



your resource for Affordable Housing



***114 Sylvan Street
Project Information and New Tenant Application
Danvers, MA***

You must contact the Leasing Office to complete their screening BEFORE submitting this application. Contact the Leasing Office: 978-927-3690 or thearon@mrsapts.com

Reasonable Accommodations are available.

Attached is the information regarding the affordable rental units at 114 Sylvan Street in Danvers, 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.

114 Sylvan Street is an existing rental property that has two 1-bedroom apartments. Currently one unit is available on a first come first serve basis. Surface parking is available for each unit at no charge. This is a smoke and pet free development. Washer and dryer is available on property. The available unit is 614 sq. ft.

The monthly rent is: \$1,601 and heat, hot water, water and sewer are included in the rent. Tenants are responsible for electricity. Please review the enclosed information packet in detail and complete the application and disclosure statement at the rear of the packet.

The rent is NOT subsidized, or income based. You are responsible for the full rent. Section 8 or a Housing voucher will be accepted but it is your responsibility to find out if your Section 8 or Housing provider accepts the rent and project. The minimum income, without a Section 8 or Housing Voucher, is: One Bedroom - \$48,030.

Please note: Complete financial documentation is required and must be sent with your application for your application to be reviewed. Included in this package is the list of required documentation and additional forms, if applicable, to be sent in with your application.

Thank you for your interest in affordable housing at **114 Sylvan Street**. We wish you the best of luck. Please contact MCO Housing Services at 978-456-8388 or email us at lotteryinfo@mcohousingervices.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.

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, 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 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.

[Phone #]

[Agency Name]

(Arabic)

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)

114 Sylvan Street

Question & Answer

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).

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
Max Allowable Income	\$57,900	\$66,200

(Income limits are subject to change when HUD releases the 2025 income limits)

APPLICANT QUALIFICATIONS:

- Household income cannot exceed the above maximum gross allowable income limits. Income from household members 18 or older is required.
- Under HOTMA, households with total assets over \$51,600.01 must include either actual or imputed income calculated using HUD's current passbook rate of **0.45%** in their income eligibility, while those with \$51,600.01 or less may exclude asset income. All financial accounts, digital wallets, lump-sum receipts, and recently disposed assets must be disclosed and verified
- In addition to income and asset eligibility you will also be subject to a screening by the project leasing agent and your eligibility will be determined based on the Leasing Office Screening. If a criminal background screening is part of the Leasing Office screening it will be conducted in accordance with EOHLC MODEL POLICY REGARDING APPLICANT SCREENING ON THE BASIS OF CRIMINAL RECORDS.
- The units can be adapted to satisfy reasonable accommodation requests. 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.
- You cannot own a home and lease an affordable apartment. The home must be sold prior to lease execution.
- HOTMA Student Eligibility: Under HUD's HOTMA regulations, full-time students enrolled in institutions of higher education must meet additional eligibility criteria. If any household member is a full-time student and under the age of 24, they must demonstrate independence (via marriage, dependents, veteran status, etc.) or provide documentation of parental income. Students who are not independent and do not meet exemption criteria may be deemed ineligible for the affordable housing unit. See Appendix A for the Student eligibility checklist and the list of required documents for Students Eligibility

Are there preferences for Household Size?

Unit size preferences are based on the following:

- There is at least one occupant per bedroom.
- 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.
- 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.
- A household may count an unborn child as a household member. The household must submit proof of pregnancy with the application.
- If the applicant is in the process of a divorce or separation, the applicant must provide proof that the divorce or separation has begun or has been finalized, as set forth in the application.

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.

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.

Please note: Applicants will not be offered a unit larger than their household is eligible for based on the above unit size preferences, i.e. a one-person household requesting a two-bedroom unit. (See page 3) Make sure you check the appropriate bedroom size on the application, otherwise you may lose the opportunity to lease. 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.



Available Unit

114 Sylvan Street

New Tenant APPLICATION

For Office Use Only:

Date Appl. Rcvd: _____

Household Size: _____

PERSONAL INFORMATION:

Date: _____

Name: _____

Address: _____ Town: _____ Zip: _____

Work Telephone: _____ Cell: _____

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

Do you have a Section 8 or other housing voucher: ☐ Yes ☐ No

Bedroom Size: ☐ One Bedroom

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

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

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's Monthly Base Income (Gross) _____

Other Income, specify _____

Co-Applicant's 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 _____

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:

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 114 Sylvan Street. I (we) understand if selected all information provided shall be verified for accuracy at the time of lease. I/we understand if I/we provided an incomplete application it will not be reviewed for eligibility.

