



your resource for Affordable Housing



***Cohasset Place
First Come First Serve Information and Application
Cohasset, MA***

YOU MUST CONTACT THE LEASING OFFICE FIRST AND GO THROUGH THEIR SCREENING BEFORE SUBMITTING THIS APPLICATION TO MCO HOUSING SERVICES. CONTACT THE LEASING OFFICE AT 508-866-3360 OR EMAIL: admin@proairwys.com

Attached is the information regarding the affordable rental units at Cohasset Place in Cohasset, 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 at 390 Chief Justice Cushing Highway in Cohasset, MA, Cohasset Place has 5 affordable apartments for eligible applicants on a first come first serve basis which includes one baths in 1,041 – 1,096 sq. ft. of living space. This is a smoke free building. Up to two pets are allowed. Breed restrictions. Monthly pet rents are: Cats - \$60/mo. per cat and dogs are \$60/mo. per dog. Washer and dryer are included. Surface parking is available at no charge.

The monthly rents are: \$2,150 for a one bedroom and \$2,350 for a two bedroom unit. Tenants are responsible for electricity, gas heat, hot water, water, and sewer. A utility allowance has been deducted from the maximum allowable rent. These affordable units will be distributed by lottery as outlined in the attached package. Please review the enclosed information packet in detail and complete the application and disclosure statement at the rear of the packet.

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 minimum incomes, without a Section 8 or Housing Voucher, are: One Bedroom - \$64,500; Two Bedroom - \$70,500.

Please note: Complete financial documentation is required and must be sent with your application in order for your application to be reviewed for eligibility and a unit to be held for you. Included in this package is the list of required documentation and additional forms, if applicable, to be sent in with your application.

Translation Assistance available at no charge, upon request.

Thank you for your interest in affordable housing at **Cohasset Place**. 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





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, 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 ដើម្បីទទួលបានជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ។ [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.
(Arabic) [Agency Name] [Phone #]

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)



Cohasset Place

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).

What are the qualifications required for Prospective Tenants?

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

Household Size	1	2	3	4
Max Allowable Income	\$91,200	\$104,200	\$117,250	\$130,250

APPLICANT QUALIFICATIONS:

- Household income cannot exceed the above maximum gross allowable income limits.
- 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. Assets divested at less than full market value within two years of application will be counted at full market value when determining eligibility.
- 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.
- Households cannot own a home, including homes in a trust, and lease an affordable unit.

Are there accessible/adaptable units?

Yes, the units are adaptable. One 1-bedroom unit is handicap accessible. Applicants with disabilities 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. All units are adaptable. Applicants must request special accommodations at time of application and provide documentation, if needed, i.e. letter from doctor.

Are there preferences for Household Size?

Preference for the one bedroom unit will be for a household requiring one bedroom. Unit size preferences are based on the following:

- There is a least one occupant per bedroom.
- 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.
- 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.
- A household may count an unborn child as a household member. The household must submit proof of pregnancy with the application.
- 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.

Household size shall not exceed, nor may the maximum allowable household size be more restrictive than, State Sanitary Code requirements for occupancy of a unit (See 105 CMR 400). Applicants will not be approved for units larger than their household size allows.

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.

PLEASE READ THE FOLLOWING CAREFULLY

- 1. More than 50% of applications submitted to MCO Housing Services are incomplete and will not be reviewed for eligibility. Please take the time to read the application and submit all required documentation. It is your responsibility to provide the correct documentation.**
- 2. Pay attention to the NOTES on the Required Financial Documentation Form. It will be to your advantage to do so.**
- 3. A Robinhood account is considered an asset. You MUST provide with your application. Additionally, retirement, 401K etc. are required for past and current jobs.**
- 4. If you are unable to provide specific information, then submit a note with your application explaining the circumstances. This will not guarantee your application will be determined eligible but, depending on the circumstances, we may be able to work with you.**
- 5. Do not take photos with your cellphone of any documentation and email it to us. The photos are not legible, and we will not accept them.**
- 6. You can fax your information, but it is not recommended. If all pages are not received your application would be considered incomplete.**



Cohasset Place

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: _____

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 _____ NoCheck bedroom size: _____ One _____ TwoAre you disabled? _____ Yes _____ NoDo you require a wheelchair accessible unit? _____ Yes _____ No**Household Composition** – include ALL that will be living in the unit

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.)

