



your resource for Affordable Housing



***99 Essex Street
New Tenant Information and Application
Melrose, MA***

Attached is the information regarding the affordable rental unit at 99 Essex 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 99 Essex Street in Melrose, 99 Essex Street has one 1 bedroom unit available. The unit includes 1 bath and one surface parking space. Luxury Apartment, granite countertops. In unit washer and dryer.

The monthly rent is \$2,000. Water and sewer are included in the rent. A utility allowance has been deducted from the rent. The affordable unit is available for immediate occupancy on a first come first serve basis. 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 income, without a Section 8 or Housing Voucher, is: One Bedroom: \$60,000.

Please note: Complete financial documentation is required in order to have an opportunity to lease. Included in this package is the list of required documentation and additional forms, if applicable, to be sent in with your application. Incomplete applications will not be reviewed for eligibility until all required documentation is received.

Thank you for your interest in affordable housing at **99 Essex Street**. 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.

Sincerely,

A handwritten signature in black ink that reads 'Jennifer E. Woodsum'.

Jennifer E. Woodsum, MCO Housing Services

99 Essex Street

Question & Answer

The unit will be leased in accordance with policies and guidelines established by the Commonwealth of Massachusetts Department of Housing and Community Development (DHCD).

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	\$92,650	\$105,850

APPLICANT QUALIFICATIONS:

- Household income cannot exceed the above maximum gross allowable income limits. Adults 18 years of age or older income will be counted.
- If assets exceed \$51,600.01, annual income includes the greater of actual income from assets or a .45% imputed income calculation. Included in this package is the List of Required Financial Documentation.
- 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.
- 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.

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.

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 divorces or separation has begun or has been finalized, as set forth in the application.
- Foster Children or Adults will not be counted as family/household members. Although payment from Foster Agencies, Kindship Care Payments and other State Foster Payments will be counted as income.

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.
2. The rental eligibility guidelines have changed. The main difference is how income for college students is counted when it comes to Financial Aide.
3. 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.
4. All financial documentation, income, assets and tax returns, are required from all household adults aged 18 or older. No exceptions.
5. 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.
6. DO NOT ASSUME you do not need to provide a certain document. When in question call or email BEFORE you submit your application.
7. 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.
8. 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.
9. 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.
10. 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.
11. 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

99 Essex Street

NEW TENANT APPLICATION

For Office Use Only:

Date Appl. Rcvd: _____

Household Size: _____

Lottery Code: _____

PERSONAL INFORMATION:

Date: _____

Name: _____

Address: _____ City: _____ 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 Housing voucher (the units are NOT subsidized or income based): ____ Yes ____ No

Are you disabled? ____ Yes ____ NO

The total household size is _____

Household Composition - Include ALL that 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.)

Tenants Monthly Base Income (Gross) _____

Other Income, specify _____

Co-Tenants 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 3months) _____

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:

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: *This section is Optional.*

	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 for placement into a lottery to have an opportunity to lease an affordable unit at 99 Essex Street. I (we) understand if selected all information provided shall be verified for accuracy at the time of lease.

Signature _____ Date: _____
Applicant(s)

Signature _____ Date: _____
Co-Applicant(s)

For submission information go to page 12

99 Essex Street

Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at 99 Essex Street through DHCD in Melrose, 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	\$92,650	\$105,850

Income from all family members must be included.

1. I/We understand the calculation of income will include the higher of actual income from assets (if over \$51,600) or an imputation of .45% of the value of total household assets which is added to a household's income in determining eligibility. Assets divested at less than full market value within two years of application will be counted at full market value in determining eligibility.
2. The household size listed on the application form includes only and all the people that will be living in the residence.
3. 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.
4. I/We understand that by being determined eligible for an affordable unit 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.
5. I/We understand that if selected I/we will 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 Madison Place.
6. Program requirements are established by MHP and are enforced by MHP or their representatives. 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 MHP is final.
7. I/We certify that no member of our family has a financial interest in Madison Place.
8. I/We understand there may be differences between the market and affordable units and accept those differences.
9. 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 and have the option of moving out or paying market rent.

I/We have completed an application and have reviewed and understand the process that will be utilized to distribute the available units at 99 Essex Street. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.