Signature _____	Date: _____
Applicant(s)	
Signature _____	Date: _____
Co-Applicant(s)	

114 Sylvan Street

Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at 114 Sylvan Street through EOHLC in Danvers, MA:

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

Household Size	1	2
Max Allowable Income	\$57,900	\$66,200

Income from all family members must be included.

2. I/We understand that if household assets exceed \$51,600.01, the calculation of income will include the greater of the actual income earned from those assets or imputed income based on HUD's current passbook rate of 0.45%, which will be added to the household's total income when determining eligibility.
3. The household size listed on the application form includes 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 submitting an application 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 114 Sylvan Street.
7. Program requirements are established by EOHLC and are enforced by EOHLC. 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 the EOHLC is final.
8. I/We certify that no member of our family has a financial interest in 114 Sylvan Street.
9. I/We understand there may be differences between the market and affordable units and accept those differences.
10. I/We understand we need to be recertified annually to determine continued eligibility. I/We understand that if my/our total income exceeds 140% of the maximum allowable income at the time of annual recertification, after the end of my then current lease term I will no longer be eligible for the affordable rent. I/We also understand if we fail to provide the required recertification information, we have the option of paying market rent or moving out.
11. I/We understand that if my/our application is incomplete it will not be reviewed for eligibility and we may lose the opportunity to lease.

I/We have completed an application and have reviewed and understand the process that will be utilized to distribute the available units at 114 Sylvan Street. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.

Applicant

Co-Applicant

Date

114 Sylvan Street
Danvers, MA

Release of Information Authorization Form

Date: _____

I/We hereby authorize MCO Housing Services, 114 Sylvan 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, 114 Sylvan Street Leasing Office, or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for 114 Sylvan 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

APPLICATION TIPS INFORMATION

1. More than 70% of applications submitted to MCO Housing Services are incomplete. Please take the time to read the application and submit all required documentation. It is your responsibility to provide the correct documentation. Your application will not be reviewed for eligibility until all documentation has been received.
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 determine eligible, 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.

Print Name

Signature

Date

Print Name

Signature

Date

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

**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. _____ 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. _____ Foster Children or Adult state-based payment
8. _____ 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.
9. _____ 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.

10. _____ 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.

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

12. _____ For Full or Part-Time Dependent Students Whose household is not on Section 8: Complete **Appendix A** with all supporting documentation.

13. 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 – Most Recent statement – 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 – most recent full statement.

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. _____ CashApp, VENMO, Apple Cash, PayPal, Chime or similar accounts – most recent full statement.
 - v. _____ Revocable trusts
 - vi. _____ Equity in rental property or other capital investments
 - vii. _____ Investment accounts, including stocks, bonds, Treasury Bills, Certificates of Deposit, Mutual Funds, Money Market, Robinhood and all online accounts, etc.
 - viii. _____ Retirement accounts, IRA, Roth IRA, 401K, 403B, etc for all current and past jobs. The balance of these accounts will not be counted as an asset. Any distributions of periodic payment or dividends will be considered income. Most recent statement must be provided.
 - ix. _____ Cash value of Whole Life or Universal Life Insurance Policy.
 - x. _____ Personal Property held as an investment
 - xi. _____ Lump-sum receipts or one-time receipts
14. _____ 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.
15. _____ 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.
16. _____ 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.
17. _____ 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 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

REMEMBER IF YOU CHECKED YES TO ANY OF THE ABOVE YOU MUST PROVIDE THE REQUIRED DOCUMENTATION AND STATED ADDITIONAL FORMS OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE.

Return the following to MCO Housing Services:

1. Completed, signed and dated application
2. Signed and dated Affidavit and Disclosure Form
3. Signed and dated Application Tips Information
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 Income, if needed
8. Completed, signed and dated Custody & Child Support Affidavit, if applicable.

You may submit documentation via email, fax or mail 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
FAX: 978-456-8986
Email: lotteryinfo@mcohousingservices.com
TTY: 711, when asked 978-456-8388