



your resource for Affordable Housing



**10 Corey Street
Melrose, MA**



Reasonable Accommodations are available.

Attached is the information regarding the affordable rental units at 10 Corey Street in Melrose, 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 10 Corey Street in Melrose in Melrose, 10 Corey Street has affordable one and two-bedroom units for eligible tenants.

The rents are not income based or subsidized. You are responsible for the full monthly rent. Section 8 is accepted but you should contact your Section 8 provider to determine if they will accept the project.

The monthly rents are as follows: 1 bedroom - \$2,236; 2 bedroom - \$2,451, The minimum income required, without a Section 8 Voucher is: 1 Bedroom: \$67,080; 2 Bedroom: \$73,530. A utility allowance has been deducted from the final rents.

Please note: Complete financial documentation is required and must be sent with your application to be considered. Included in this package is the list of required documentation and additional forms, if applicable, to be sent in with your application. Complete applications will have priority over incomplete applications. These units are First Come First Serve to the first complete and eligible applicant.

Thank you for your interest in affordable housing at **10 COREY STREET**. 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,

Jennifer E. Woodsum

Jennifer Woodsum
MCO Housing Services for
10 Corey Street

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 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)

10 Corey Street

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 (EOHLC) and Mass Housing.

What are the qualifications required for Prospective Tenants?

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

Household Size	1	2	3	4
Max Allowable Income	\$92,650	\$105,850	\$119,100	\$132,300

(income limits are subject to change when HUD releases new income limits)

APPLICANT QUALIFICATIONS:

1. Household income cannot exceed the above maximum gross allowable income limits.
2. 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.
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. 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.
5. You may not own a home and rent an affordable apartment.

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.

10 Corey Street

NEW TENANT APPLICATION

FOR OFFICE USE ONLY:

Date Rcvd: _____

PERSONAL INFORMATION: PRINT LEGIBLY

Date: _____

Name: _____

Address: _____ Town: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

Email: _____ Do you own a home? ☐ Yes ☐ No

Do you have a Section 8 voucher (the units are NOT subsidized or income based): ☐ Yes ☐ No

Bedroom Size (Check One): ☐ One Bedroom; ☐ Two Bedroom

Do you require a wheelchair accessible unit?: ☐ Yes ☐ No

Are you disabled?: ☐ Yes ☐ No

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

Household Composition(including applicant(s))

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.)

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 (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 _____

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:

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 10 Corey Street. I (we) understand if selected all information provided shall be verified for accuracy at the time of lease. I

Signature _____ Date: _____
Applicant(s)

Signature _____ Date: _____
Co-Applicant(s)

10 Corey Street

Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at 10 Corey Street are through EOHLC and MassHousing:

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	\$92,650	\$105,850	\$119,100	\$132,300

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.
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 determined eligible 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 your eligibility to lease.
6. I/We understand that if selected I/we may be able to select a unit. If I/we reject a 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 10 Corey Street.
7. Program requirements are established by EOHLC and MassHousing. 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 MassHousing is final.
8. I/We certify that no member of our family has a financial interest in 10 Corey Street.
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.

I/We have completed an application and have reviewed and understand the process that will be utilized to distribute the available units at 10 Corey Street. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.

Applicant

Date

Co-Applicant

Date

APPLICATION TIPS

READ THE FOLLOWING CAREFULLY

1. More than 60% of applications submitted to MCO Housing Services are incomplete. Your application will not be reviewed for eligibility unless all financial documentation has been received. Please take the time to read the application and submit all required documentation. It is your responsibility to provide the correct documentation. It does not matter if you were the first application or the last application received, we will NOT review applications until AFTER the posted deadline.
2. 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.
3. All financial documentation, income, assets and tax returns, are required from all household adults aged 18 or older. No exceptions.
4. 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.
5. DO NOT ASSUME you do not need to provide a certain document. When in question call or email BEFORE you submit your application.
6. 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 tell us you have a retirement account only. You must provide the last statement from whoever is managing the account for MCO to determine the account's value.
7. Do NOT forget to include statements from Robinhood or any other online investment 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.
8. 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 included in the lottery, but depending on the circumstances, we may be able to work with you.
9. 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.
10. 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 information.