Applicant

Co-Applicant

Date

**Required Financial Documentation Form
TO BE RETURNED WITH APPLICATION**

Provide **one copy** of each applicable document. Incomplete applications will **not** be reviewed until all required documents are submitted. MCO may request additional information to determine eligibility.

Instructions:

- **Initial** each item that applies and attach the document.
- Write **N/A** next to items that do not apply.

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1. _____ **ID for each household member** (e.g., Driver's License, Birth Certificate, Passport)
 2. _____ **Section 8 or Housing Voucher** – Include a valid copy
 3. _____ **Special Accommodation Request** – Include doctor's note if required
 4. _____ **Last 5 pay stubs** for all jobs (regardless of pay schedule)
 - New job? Include offer letter
 - Left a job? Include separation letter
 - Include DOR statements for unemployment/disability/severance
 5. _____ **Benefit letter** – Social Security, pension, annuities, etc.
 6. _____ **Child support or alimony** – Court order and/or DOR statement
 - Not receiving? Submit signed statement or use attached form
 7. _____ **Foster care payments** (children or adults)
 8. _____ **Self-employment** – Include:
 - 12-month income/expense summary
 - 3 months business bank statements
 - Last 3 years of federal tax returns
 9. _____ **2024 Federal Tax Return** – All pages (no state returns)
 - No copy? Use IRS Form 4506-T or irs.gov for a Tax Transcript
 - Didn't file? Submit IRS Non-Filing Letter
 10. _____ **2024 W-2 and/or 1099-R forms**
 - Missing? Request Wage Transcript via Form 4506-T or irs.gov
 11. _____ **Other income** – Interest, dividends, rental income, etc.
 12. _____ **Student status** (if not on Section 8) – Complete Appendix A and include supporting docs
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Asset Documentation

All statements **must** include your name, account number, and institution name. Missing info = incomplete.

- i. _____ **Checking account** – Most recent full statement (all pages, front & back)
 - Must explain all deposits not from payroll/benefits (e.g., Venmo, Cash App, PayPal, etc.)
 - Do **not** submit a transaction list—send actual statements
- ii. _____ **Prepaid debit cards** – Current statement
- For Direct Express (SS deposits), print from: usdirectexpress.com
- iii. _____ **Savings account** – Most recent full statement
- iv. _____ **Payment app accounts** – (e.g., Cash App, Venmo, PayPal, Chime, Apple Cash)
- v. _____ **Revocable trusts**
- vi. _____ **Rental property or investment equity**
- vii. _____ **Investment accounts** – Stocks, bonds, CDs, mutual funds, Robinhood, etc.

- viii. _____ **Retirement accounts** – IRA, 401(k), 403(b), etc. (Balances not counted, but income/distributions are. Submit most recent statement.)
- ix. _____ **Life insurance** – Cash value of whole/universal policies
- x. _____ **Personal property held as investment**
- xi. _____ **Lump-sum or one-time receipts**

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13. _____ **Unborn child** – Include doctor’s note as proof of pregnancy
14. _____ **Divorce/separation** – Include legal documentation and asset info
15. _____ **Selling a home?** – Provide recent mortgage statement + market analysis
16. _____ **Receiving regular gift money?** – Include signed letter stating source and monthly amount
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Acknowledgment

We understand our application won’t be reviewed without all required documents. We also understand additional documents may be requested to determine eligibility.

Print Applicants Name(s): _____

Applicants Signature

DATE

Co-Applicants 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 Signature

DATE

99 Essex Street
Melrose, MA

Release of Information Authorization Form

Date: _____

I/We hereby authorize MCO Housing Services, 99 Essex 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, 99 Essex Street Leasing Office, or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for 99 Essex 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

Return the following to MCO Housing Services:

1. Completed, signed and dated Application
2. Signed and dated Affidavit and Disclosure Form
3. Completed, signed and dated Required Personal Identification and Income Verification Documents Form
4. All required financial and other documentation
5. Copy of Section 8 or other housing voucher, if applicable
6. Identification for all household members
7. Special Accommodation documentation, 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

FAX: 978-456-8986

Email: lotteryinfo@mcohousingservices.com

TTY: 711, when asked 978-456-8388

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

