



your resource for Affordable Housing



**Maynard Point Apartments
Maynard, MA**

WAIT LIST APPLICATION

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

**MacDonald Development
10 Main Street
Maynard, MA 01754
Phone: (978) 440-0442**

Email: macdonalddevelopmentinc@gmail.com

Maximum Allowable Income Limits per household size:

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

Section 8 or Other Housing Vouchers are Accepted

If you do not have a Section 8 housing voucher, there is a minimum income limit that applies.

Maynard Point Apartments

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

Do you require a special accommodation? ___ Yes ___ No

Bedroom Size: ___ Studio ___ 1 Bedroom ___ 2 Bedroom When would you be available to move in? _____

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 _____

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: _____

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.)

Household Assets: (This is a partial list of required assets. Complete all that apply with current account balances)

Checking	_____
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	_____

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)

Return to:

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