MCO HOUSING SERVICES

your resource for Affordable Housing

24 Jackson Street
Worcester, MA
First Come, First Serve Application

All applications must complete screening with the leasing office prior to submitting application to MCO. Leasing office contact: reinworcester@gmail.com

The PRODUCT:

Located at 24 Jackson Street in Worcester, MA, this new rental development offers eight (8) affordable studio apartments, by lottery, to income-eligible households earning up to 60% or 80% AMI. Each unit includes one bath in 535 sq. ft. All kitchen appliances provided. Limited parking is available. Pets are allowed, per policy. There is an on-time $50 pet admin fee. This is a smoke free building.

The COSTS:

60% AMI Studio- $1127
80% AMI Studio- $1564

Tenants are responsible for utilities, including water and sewer. A utility allowance has been factored into the listed rents. All affordable units will be distributed through a lottery process, as detailed in the attached information package

These rents are NOT income based or subsidized. Applicants are responsible for the full rent as stated above. Section 8 or other housing vouchers/programs will be accepted, and it is up to you to talk with your voucher/program holder to determine if they will approve the project and accept the rents. Generally, the *minimum* income needed to lease a unit, without a Section 8 or other housing voucher/program, are:

The MINIMUM Income Requirements:

60% AMI Studio- $33,810
80% AMI Studio- $46,920

Income and assets may be considered in determining minimum income eligibility, if needed. The minimum income indicates the applicant isn't spending more the 40% of their income towards housing.

*****ANNOUCEMENT*****

MCO Housing Services is now accepting applications on-line. Once approved by the leasing office, MCO Housing Services will send you a link to complete application online.

Paper applications will be accepted if you are unable to apply on-line.

EQUAL HOUSING OPPORTUNITY

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 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 dukumentiyo 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. يرجي 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)

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 recipiency, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by local, state or federal law.

24 Jackson Street, Worcester
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 or currently own a home? _____ If so, when did or will you sell it? _____

Do you have a Section 8 or other form of rental assistance?: ____ Yes ____ No
What bedroom size is your voucher for _____

Bedroom Size: _____Studio

Do you require a Group 2A Unit? _____Yes _____No

Do you need reasonable accommodation/modification due to a disability (optional)? _____ Yes _____ No

If Yes, Please explain:_____

The total household size is _____

Household Composition - complete for everyone that will be living in the unit.

Name _____Relationship_____ Age_____

Name _____Relationship_____ Age_____

Name _____Relationship_____ _____Age_____

Name _____Relationship_____ _____Age_____

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.)

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.)

EQUAL HOUSING OPPORTUNITY

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, gift 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 _____
Savings _____
Debit Card _____
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 _____

ABOUT YOUR HOUSEHOLD: (OPTIONAL)

You are requested to fill out the following section and it is optional. 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
Black or African American	_____	_____	_____
Hispanic or Latino	_____	_____	_____
Asian	_____	_____	_____
Native American or Alaskan Native	_____	_____	_____
Native Hawaiian or Pacific Islander	_____	_____	_____
Not White	_____	_____	_____
Other	_____	_____	_____

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 for placement into a lottery to have an opportunity to lease an affordable unit at 24 Jackson Street. 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)

24 Jackson Street, Worcester

Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at 24 Jackson Street, Worcester, MA through the Mass Executive Office of Housing and Livable Communities:

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

Household Size	**1**	**2**	**3**	**4**
Max Income at 60% AMI	**$55,312**	**$63,225**	**N/A**	**N/A**
Max Income at 80% AMI	**$73,750**	**$84,300**	**N/A**	**N/A**

Income from all family members, over the age of 18, must be included.

2. **LOTTERY RENTAL APPLICANT QUALIFICATIONS**:
   A. 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.
   B. Household income cannot exceed the above maximum gross allowable income limits. Income for adults 18 or older is required.
   C. 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.
   D. Applicants may not own a home and lease an affordable unit, including homes in a trust.
   E. 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.

3. **Are there Group 2 units?**
   There six (6) Group 2A apartments available. There is not an elevator in the building. The units can be adapted to satisfy a reasonable accommodation request. Persons with disabilities are entitled to request reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing. Such reasonable accommodation is not limited to Group 2 units.

4. **Household Size Preferences are based on the following:**

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

5. I/We certify that 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.

6. I/We certify the household size listed on the application form includes only all the people that will be living in the residence.

7. 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.

8. I/We understand qualifying does not guarantee that I/we will be able to lease a unit. I/We understand all financial and other documentation will be provided with the application and final program eligibility will be determined.

9. I/We also understand that the Project's Owner will also perform its own screening to determine our eligibility to lease. 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 24 Jackson Street, Worcester.

10. Program requirements are established and enforced by EOHLC. I/We agree to be bound by whatever program changes may be imposed at any time throughout the process. If any program conflicts arise, I/we agree that any determination made by EOHLC is final.

11. Affordable units may not be leased to individuals who have a financial interest* in the development or to a Related Party,** or to their families. I/we certify that no member of our household has a financial interest in this Project, is a Related Party, or is a family member of someone who has a financial interest or is a Related Party.

*"**Financial Interest**" means any interest with monetary value determined by the outcome of the Project, including ownership or equity interests in the Developer or subject property and contingent or percentage-based fees, but excluding third-party vendors and contractors.

"Related Party**" means:

1. Any person who controls, is controlled by, or is under common control with the Developer;
2. Any officer, member, trustee, or similar representative of the Developer, or any entity in which the Developer serves in such a role;
3. Any person or entity that owns, controls, or holds a beneficial interest of 10% or more in the Developer, or in which the Developer holds such an interest;
4. Any employee of the Developer; and
5. Any immediate family member (including spouse, cohabiting partner, parent, grandparent, sibling, child, or grandchild, whether by blood, marriage, or step/half relation) of any person described above.

