



your resource for Affordable Housing



***Stonegate St. Patrick
Natick, MA
First Come First Serve Application***

You need to contact the Leasing Office first and go through their screening before submitting this application to MCO Housing Services. Contact Stonegate St Patrick at tel:(508)655-1700 or CCostello@stonegatellc.com to schedule an appointment with the Leasing Office.

ONE MONTH FREE RENT FOR ELIGIBLE TENANTS

Attached is the information regarding the affordable rental units at Stonegate St. Patrick in Natick, 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 local, state or federal law.

Located at 45 E. Central Street, 4 & 6 Lincoln Street and 3 & 5 Wilson Street in Natick, Stonegate St. Patrick is a new rental development offering 12 affordable one-, two-, and three- apartments for eligible rental applicants earning up to 50% AMI or 80% AMI. Each unit includes 1 or 2 bathrooms, depending on bedroom size, and a washer and dryer. Pets are allowed, per policy. The monthly pet rent is \$75 for a dog and \$50 for a cat. The building is smoke free. One parking space is available at no charge. Additional spaces, based on availability, for \$100 per month per space. There is a locked bike storage room in the garage. One bike storage space is available at no charge per unit, upon request at move-in. Additional bike spaces, based on availability, will be available at \$25/mo. Requirements are subject to reasonable accommodation. The remaining affordable units are available on a first come first serve basis as outlined in the attached package.

The available units monthly rents are:

80% AMI

One Bedroom	\$2,427
Two Bedroom	\$2,697
Three Bedroom	N/A

Tenants are responsible for all electric utilities, hot water, water and sewer are included in the rent. A utility allowance has been deducted from the rents.

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

80% AMI

One Bedroom	\$72,810
Two Bedroom	\$80,910
Three Bedroom	N/A



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 。

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

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.

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)



Stonegate St. Patrick
Question & Answer for Rentals

The units will be leased in accordance with policies and guidelines established by the Commonwealth of Massachusetts Executive Office of Housing and Livable Communities (EOHLC) through its Chapter 40B program.

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	5	6
Income Between 51% and 80% AMI	\$92,650	\$105,850	\$119,100	\$132,300	n/a	n/a

RENTAL APPLICANT QUALIFICATIONS:

1. Household income cannot exceed the above maximum gross allowable income limits. Income for adults 18 or older is required. No Exceptions.
2. If assets are \$51,600 or less then the interest/dividends earned will be added to income. If Household assets exceed \$51,601, .45% will be added to household income in determining eligibility, if more than the actual interest/dividends earned. Assets divested at less than full market value within two years of application will be counted at full market value when determining eligibility.
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. Applicants may not own a home and lease an affordable unit, including homes in a trust.
5. 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.

Are there Group 2 units?

All the units are adaptable. The units can be adapted to satisfy a reasonable accommodation request. There are no Group 2 units. There is an elevator in the building. There is one three (3) bedroom Group 2A at 50% AMI available. 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. The request for reasonable accommodation must be made at the time of the initial application with the required documentation, i.e. letter from doctor.

Are there preferences for Household Size?

Household Size Preferences are based on the following:

1. There is at 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.

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.

Process



Due to the nature of the affordable units' availability, it is important for everyone to understand the procedure. Please understand the allowable income guidelines are adjusted based upon your household size. Also be advised that the program and its requirements are subject to changes in state or federal regulations.

Please note: Household size preference will override local preference. This means if we exhaust the applicants in the local pool that require two-bedroom units we will move to the open pool for households requiring two bedrooms. 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.

Once program eligibility has been determined your information will be forwarded to the Leasing Office for credit and background checks to the extent permitted by EOHLC guidance in effect at the time of your application. If the Leasing Office determines you are eligible, then you will be offered a unit. At lease signing you will be required to pay the first month's rent and a security deposit which equals one month's rent.

You need to be determined eligible by MCO Housing Services, the Leasing Office, and if you have a Section 8 or other housing voucher, your Public Housing Authority (PHA). If the PHA determines you or the project do not meet the eligibility criteria, then you will not be able to lease a unit.



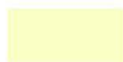
Residential – Floor 2



3 Bedroom
Ave SF: 1,290



2 Bedroom
Ave SF: 1,000



1 Bedroom
Ave SF: 725



Affordable



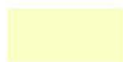
Residential – Floor 3



3 Bedroom
Ave SF: 1,290



2 Bedroom
Ave SF: 1,000



1 Bedroom
Ave SF: 725



Affordable



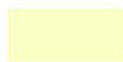
Residential – Floor 4



3 Bedroom
Ave SF: 1,290



2 Bedroom
Ave SF: 1,000



1 Bedroom
Ave SF: 725



Affordable



STONEGATE ST. PATRICK 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 other form of rental assistance: _____ Yes _____ No

Bedroom Size: _____ One Bedroom; _____ Two Bedroom; _____ Three Bedroom

Do you require a wheelchair accessible Group 1 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 _____

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 _____
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 _____
Gift _____

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, and 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 to have an opportunity to lease an affordable unit at Stonegate St. Patrick. I (we) understand if selected all information provided shall be verified for accuracy at the time of lease.

