



your resource for Affordable Housing



**Residences at Simonds Park
Burlington, MA**

WAIT LIST APPLICATION

All affordable units at the Residences at Simonds Park are currently leased. If you would like to be added to the waiting list, please complete the application and return to:

**On Mark Living
111 Locust Street
Woburn, MA 01801
Email: leasing@onmarkliving.com**

The rents are NOT subsidized, or income based. You are responsible for the full rent.

Maximum Allowable Income Limits per household size at 80% AMI applies.

Section 8 or Other Housing Vouchers are Accepted

If you do not have a Section 8 housing voucher, the minimum income limits apply

Residences at Simonds Park

WAIT LIST APPLICATION

For Office Use Only:

Date Appl. Rcvd: _____

Household Size: _____

PERSONAL INFORMATION:

Date: _____

Name: _____

Address: _____ Town: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

Email: _____

Preferred Method of Contact: ___ Phone ___ Email ___ Mail

Do you currently own a home: ___ Yes ___ No

Do you require a handicapped adaptable unit? ___ Yes ___ No

When would you be available to move in? _____

Bedroom Size: _____ One Bedroom _____ Two Bedroom

Do you have a Section 8 or other housing voucher? (These units are NOT Subsidized): ___ Yes ___ No

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

Household Composition - include all who will be living in the unit.

Name _____ Relationship _____ Age _____

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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.)

Applicant Monthly Base Income (Gross) _____

Other Income, specify _____

Co-Applicant 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:

We understand this application is for the waiting list only. If we have the opportunity to lease we will need to provide required financial documentation before eligibility will be determined. The undersigned warrants and represents that all statements herein are true.

Signature _____	Date: _____
Applicant(s)	

Signature _____	Date: _____
Co-Applicant(s)	

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