



your resource for Affordable Housing



***Trailside Apartments
Information and First Come First Serve Application Package
Boylston, MA***

YOU MUST CONTACT THE LEASING OFFICE FIRST AND GO THROUGH THEIR SCREENING BEFORE SUBMITTING THIS APPLICATION TO MCO HOUSING SERVICES. CONTACT THE LEASING OFFICE AT 508-501-4115 OR EMAIL: INFO@TRAILSIDEBOYLSTON.COM

Attached is the information regarding the affordable rental units at Trailside Apartments in Boylston, 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 100 Shrewsbury Street in Boylston, Trailside Apartments is a new 63-unit rental development offering 16 affordable one-, two-, and three-bedroom apartments for eligible tenants earning up to 80% of median income. Unassigned surface parking is available for all at no charge. Garage parking is available, based on availability, for \$200/mo. Each unit includes one or two baths and all kitchen appliances in 813-1553 sq. ft. depending on bedroom size. In-unit washer and dryer included. The building does have an elevator. Two pets are allowed, per the pet policy. Pet rents are \$60/per dog and \$30/per cat monthly. Service animals are allowed. There are breed restrictions. This is a smoke-free building.

CURRENTLY THERE ARE ONE- AND TWO-BEDROOM UNITS AVAILABLE ON A FIRST COME FIRST SERVE BASIS.

The monthly rents are: One Bedroom - \$1,818; Two Bedroom - \$2,015; ~~Three Bedroom - \$2,200~~. Tenants are responsible for all utilities except sewer. A utility allowance has been deducted from the rents. The remaining affordable units will be available on a first come first serve basis as outlined in the attached package. Please review the enclosed information packet in detail and complete the application and disclosure statement at the rear of the packet.

The rents are 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 incomes, without a Section 8 or Housing Voucher are: One bedroom - \$54,540; Two Bedroom - \$60,450; ~~Three Bedroom - \$66,000~~. A combination of income and assets may be taken under consideration when determining the minimum income.

Please note: Complete financial documentation is required for your application to be reviewed for eligibility. Included in this package is the list of required documentation to be sent in with your application. Applications be reviewed in order of receipt. If you submit an incomplete application, we will send you an email or letter which will include the list of documents that were not provided. If you provide the missing documentation, we will add you to the bottom of the waiting list and will review your application again based on the date your application added to the waiting list.

Thank you for your interest in affordable housing at ***Trailside Apartments***. We wish you the best of luck. 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.

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 dukumentiyi 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)



Trailside Apartments

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	3	4	5	6
Max Allowable Income up to 80%	\$69,850	\$79,800	\$89,800	\$99,750	\$107,750	\$115,750

APPLICANT QUALIFICATIONS:

1. Household income cannot exceed the above maximum gross allowable income limits. Income from all household members 18 or older must be provided.
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. 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, i.e. credit, past landlord, CORI etc. and determined eligible based on that basis.
4. Households cannot own a home, including homes in a trust, and lease an affordable unit. Your home must be sold before you will be allowed to move-in.

Are there accessible/adaptable units?

Yes, all the units are adaptable. Four units are Group 2 accessible units – 2 one-bedroom, 1 two-bedroom and 1 three-bedroom unit. Applicants with disabilities may request reasonable accommodations or modifications of the housing when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing.

Are there preferences for Household Size?

In all cases, preference for the three-bedroom unit will be for households that require three bedrooms.

Preference for the two-bedroom units will be for households that require two bedrooms.

Preference for one bedroom is for households requiring one bedroom.

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.
5. 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.

Households must not exceed the Massachusetts State Sanitary Code: 105 CMR 410. Applicants will not be offered a unit larger than they are eligible for.



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.