Signature

Date

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 participate in the lottery. Incomplete applications will not be included in the lottery and the applicant will be notified after the application deadline.

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. 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 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, 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 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.
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. If you do not receive child support provide a letter stating, that you are not receiving child support or see attached form.
7. _____ 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.
8. _____ Federal Tax Returns –2024 (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 Tax Transcript using form 4506-T that you can obtain at irs.gov or create an account at irs.gov and print out the Tax Transcript.
- **NOTE:** If you have not filed tax returns you must provide a letter from the IRS Verifying Non-filing of your tax return(s). Request Verification of Non-filing letter by using form 4506-T that you can obtain at irs.gov or create an account at irs.gov and print out the Verification of Non-filing letter.

9. _____ W2 and/or 1099-R Forms: 2024

- **NOTE:** If you do not have copies of W2's and/or 1099's, you can obtain a copy of your Wage Transcript using form 4506-T that you can obtain at irs.gov or create an account at irs.gov and print out the Wage Transcript.

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:

GENERAL NOTE: 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.

i. _____ Checking accounts – Last **three (3)** months of statements – EVERY PAGE – FRONT AND BACK.

NOTE: 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. For example only, **VENMO, EBAY, POSHMARK, PAYPAL, CASH APP, ATM and MOBILE deposits, ZELLE and other transfers between any accounts but your accounts, etc. There is no way we can list all sources.** 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.

ii. _____ 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/>.

iii. _____ Saving accounts – last **three (3)** months of full statements.

NOTES: 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. For example, **VENMO, EBAY, POSHMARK, PAYPAL, CASH APP, ATM and MOBILE deposits, ZELLE and other transfers between any accounts but your accounts, etc. There is no way we can list all sources.** If you fail to explain they will be counted as income, which may put you over the income limit.

- iv. _____ Revocable trusts
- v. _____ Equity in rental property or other capital investments
- vi. _____ Investment accounts, including stocks, bonds, Treasury Bills, Certificates of Deposit, Mutual Funds, Money Market, Robinhood and all online accounts, etc.
- vii. _____ Retirement accounts, IRA, Roth IRA, 401K, 403B, etc for all current and past jobs
- viii. _____ Cash value of Whole Life or Universal Life Insurance Policy.
- ix. _____ Personal Property held as an investment
- x. _____ Lump-sum receipts or one-time receipts

12. _____ Proof of student status for dependent household members over age of 18 and full-time or part-time students. Letter from High School or College providing student status, full time or part time for current or 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 that the divorce or separation has begun or has been finalized. Information must be provided regarding the distribution of family assets.

15. _____ If you have a home to sell you need to provide a copy of your last mortgage statement and a market analysis which provides the sale price. The home must be sold before you can lease an affordable apartment.

16. _____ If you are receiving gift monies on a regular basis you need to provide a letter stating who is providing the funds and the monthly amount.

We understand if we do not provide all applicable financial documentation we will not be included in the lottery. We also understand we will be notified after the application deadline that our application is incomplete.

Print Applicants Name(s): _____

Applicants Signature DATE

Co-Applicants Signature DATE

10 Corey Street
Melrose, MA

Release of Information Authorization Form

Date: _____

I/We hereby authorize MCO Housing Services, 10 Corey Street 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, 10 Corey Street Leasing Office, or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for 10 Corey Street.

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

Please note: Complete financial documentation is required and must be sent with your application to be considered. Included in this package is the list of required documentation and additional forms, if applicable, to be sent in with your application. Complete applications will have priority over incomplete applications. These units are First Come First Serve to the first complete and eligible applicant.

Return application and ALL required financial documentation to:

MCO Housing Services

P.O. Box 372

Harvard, MA 01451

Drop Off: 206 Ayer Road, Harvard, MA

Email: lotteryinfo@mcohousingervices.com

Phone: (978) 456-8388/Fax: 978-456-8986

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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