Signature _____
Applicant(s)

Date: _____

Signature _____
Co-Applicant(s)

Date: _____

Refer to page 21 for submission information



Stonegate St. Patrick

Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at Stonegate St. Patrick in Natick, 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	5	6
Income Between 51% and 80% AMI	\$92,650	\$105,850	\$119,100	\$132,300	n/a	n/a

Income from all family members, over the age of 18, 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.
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 applying 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 Stonegate St. Patrick.
7. Program requirements are established by EOHLC and are enforced by the Project's Monitoring Agent and, as necessary, 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 the Monitoring Agent or, as necessary, EOHLC is final.
8. 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 anything that has a monetary value, the amount of which is or will be determined by the outcome of the Project, including but not limited to ownership and equity interests in the Developer or in the subject real estate, and contingent or percentage fee arrangements; but shall not include third party vendors and contractors.

****Related Party means:**

1. any person that, directly or indirectly, through one or more intermediaries, controls or is controlled by or is under common control with the Developer, as well as any spouse of such person or "significant other" cohabiting with such person, and any parent, grandparent, sibling, child or grandchild (natural, step, half or in-law) of such person;



Rental affidavit

2. any person that is an officer of, member in, or trustee of, or serves in a similar capacity with respect to the Developer or of which the Developer is an officer, member, or trustee, or with respect to which the Developer serves in a similar capacity, as well as any spouse of such person or “significant other” cohabiting with such person, and any parent, grandparent, sibling, child or grandchild (natural, step, half or in-law) of such person;
 3. any person that, directly or indirectly, is the beneficial owner of, or controls, 10% or more of any class of equity securities of, or otherwise has a substantial beneficial interest (10% or more) in, the Developer, or of which the Developer is directly or indirectly the owner of 10% or more of any class of equity securities, or in which the Developer has a substantial beneficial interest (10% or more) , as well as any spouse of such person or “significant other” cohabiting with such person, and any parent, grandparent, sibling, child or grandchild (natural, step, half or in-law) of such person;
 4. any employee of the Developer; and
 5. any spouse, parent, grandparent, sibling, child or grandchild (natural, step, half or inlaw) of an employee of the Developer or “significant other” cohabiting with an employee of the Developer.
9. I/We understand there may be differences between the market and affordable units and accept those differences.
10. 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.
11. I/We understand that there will be no changes made to the application after the application deadline.

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

Applicant

Co-Applicant

Date



APPLICATION TIPS

PLEASE READ THE FOLLOWING CAREFULLY

1. Read the NOTES on the Required Personal Identification and Income Verification Documents. Failure to do so could mean the difference between a complete and incomplete application as well as eligibility for a unit.
2. All financial documentation, income, assets and tax returns, are required from all household adults aged 18 or older. No exceptions.
3. All Asset statements must include your name, account number and Institution name. Do not take photos or copy a statement from your phone. If you provide any asset statements without the above information your application is an automatic incomplete.
4. DO NOT ASSUME you do not need to provide a certain document. When in question call or email BEFORE you submit your application.
5. We will not use the amount listed on your paystubs or W2's regarding your retirement account i.e. 401K, 403B, IRA, Roth IRA etc. Your paycheck and W2's tells us you have a retirement account only. You must provide the last statement from whoever is managing the account in order for MCO to determine the account's value.
6. Do NOT forget to include statements from Robinhood, Acorn or any other online investment or banking accounts. They are considered part of your assets. If you have an open account, you must provide a statement whether there are any funds in the account or not.
7. 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 accepted but depending on the circumstances, we may be able to work with you.
8. 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.
9. You can fax your information, but it is not recommended. If all pages are not received your application would be considered incomplete.

I/We have read the above Application Tips.

Applicant Signature

Date

Co-Applicant Signature

Date



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

Provide **one copy** of all applicable information. Complete financial documentation is required and must be sent with your application to be reviewed. Incomplete applications will not be reviewed until all documentation is submitted. MCO may ask for additional information or documentation that may not be listed here due to its need to help determine eligibility.