Summary

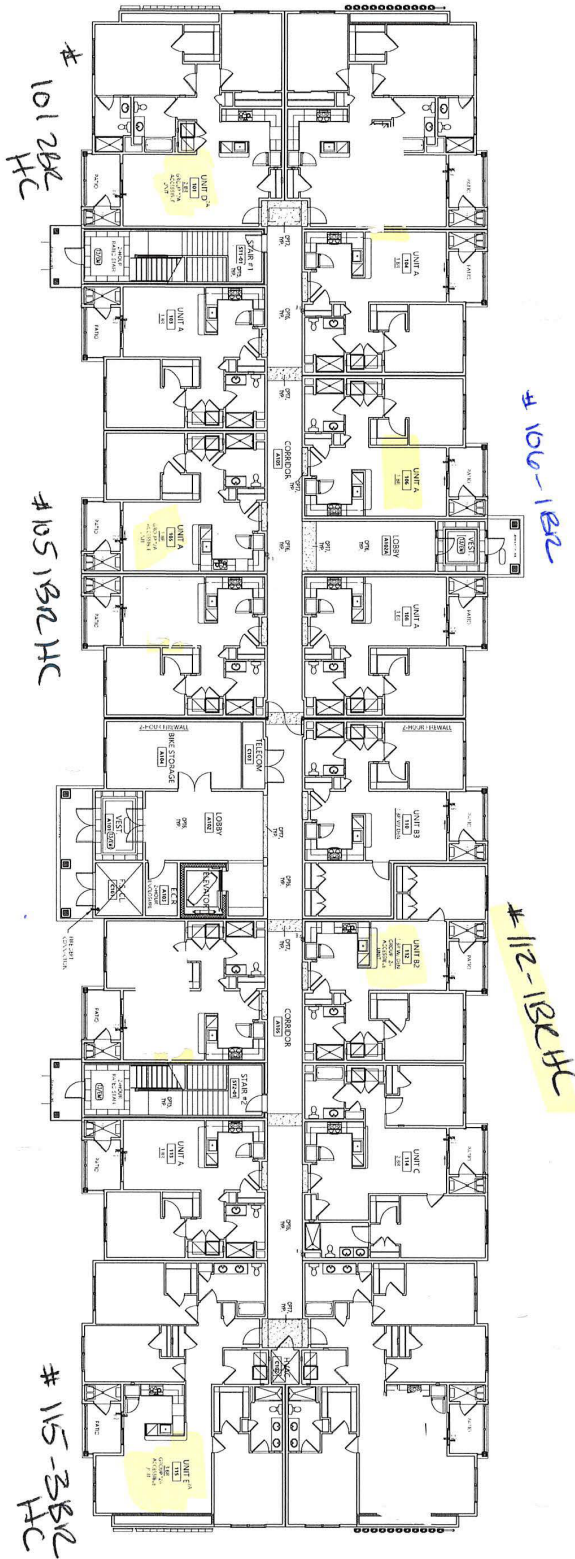
We hope this helps explain the process by which the units will be distributed. It can be a lengthy and sometimes complicated process. We greatly appreciate your participation and wish you the best of luck in the process.

Project Amenities

- Resident Lounge
- Outdoor kitchen
 - Bark Park
- 24-hour athletic center
- Elevator in building
 - Pet Friendly
- Smoke Free Community
 - Detached Garages
- On Site Maintenance
- Package acceptance



