unemployment, copies of unemployment checks or DOR verification stating benefits received. Same for disability compensation, worker's compensation and/or severance pay.
 - **NOTE:** If you have obtained a new job within the last 12 months you must provide a copy of the Employment Offer Letter.
 - **NOTE:** If you are no longer working for an employer you worked for in the last 12 months, you must provide a letter from the employer with your separation date.
 - **NOTE:** You need to provide 5 pay stubs whether you are paid weekly, bi-weekly or monthly.
 - **NOTE:** If you are unemployed or have Zero income you must complete the attached **Unemployment Status Affidavit and Certificate of Zero Income.**
5. _____ Current benefit letter providing full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts. If you are not working, even if you receive income for the above you must complete the **Unemployment Status Affidavit.**
6. _____ Child support and alimony: court document indicating the payment amount, DOR statement or divorce papers. **Complete Custody and Child Support Affidavit for each child, even if you do not receive.**
7. _____ If you are self-employed you MUST provide a detail expense and income statement for the last 12 months and three months of business checking and savings accounts along with last three Federal Income Tax Returns. Uber, Lyft etc. are considered self employment. **Complete attached Self-Employment Affidavit.**
8. _____ **SIGNED** Federal Tax Returns –2020 & 2021, if available (NO STATE TAX RETURNS)

- **NOTE:** Provide all pages that are submitted to the IRS. For example, if a Schedule C is submitted to the IRS and not part of your application, your application will be considered incomplete.
- **NOTE:** If you do not have a copy of your tax return you can obtain a transcript through the IRS using form 4506-T. You can obtain the form at the [irs.gov](https://www.irs.gov).
- **NOTE:** If you did not file taxes in any of the required years you must provide a verification of non-filing letter from the IRS using form 4506-T. You can obtain the form at [irs.gov](https://www.irs.gov).

9. _____ W2 and/or 1099-R Forms: 2020 & 2021

- **NOTE:** If you do not have a copy of your W2's/1099's you can obtain a transcript through the IRS using form 4506-T. You can obtain the form at the [irs.gov](https://www.irs.gov).

10. _____ Interest, dividends and other net income of any kind from real or personal property.

11. Asset Statement(s): provide **current** statements of all that apply, unless otherwise noted:

i. _____ Checking accounts – Last **three (3)** months of statements – EVERY PAGE – FRONT AND BACK.

NOTE: If you have cash deposits or non payroll or income deposits you MUST identify where the funds have come from. If you fail to explain they will be counted as income, which may put you over the income limit.

NOTE: Do NOT provide a running transaction list of activity. You must provide the individual statements.

ii. _____ Pre-paid debit card statements – current month.

NOTE: This is NOT your ATM/Debit card. This is usually a separate debit card statement showing income deposited directing onto the debit card, i.e. Social Security or other regular income.

NOTE: If Social Security payments are deposited on a Direct Express card it is your responsibility to provide proof. You can print a statement from the Direct Express website at

<https://www.usdirectexpress.com/>.

iii. _____ Saving accounts – last three months of full statements

NOTE: If you have cash deposits or non payroll or income deposits you MUST identify where the funds have come from. If you fail to explain they will be counted as income, which may put you over the income limit.

NOTE: Do NOT provide a running transaction list of activity. You must provide the individual statements.

iv. _____ Revocable trusts

v. _____ Equity in rental property or other capital investments

vi. _____ Investment accounts, including stocks, bonds, Treasury Bills, Certificates of Deposit, Mutual Funds, Money Market, Robinhood and all online accounts etc.

vii. _____ Retirement including, i.e. IRA's, Roth IRA's, 401K, 403B, Keogh accounts, Pensions etc. from current and past employment.

viii. _____ Cash value of Whole Life or Universal Life Insurance Policy.

ix. _____ Personal Property held as an investment

x. _____ Lump-sum receipts or one-time receipts

ADDITIONAL FORMS

ONLY COMPLETE IF APPLICABLE

**Call us should you have questions at
978-456-8388.**

NOTES:

**READ THE FOLLOWING FORMS CAREFULLY AND ANSWER
ALL QUESTIONS OR PROVIDE INFORMATION**

ADDITIONAL DOCUMENTS MAY BE REQUESTED

CERTIFICATION OF ZERO INCOME

(To be completed by all adult household members with no reported income)

Applicant/Tenant: _____ **Unit #:** _____

1. I currently have no income of any kind and I do not expect this to change in the next 12 months. (If you have **ANY** income whatsoever **DO NOT** complete this form).