12. I/We understand there may be differences between the market and affordable units and accept those differences.

13. I/We understand 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.

14. I/We understand no changes can be made to the application or documentation after the application deadline.

EQUAL HOUSING OPPORTUNITY

I/We have completed an application and have reviewed and understand the process that will be utilized to distribute the available units at 24 Jackson Street, Worcester. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date

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

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

If you are completing your application online you can upload the following documentation. If you are submitting via email, mail or fax provide ***one copy*** of all applicable information. If you submit an incomplete documentation we will move to the next application on the lottery list.

Initial each item that are applicable AND provide the document. Write N/A if not applicable and return this sheet with your application.

1. _____Proof of Local Preference: i.e. current utility bills, voter registration etc.

2. _____ If you require Special Accommodation, you must provide documentation, i.e. doctors letters.

3. _____ The most recent last five (5) **consecutive** pay stubs for all jobs (check/direct deposit stubs). For unemployment DOR verification stating benefits received and payment history. 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 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, semi-monthly or monthly.

4. _____ 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.

5. _____ Child support and alimony: court document indicating the payment amount or DOR statement. If you do not receive child support provide a letter stating that you are not receiving child support. See attached form.

6. _____ If you are self-employed, you MUST provide a detailed 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.

7. _____ Federal Tax Returns –2025

   - **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 tax return, your information will be considered incomplete.
   - **NOTE:** If you did not submit a tax return for year listed above, you must provide a Verification letter of non-filing from the IRS. The form to request is 4506-T and can be found on irs.gov or you can create an account at irs.gov and print out the needed Verification of Non-filing letter.

EQUAL HOUSING OPPORTUNITY

- **NOTE:** If you filed your taxes and are unable to locate you can request a copy of the Tax Transcript of your Federal taxes by submitting form 4506-T to the IRS. The form can be found on irs.gov or you can create an account at irs.gov and print out the needed Tax Transcripts.

8. _____ W2 and/or 1099-R Forms: 2025

   - **NOTE:** If you are unable to locate your W2's/1099's you can request an Income and Wage Transcript by submitting form 4506-T to the IRS or you can create an account at irs.gov and print out the needed Income and Wage Transcripts.

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

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

    GENERAL NOTES REGARDING ASSET STATEMENTS:

    - all assets statements must included your name, account number and institution name for all checking, savings, investment accounts and retirement accounts. any accounts provided without this information is an automatic incomplete application.
    - Direct deposits from Payroll, SS, tax refund, transfers between your accounts, DOR, DTA etc. we can identify. If you have cash deposits, payroll or non-payroll or other income deposits you MUST identify where the funds have come from. Failure to provide explanation, will results in the deposits being counted as income which may put you over the income limit.
    - Do NOT provide a running transaction list of activity. You must provide individual statements.
    - Every page of statement must be provided
      - _____Checking accounts
      - _____Saving accounts
      - _____ Digital Wallets:
        Examples-CashApp, Venmo, Pay Pal, Apple Cash and similar accounts
      - _____Pre-paid debit card statements
        - 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.

        - 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/.
      - _____Revocable trusts
      - _____Equity in rental property or other capital investments
      - _____Investment accounts, including stocks, bonds, Treasury Bills, Certificates of Deposit, Mutual Funds, Money Market, Robinhood and all other online accounts etc.
      - _____Retirement including, i.e. IRA's, Roth IRA's, 401K, 403B, Keogh accounts, Pensions etc. from current and past employment.
      - _____Cash value of Whole Life or Universal Life Insurance Policy.
      - _____Personal Property held as an investment

- _____Lump-sum receipts or one-time receipts

11. _____Proof of student status for dependent household members over age of 18 and part or full-time students. Letters from High School or College providing student status, full time or part time for current or next semester.

12. _____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.

13. ____If the applicant is in the process of a divorce, the applicant must provide legal documentation that the divorce has begun or been finalized through a separation agreement or divorce papers. Information must be provided regarding the distribution of family assets. Failure to do so and ALL adult income and assets will count towards eligibility, even if they will not be living in the unit.

14. _____If you will be receiving a gift for down payment and/or closing costs a letter needs to be provided from the gifting party stating who is providing the gift and the amount. All applications will be checked for downpayment at time of application. We must see proof of those assets to be included in the lottery.

NOTE: If your deposit is cash and you have in your home you must deposit in your bank statement to show evidence of available funds.

15. _____ If you have a home to sell you must provide a market analysis, for the estimated home sale price, and a copy of your last mortgage statement and/or home equity statement. If you have an opportunity to purchase and own a home, you will have a defined time frame to have the home under a Purchase and Sale Agreement.

I/We understand if we do not provide all applicable financial documentation I/we will not be moving forward with the purchase process.

Print Applicants Name(s): _____

_____ _____

Applicants Signature DATE Co-Applicants Signature DATE

Return the following to MCO Housing Services:

1. Completed, signed and dated application
2. Read, Signed and dated Affidavit and Disclosure Form
3. All required documentation that pertains to your household

MCO Housing Services, LLC
P.O. Box 372
Harvard, MA 01451
Overnight mailing address: 206 Ayer Road, Harvard, MA 01451
Phone: 978-456-8388
FAX: 978-456-8986
Email: lotteryinfo@mcohousingservices.com
TTY: 711, when asked 978-456-8388