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 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: _____
 Town/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
White/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 Cohasset Place. 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)

Refer to page 13 for submission information



Cohasset Place

Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at Cohasset Place through DHCD in Cohasset, MA:

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

Household Size	1	2	3	4
Max Allowable Income	\$91,200	\$104,200	\$117,250	\$130,250

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 being selected in the lottery 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 Cohasset Place.
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 Cohasset Place.
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.



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

Applicant

Co-Applicant

Date

Refer to page 13 for submission information



Cohasset Place
Cohasset, MA

Release of Information Authorization Form

Date: _____

I/We hereby authorize MCO Housing Services, Cohasset Place Leasing Office, Cohasset Associates, 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, Cohasset Place Leasing Office, Cohasset Associates, or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for Cohasset Place.

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

Refer to page 13 for submission information



**Required Personal Identification and Income Verification Documents
TO BE RETURNED WITH APPLICATION**

Provide copies of all applicable information. Complete financial documentation is required and must be sent with your application in order for your application to be reviewed.

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

1. _____ Identification for each household member, i.e. Social Security Card, Birth Certificate etc.
2. _____ If you have a Section 8 Voucher or other Housing Voucher, you MUST provide a valid copy with your application.
3. _____ If you require a Special Accommodation you must request as part of your application and if documentation is required, i.e. doctors letter, it MUST be included with the application.
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 year, 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.
5. _____ 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.
6. _____ Child support and alimony: court document indicating the payment amount, DOR statement or copy of your divorce papers. If you do not receive child support provide a letter stating, that you are not receiving child support our use the attached form.
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.



8. _____ Federal Tax Returns –2023 & 2024, if completed (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 filed but do not have copies of your Federal Income Tax returns, you can obtain a copy of your transcripts using form 4506-T that you can obtain at irs.gov.
 - **NOTE:** If you have not filed tax returns you must provide a letter from the IRS verify non-filing of your tax return(s). Request using form 4506-T that you can obtain at irs.gov.
9. _____ W2 and/or 1099-R Forms: 2023 & 2024
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:
- _____ 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. You can obtain e-statements on your banks website.
 - _____ 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/>.
 - _____ Saving accounts – last three months of full statements
 - _____ Venmo, CashApp, Apple Cash, PayPal, etc. – last three months of full statements
 - _____ Revocable trusts
 - _____ Equity in rental property or other capital investments
 - _____ Investment accounts, including stocks, bonds, Treasury Bills, Certificates of Deposit, Mutual Funds and Money Market Accounts including all individual retirement accounts, 401K, 403B, Keogh, Robinhood accounts and Retirement and Pension funds.
 - _____ Cash value of Whole Life or Universal Life Insurance Policy.
 - _____ Personal Property held as an investment
 - _____ Lump-sum receipts or one-time receipts
12. _____ Proof of student status for dependent household members over age of 18 and full-time students. Letter from High School or College providing student status, full time or part time for current **and** next semester.
13. _____ A household may count an unborn child as a household member. The household must submit proof of pregnancy with the application, i.e. letter from doctor.



14. ____ If the applicant is in the process of a divorce or separation, the applicant must provide legal documentation the divorce or separation has begun or has been finalized. Information must be provided regarding the distribution of family assets.

We understand if we do not provide all applicable financial documentation our application will not be reviewed or unit held until all documentation is received.

Print Applicants Name(s): _____

Applicants Signature

DATE

Co-Applicants Signature

DATE

Refer to page 13 for submission information



Return the following to MCO Housing Services:

1. Completed, signed and dated application
2. Signed and dated Affidavit and Disclosure Form
3. Completed, signed and dated Required Personal Identification and Income Verification Documents Form
4. All required financial and other documentation
5. Complete, signed and dated *Release of Information Authorization Form*
6. Documentation for Special Accommodations, if needed
7. Identification for all household members

RETURN to:

MCO Housing Services, LLC

P.O. Box 372

Harvard, MA 01451

Overnight mailing address: 206 Ayer Road, Suite 5, Harvard, MA 01451

Phone: 978-456-8388

Email: lotteryinfo@mcohousingservices.com

TTY: 711, when asked 978-456-8388



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