1st Floor



ELITE BUILDERS
TRAILSIDE
APTS

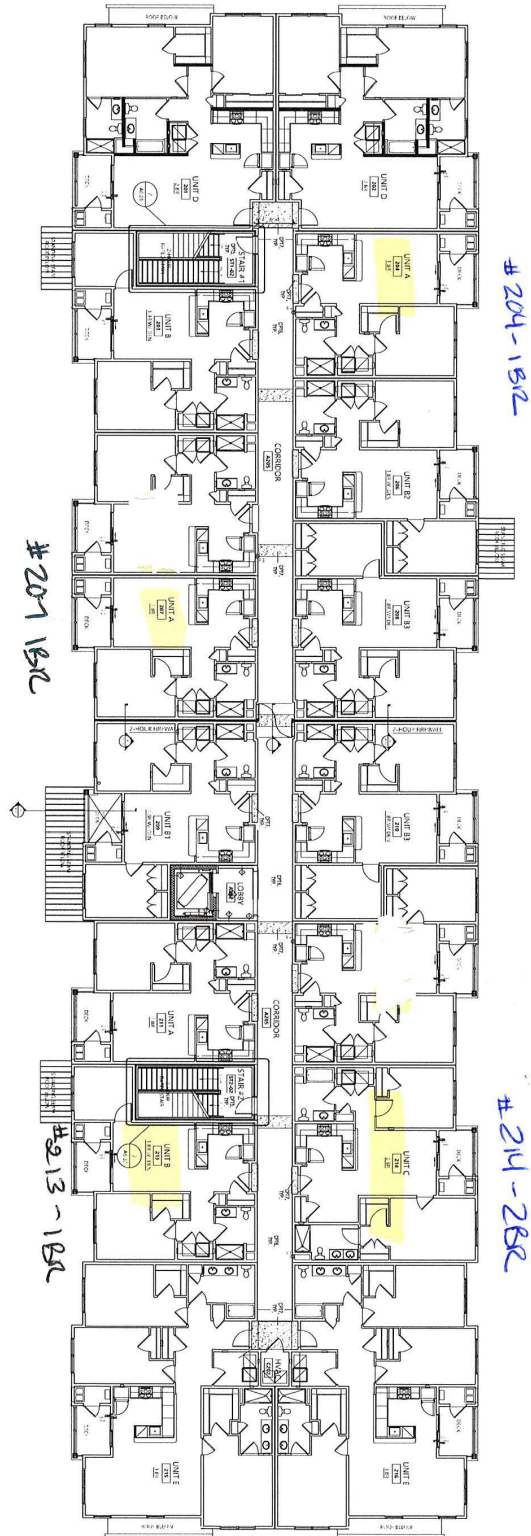
BOYLSTON, MA

FIRST FLOOR
CORRIDOR
FINISH PLAN

SCALE: 1/8" = 1'-0"
DATE: 06/09/22
ID1.03



2nd Floor



221 Main Street, Suite 100
Boston, MA 02108
Tel: 617.552.1200
Fax: 617.552.1201

ELITE BUILDERS
TRAILSIDE
APTS

BOYLSTON, MA

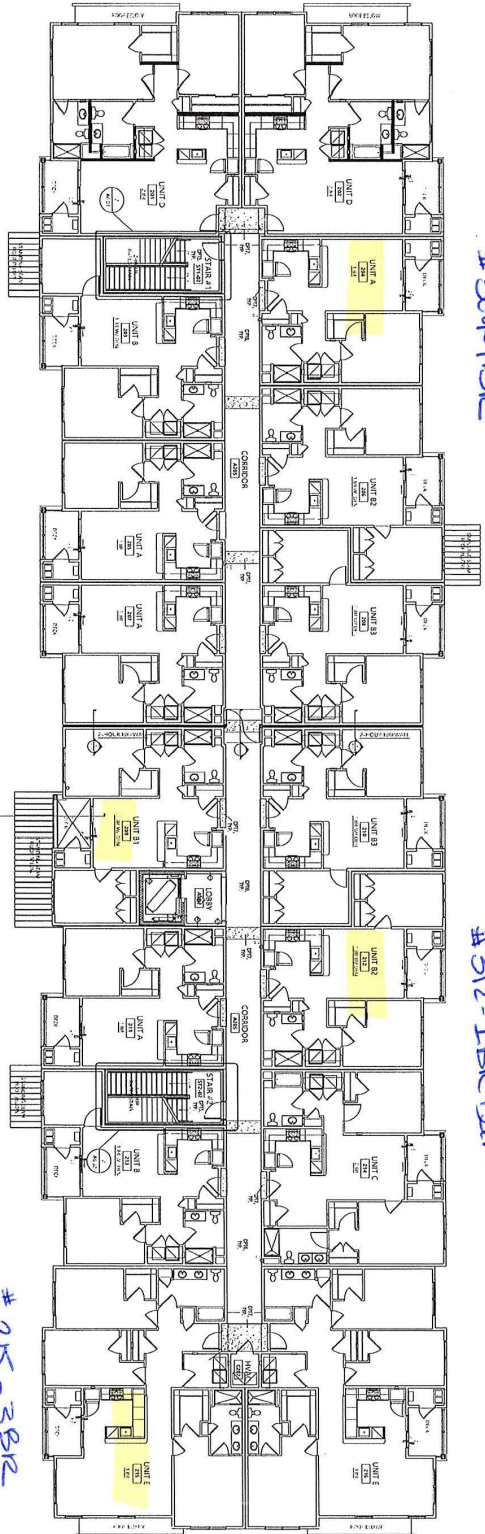
TYPICAL UPPER
FLOOR CORRIDOR
FINISH PLAN

SCALE 1/8" = 1'-0"
DATE 06/09/03

ID1.04



3rd floor



ELITE BUILDERS
TRAIL SIDE
APTS.