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

1. ____ Identification for each household member, i.e. Driver's License , Birth Certificate, Passport etc.
2. ____ Provide a copy of your Section 8 or other Housing Voucher.
3. ____ If you require Reasonable Accommodation. *Provide a letter outlining your request as well documentation for its need i.e. doctors letter.*
4. ____ Current Pay Stubs. *Provide the last five (5) **consecutive** pay stubs for all jobs (check/direct deposit stubs).*

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, semi-weekly, bi-weekly or monthly.

NOTE: For unemployment, DOR verification stating benefits received and payment history. Same for disability compensation, worker's compensation and/or severance pay.

5. ____ For Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts – *provide current year Benefit letter which includes the full amount of gross periodic amounts received*
6. ____ If you receive Child support and alimony. *Provide court document indicating the payment amount and/or DOR statement.*

NOTE: If you are a single parent and do NOT receive child support - *Provide a letter stating you are not receiving child support.*

7. ____ If you have Foster Children or receive Adult state-based payment – *Provide the Benefits letter related to the support received.*
8. ____ Federal Tax Returns. *Provide – 2024 Federal Income Tax Return.* Transcripts are accepted.
(DO NOT provide 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 have not filed tax returns, in the required years, you must submit a Verification of Non-filing letter from the IRS. To obtain the letter submit form 4506-T, located at irs.gov, to the IRS and they will mail you the letter or create an account at irs.gov and print out the Verification of Non-filing letter for the tax years needed.

NOTE: If you are unable to locate your tax returns you can submit a Tax Transcript of your tax return. To obtain a Tax Transcript complete Form 4506-T, located at irs.gov, and submit to the IRS or create an account at irs.gov and print out the Tax Transcripts for the year needed.

9. ____ W2 and/or 1099-R Forms: 2024 & (2025 if available)

NOTE: If you are unable to locate your W2/1099's you can submit a Wage and Income Transcript of your W2/1099's. To obtain a transcript complete Form 4506-T, located at irs.gov, and submit to the IRS or create an account at irs.gov and print out the required Wage Transcripts.

10. ____ If you are self-employed. *Provide a detailed expense and income spreadsheet for the last 12 months and three months of business checking and savings accounts. **If self employed you must also submit the last three years of Federal Tax Returns – 2022, 2023, 2024.***

11. ____ Asset Statement(s): Provide **ONE** copy of all **current** statements of all that apply, unless otherwise noted.

GENERAL NOTE: ALL ASSETS STATEMENTS MUST INCLUDED YOUR NAME, ACCOUNT NUMBER AND INSTITUTION NAME FOR ALL CHECKING, SAVINGS, INVESTMENT ACCOUNTS AND RETIREMENT ACCOUNTS.

- A. ____ Checking accounts – *Current full statements – EVERY PAGE – FRONT AND BACK.*

NOTE: These accounts are looked at closely. Direct deposits from an employer for payroll, SS, tax refund, DOR, DTA or transfers between your accounts can typically be identified. However, if you have cash deposits from other sources, you MUST identify their source or they may be included as income (which could put you over the income limit). Examples include deposits from VENMO, EBAY, POSHMARK, PAYPAL, CASH APP, ZELLE and others. If you have these types of deposits you can provide explanations below. (*i.e. Venmo from brother for parents birthday dinner.*) If you fail to explain they will be counted as income. Please provide a specific statement for each identified transaction.

- B. ____ Saving accounts – *Current bank statements– EVERY PAGE – FRONT AND BACK.*

NOTE: These accounts are looked at closely. Direct deposits from an employer for payroll, SS, tax refund, DOR, DTA or transfers between your accounts can typically be identified. However, if you have cash deposits from other sources, you MUST identify their source or they may be included as income (which could put you over the income limit). Examples include deposits from VENMO, EBAY, POSHMARK, PAYPAL, CASH APP, ZELLE and others. If you have these types of deposits include a note highlighting the deposit and their purpose. (*i.e. Venmo from brother for parents birthday dinner.*) If you fail to explain they will be counted as income.



C. ____ Pre-paid debit card statements – *Upload current months statement.*

D. ____ *Digital wallets: VENMO, Cash App, PayPal, Apple Cash– last month full statement*

NOTE: This is NOT your ATM/Debit card. Social Security and DTA often provide benefits in the form of a pre-loaded debit card. If your Social Security payments are deposited onto a Direct Express card you can print a statement from the Direct Express website at <https://www.usdirectexpress.com/> and then Upload to your file.