2. I have been living with zero income for _____ years and _____ months.

3. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonus, etc.)
- b. Income from the operation of a business or Sales from self-employed resources (Avon, Mary Kay, etc.)
- c. Rental income from real or personal property
- d. Interest or dividends from assets
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- f. Unemployment or disability payments
- g. Public assistance payments
- h. Periodic allowances such as alimony, child support, or gifts from persons not living in my household
- i. Income from driving for Uber/Lyft
- j. Cash payments
- k. Student financial aid
- l. Any other source not named above

4. The reason I have no income is: _____

5. I will be using the following sources of funds to pay for:

Rent: _____
Utilities: _____
Food: _____
Clothing and laundry: _____
Transportation: _____
Internet/Cable/Phone: _____
Toiletries: _____
Credit cards/loans/bills: _____

(Signature of Tenant)

(Signature of Manager)

COMPLETE ONE FORM FOR EACH CHILD

Custody & Child Support Affidavit

Applicant/Tenant: _____ **Unit #:** _____

Please complete a separate form for each minor in this unit not living with both biological or adoptive parents:

Child Name/SSN(last four digits)/DOB : _____ / _____ / _____

Name of Absent Parent: _____

Will this child live with you in the tax credit apartment at least 50% of the time?

YES **NO**

Was there a legal marriage to the other parent? **YES** **NO** **STILL LEGALLY MARRIED**

- If **YES**, please submit a copy of the divorce decree, separation agreement, or other document outlining custody arrangements.
- If **NO**, please submit documents such as court order, tax return, school records, or DHS records showing placement of child

Who claimed the child as a dependant on their most recent tax return?

I did **The absent parent** **Other:** _____ **No one**

Do you receive support (monetary or not) for this child? **YES** **NO**
(Note: "Support" may be legally ordered or an informal agreement)

If **YES** list amount \$ _____ per _____

Have you ever been awarded an amount of child support for this child through the courts?
 YES **NO**

If awarded but not paid, have you taken legal action to collect child support?
 YES **NO**

If so, please describe efforts and proof: _____

Do you expect to receive child support for this child in the next 12 months?
 YES **NO**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

(Signature of Household Member)

Date

(Signature of Manager)

Date

GIFT INCOME VERIFICATION

Send this form to any person or organization providing ongoing cash contributions to a tenant/applicant or for any ongoing contributions made on behalf of a tenant/applicant such as rent payments, utility bills, etc.

Applicant/Tenant: _____ **Unit #:** _____

Name and Address of Contributor:

Name: _____ **Relationship:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

I, _____, am contributing the following assistance to the above named individual.

List all monetary and non-monetary amounts and frequency (i.e. monthly, weekly, etc.):

Cash:	\$ _____	Frequency: _____
Rent Payment:	\$ _____	Frequency: _____
Utility Payment:	\$ _____	Frequency: _____
Cable/Cell Phone/Internet:	\$ _____	Frequency: _____
Transportation:	\$ _____	Frequency: _____
Cash for food:	\$ _____	Frequency: _____
Clothing:	\$ _____	Frequency: _____
Alcohol, tobacco, etc.	\$ _____	Frequency: _____
Diapers/Items for Children:	\$ _____	Frequency: _____
Cash for Child Care:	\$ _____	Frequency: _____
Other:	\$ _____	Frequency: _____

Will this assistance change in the next 12 months? YES NO

If YES please describe: _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud.

(Signature of Contributor)

Date

SELF-EMPLOYMENT INCOME AFFIDAVIT

Use this form for any applicant or resident who receives income as a business owner, independent contractor, sole proprietorship, cash pay, odd jobs, etc.