BOYLSTON, MA

TYPICAL UPPER
FLOOR CORRIDOR
FINISH PLAN

SCALE: 1/8" = 1'-0"
DATE: 06/20/23

ID1.04

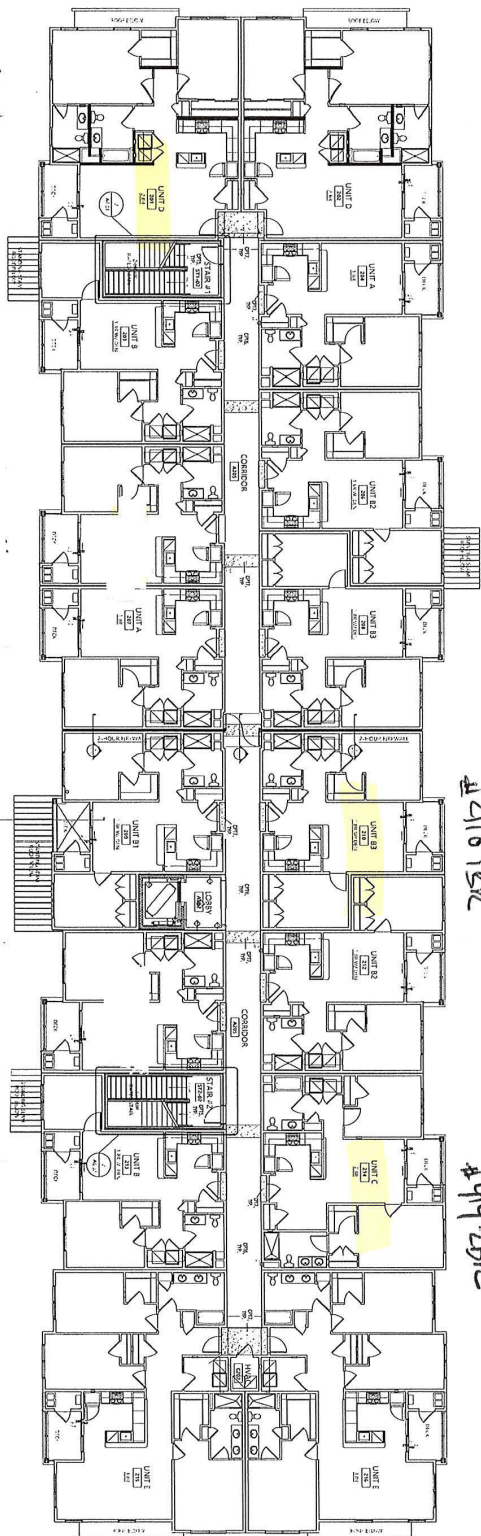


4th floor

#401232

#4110152

#414252



ELITE BUILDERS
TRAILSIDE
APTS

BOYLSTON, MA

TYPICAL UPPER
FLOOR CORRIDOR
FINISH PLAN

SCALE: 1/8" = 1'-0"

DATE: 06/09/03

ID1.04



Trailside Apartments

FIRST COME FIRST SERVE APPLICATION

For Office Use Only:

Date Appl. Rcvd: _____

Household Size: _____

PERSONAL INFORMATION:

Date: _____

Name: _____

Address: _____ Town: _____ Zip: _____

Cell/Home Telephone: _____ Work Telephone: _____

Email: _____

Have you or do you own a home? _____ If so, when did you or will you sell it? _____

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

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

Are you disabled: Yes _____ No _____

Do you require a wheelchair accessible unit? Yes _____ No _____

Do you require any adaptations or special accommodation? Yes _____ No _____

If yes, please explain: _____

The total household size is _____

Household Composition(including applicant(s))

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 _____

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 Trailside Apartments. 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: _____

Trailside Apartments



Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at Trailside Apartments through the Mass Executive Office of Housing and Livable Communities in Boylston, MA:

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
Max Gross Allowable Income	\$69,850	\$79,800	\$89,800	\$99,750	\$107,750	\$115,750

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. Assets \$5,000 or less the actual interest/dividends earned will be 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 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 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 Trailside Apartments.
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 EOHLC is final.
8. I/We certify that no member of our family has a financial interest in Trailside Apartments.
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.

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

Applicant

Co-Applicant

Date



APPLICATION TIPS

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 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.
6. 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.
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 approved, 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 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 determine eligibility. Incomplete applications not be reviewed for eligibility until all financial documentation is received.

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, copies of unemployment checks or DOR verification stating benefits received. 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.

- _____ 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.

- _____ 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/>.

- _____ 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.

- _____ Revocable trusts
- _____ 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 accounts, IRA, Roth IRA, 401K, 403B, etc for all current and past jobs
- _____ Cash value of Whole Life or Universal Life Insurance Policy.
- _____ Personal Property held as an investment
- _____ 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 your application will not be reviewed for eligibility.

Print Applicants Name(s): _____

Applicants Signature DATE

Co-Applicants Signature DATE



Trailside Apartments
Boylston, MA

Release of Information Authorization Form

Date: _____

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

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



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



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 Tip Sheet
4. Completed, signed and dated Required Personal Identification and Income Verification Documents Form
5. All required financial and other documentation.
6. Complete, signed and dated *Release of Information Authorization Form*
7. Documentation for Special Accommodations, if appropriate
8. Identification for all household members
9. Signed Custody and Child Support Affidavit, for each child, if applicable

Return to:

MCO Housing Services, LLC

P.O. Box 372

Harvard, MA 01451

Overnight mailing address: 206 Ayer Road, Suite 5, Harvard, MA 01451

Phone: 978-456-8388

FAX: 978-456-8986

Email: lotteryinfo@mcohousingservices.com

TTY: 711, when asked 978-456-8388