E. Other Types of Financial Statements which may be Required or Verified. If you have any of the following types of investment, we will need you to provide a statement relating to their value for Verification. Examples include:

- ____ Revocable trust
 - ____ 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 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
12. ____ Student status for dependent household members 18 or older. *Provide Letter from High School or College establishing student status as full time or part time for current and upcoming semester.* Income for full time college students who are working and dependent on the parent tax return will only add \$480 to the household qualifying income.
13. ____ For Full or Part-Time Dependent Students - ***Household is not on Section 8.*** Complete and provide **Appendix A** with all supporting documentation.
14. ____ If a household seeks to count an unborn child as a household member. *Provide proof of pregnancy. i.e. letter from doctor.*
15. ____ If an applicant is in the process of a divorce. *Provide legal documentation of the divorce proceedings or a finalized separation agreement.* Information must be provided regarding the distribution of family assets, child support, alimony etc. If you are unable to provide then both parties income/assets and homebuyer status will be used in determining eligibility even if the individual will not be living in the apartment.
16. ____ If you will be receiving a gift *provide a letter from the Giftee stating the amount of the gift.*
17. ____ If you are Selling a home. *Provide a copy of your most recent mortgage statement as well as a copy of a Purchase & Agreement for its sale or an Appraisal stating its value.* Please note the home sale must be completed and settlement statement submitted prior to moving into affordable leased home.



We understand if we do not provide all applicable financial documentation our application will not be reviewed for eligibility. We understand that additional documentation may be requested if it is needed to determine eligibility.

Print Applicants Name(s): _____

Applicants Signature

DATE

Co-Applicants Signature

DATE

See page 21 for submission information



Stonegate St. Patrick
Natick, MA

Release of Information Authorization Form

Date: _____

I/We hereby authorize MCO Housing Services, Stonegate St. Patrick, LLC Leasing Office, 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, Stonegate St. Patrick, LLC Leasing Office, or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for Stonegate St. Patrick.

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



Appendix A: HOTMA Student Eligibility Checklist

A. Student Identification

- Student Full Name: _____
- Date of Birth: _____
- Institution Name: _____
- Enrollment Status: ☐ Full-time ☐ Part-time

B. Independence Status (Student must meet one of the following)

Criteria	Documentation Required	Verified?
Student is 24 years or older	Government-issued ID or birth certificate	
Married	Marriage certificate	
Has dependent children	Birth certificates, custody, or tax returns	
Veteran of U.S. Armed Forces	DD-214 or similar	
Graduate or professional student	Enrollment records	

C. Parental Information (if student is under 24 and not independent)

Criteria	Documentation Required	Verified?
Student lives with parents	Lease or proof of residency	
Student claimed as dependent	IRS Tax Transcript or signed 1040	

D. Financial Aid Income Treatment

Description	Required Documents	Excluded?	Included?
Tuition and mandatory fees	Financial aid award letter		
Room/board, stipends, other expenses	Financial aid breakdown		
Exemption for students over 23 with dependent children	Birth certificates or tax return		

E. Additional Considerations

- ☐ Student is NOT living in institution-owned housing excluded under Section 8 rules
- ☐ IRS Form 4506-T submitted (for income/tax verification)
- ☐ Certificate of Non-Filing provided if applicable
- ☐ Affidavits for non-filing (if no tax returns)

Final Determination: ☐ Student is Eligible ☐ Student is Ineligible ☐ More documentation required

Reviewed by: _____ Date: _____



Required Documents for HOTMA Student Eligibility

1. Proof of Enrollment

- Letter from the college or university confirming full-time or part-time enrollment.

2. Proof of Independence (if under 24, provide at least one of the following):

- Government-issued ID or birth certificate (if age 24 or older).
- Marriage certificate.
- Birth certificate of dependent child or tax return showing dependent claimed.
- DD-214 (military discharge).
- Enrollment in graduate or professional program.

3. Financial Aid Documentation:

- Financial aid award letter (for tuition and mandatory fees).
- Breakdown of financial aid (showing stipends, room and board, etc.)

4. Additional Forms:

- IRS Form 4506-T (for tax transcript request).
- Certificate of Non-Filing (if applicable).
- Affidavits for non-filing (if no tax return was filed).

Print Applicants Name(s): _____

Applicants Signature DATE

Co-Applicants Signature DATE

Applicants Signature DATE

Co-Applicants 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

Custody & Child Support Affidavit
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SUBMIT FOR RENTAL UNITS ONLY

Return the following to MCO Housing Services:

1. Completed, signed and dated application
2. Read, signed and dated Affidavit and Disclosure Form
3. Read, signed and dated Application Tip Information Sheet
4. Completed, signed and dated Required Personal Identification and Income Verification Documents Form
5. All required financial documentation
6. Complete, signed and dated *Release of Information Authorization Form*
7. Special Accommodation, if needed
8. Custody and Child Support Affidavit, complete for each child, if needed.

RETURN ALL to:

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