Applicant/Tenant: _____

Name of Business: _____

Business Address: _____

Type of Business: _____

Position Held: _____

Start Date: _____

Anticipated Gross Annual Income: \$ _____

Anticipated Annual Business Expenses: \$ _____

Anticipated Annual Profit: \$ _____

Previous Year Profit (or Loss): \$ _____

Cash Withdrawals from Business: \$ _____

Do you file tax returns? YES Taxpayer ID# _____ NO

If YES please submit tax returns with the most recent schedule Cr

If NO please state why: _____

- If tax returns were not filed, please submit a profit/loss report for each month since the business started
- Please include documents such as invoices, receipts, written business plan, or accountant statement of business income.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant Signature

Date

TIP / GRATUITY INCOME AFFIDAVIT

Applicant/Tenant: _____ **Unit #:** _____

Name of Employer: _____

Job Title: _____

1. Do you receive tips or gratuities at this job?

YES **NO**

2. Please list the average amount of tip/gratuity received:

\$ _____ per day week other _____

3. Are all tips reported to the employer? **YES** **NO**

If **NO** please explain:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

(Signature of Tenant) Date

(Signature of Manager) Date

UNEMPLOYED STATUS AFFIDAVIT

All adults who are unemployed should complete this form

Full Name: _____

I am currently unemployed: YES NO
I work on a seasonal basis depending on the time of year: YES NO
I receive benefit income such as unemployment, disability, workers compensation: YES NO

[] If my employment status changes between now and the move in (or recertification) date I understand that I must inform the manager before moving into this apartment

I have been unemployed for _____ years and _____ months

My last job paid \$ _____ per hour and I worked _____ hours per week

*****Please complete either Section A, B, or C as applicable*****

Section A

I [print name], _____, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

Section B

I [print name], _____, state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months. Based upon my prior employment history and educational training, I anticipate earning \$ _____ from anticipated employment over the next twelve months.

(Please supply documentation to support this, such as previous tax returns and/or W-2)

Section C

I [print name], _____, state that I am currently unemployed but I have been hired for a new job which has not yet begun.

The company is: _____

The start date is: _____

The salary is: _____

**Manager will contact employer for verification of this income*

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

Applicant/Tenant Signature: _____ Date _____

SCHOOL EMPLOYEE AFFIDAVIT

Any adult applying to live in a tax credit unit who is employed by an educational institution should complete this form

Applicant/Tenant: _____ **Unit #:** _____

Name of School: _____

Position Held (i.e.: teacher, bus driver, assistant)

Do you work at the school during the summer months?

YES **NO**

If you answered NO, please check the following as applicable to the summer months:

- | | | |
|---|-------------------------------------|------------------------------------|
| 1. I receive my salary, but will not work during the summer | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. I have/will look for another job | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. I will receive unemployment benefits | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. I will receive gift income from friends/family/etc | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. I will have zero income status | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Other | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

- If **YES** to 1, 2, 3 or 4 please list the amount of income expected to be received:

(NOTE TO PROPERTY MANAGEMENT: Employment income and gift income earned during summer months must be verified via third party affidavits.)

- If **OTHER** please explain:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

(Signature of Tenant)

Date

(Signature of Manager)

Date

SEASONAL WORKER AFFIDAVIT

Any adult applying to live in a tax credit unit who has a seasonal job should complete this form

Applicant/Tenant: _____ **Unit #:** _____

Name of Seasonal Employer: _____

Are you employed at this job for only a portion of the year?

YES **NO**

Please list the dates that you **DO NOT** work at this job:

During your lay off period, please check the following as applicable:

- | | | |
|---|-------------------------------------|------------------------------------|
| 1. I will receive unemployment benefits | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. I have/will look for another job | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. I will receive gift income from friends/family/etc | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. I will have zero income status | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Other | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

- If **YES** to 1, 2 or 3 please list the amount of income expected to be received:

- If **OTHER** please explain:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

(Signature of Tenant)

Date

(Signature of Manager)

Date



Return the following documents:

- Complete, signed and dated Application
- Signed and dated Affidavit and Disclosure Form
- Complete and signed Household Eligibility Questionnaire
- Complete, signed and dated Authorization to Release Information Form
- Complete, signed and dated Personal Identification & Income Verification Document Form
- All required financial documentation. **SIGN YOUR FEDERAL INCOME TAX RETURN**
- Complete, signed and dated additional, applicable, Documents/Forms.

Return to:

MCO Housing Services
P.O. Box 372
Harvard, MA 01451
FAX: 978-456-8986
E mail: lotteryinfo@mcohousingservices.com

LAST CHANCE

REMEMBER: Complete financial documentation is required and must be sent with your application to be determined eligible for a unit. Included in this package is the list of required documentation and additional forms, if applicable, to be sent in with your application. Applications will be logged in at time of receipt and will be reviewed after the application deadline. Incomplete applications will be notified of what is missing. If you have any questions call us at 978-456-8388.