



your resource for Affordable Housing



Hanover Everett

Everett, MA

Information Package and First Come First Serve Application

You need to contact the Leasing Office first and go through their screening before submitting this application to MCO Housing Services. Contact Hanover Everett at [tel:\(617\)885-8723](tel:(617)885-8723) to schedule an appointment with the Leasing Office.

Attached is the information regarding the affordable rental units at Hanover Everett in Everett, 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 337 Second Street in Everett, Hanover Everett is a new rental development offering 17 affordable studio, one-, two- and three-bedroom apartments for eligible tenants. One garage space per affordable apartment at no charge. Additional garage parking spaces will be available for \$150/mo. for an unreserved space and \$215/mo. for a reserved space. EV parking is \$230/mo. Each unit includes one or two bathrooms, depending on bedroom size, and a washer and dryer. Up to two pets, cats and/or dogs, are allowed per unit. Breed restrictions for dogs do apply. Two pets maximum per apartment. No weight limit. Monthly pet rent up to \$40 for pets up to 25 lbs. and \$75/mo. for pets 25 lbs. or heavier. This is a smoke-free building. Storage units are available, based on availability, for \$50 - \$200/mo. depending on size. Requirements are subject to reasonable accommodation.

The monthly rents are: Studio - \$2,113; One Bedroom - \$2,385; Two Bedroom - \$2,637; Three Bedroom - \$2,883. Tenants are responsible for all utilities. A utility allowance has been deducted from the stated rents. All remaining affordable units are available on a first come first serve basis as outlined in the attached package.

These rents are NOT income based. Applicants are responsible for the full rent as stated above. Section 8 or other housing vouchers will be accepted, and it is up to you to talk with your voucher holder to determine if they will approve the project and accept the rents. Generally, the minimum income needed to lease a unit, without a Section 8 or other housing voucher, are: Studio - \$63,390; One Bedroom - \$71,550; Two Bedroom - \$79,110; Three Bedroom: \$86,490. Income and assets may be used in determining minimum income eligibility, if needed.

PLEASE NOTE: All applicants must include complete financial documentation with the application in order to be reviewed for program eligibility. If documents are missing you will receive an email with the list of missing documentation. If you submit all the missing documentation your application will then be reviewed for program eligibility. A unit will not be held for you until we have a complete application.

Thank you for your interest in affordable housing at **HANOVER EVERETT**. 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 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 dukumentiyoo 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)



Hanover Everett
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) through its Chapter 40R program.

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	5	6
Max Gross Allowable Income	\$92,650	\$105,850	\$119,100	\$132,300	\$142,900	\$153,500

Income limits subject to change with HUD updates.

APPLICANT QUALIFICATIONS:

1. Household income cannot exceed the above maximum gross allowable income limits. Income for adults 18 or older is required.
2. If assets are \$51,600 or less then the interest/dividends earned will be added to income. If Household assets exceed \$51,601, .45% will be added to household income in determining eligibility, if more than the actual interest/dividends earned.
Assets divested at less than full market value within two years of application will be counted at full market value when determining eligibility. Assets for adults 18 and over are required.
3. In addition to income and asset eligibility you will also be subject to a screening by the project and determined eligible based on that basis.
4. Applicants may not own a home and lease an affordable unit, including homes in a trust.
5. Persons with disabilities will be given first preference for such units regardless of what pool they are in based on the requested bedroom size. Where a person with a disability is awaiting an accessible unit and a unit with adaptive features becomes available, the owner/management agent must offer to adapt the unit.

Are there Group 2 units?

All of the units are adaptable. The units can be adapted to satisfy a reasonable accommodation request. There is an elevator in the building. There is one (1) bedroom Group 2 apartment and one three (3) bedroom Group 2 apartment available. Additionally, there is one (1) bedroom hearing impaired unit. Persons with disabilities are entitled to request reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing. Such reasonable accommodation is not limited to Group 2 units. The request for reasonable accommodation must be made at the time of initial lottery application with the required documentation, i.e. letter from doctor.

Are there preferences for Household Size?

The preference for the two bedrooms will be for households requiring two bedrooms. Preference for the three-bedroom units will be for households requiring three bedrooms.

Household Size Preferences are based on the following:

1. There is at least one occupant per bedroom.
2. A husband and wife, or those in a similar living arrangement, shall be required to share a bedroom. Other household members may share but shall not be required to share a bedroom.
3. A person described in the first sentence of (2) shall not be required to share a bedroom if a consequence of sharing would be a severe adverse impact on his or her mental or physical health and the lottery agent receives reliable medical documentation as to such impact of sharing.



4. A household may count an unborn child as a household member. The household must submit proof of pregnancy with the application.

What happens if my household income exceeds the income limit?

Annually you will be recertified for eligibility. Once your household income exceeds 140% of the maximum allowable income adjusted for household size, then after the end of your current lease you will have the option of staying in your unit and paying the market rent or not renewing your lease.

Household size preference will override local preference. 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.

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

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 lottery process.

Hanover Everett will include residential amenities such as a roof deck, professionally landscaped courtyards with a resort-style pool, dog run and BBQ grills for outdoor cooking. The project will also feature a clubhouse fit with a demonstration kitchen, fitness center, a viewing room with theater seating, a conference room, an e-lounge and a dog washing station.

Unit Availability

Unit floorplans can be found at hanovereverett.com

Unit #	Sq. Ft.	Unit Type	# of Bedrooms	# of Baths	Group 2 or Hearing Impaired
101	514	S1.1G	S	1	
135	705	A2G	1	1	Hearing Impaired
225	787	A4	1	1	
231	1583	C22AB	3	2	Group 2
251	713	A1	1	1	
274	1153	B3	2	2	
308	707	A1.1	1	1	
315	1136	B1	2	2	
339	536	S1	S	1	
421	636	S2	S	1	
427	783	A424	1	1	Group 2
461	787	A4	1	1	
515	1136	B1	2	2	
539	536	S1	S	1	
557	713	A1	1	1	
643	787	A2.1	1	1	
652	773	A3	1	1	



HANOVER EVERETT

First Come First Serve APPLICATION

For Office Use Only:

Date Appl. Rcvd: _____

Household Size: _____

PERSONAL INFORMATION:

Date: _____

Name: _____

Address: _____ Town: _____ Zip: _____

Home/Cell Telephone: _____ Work Telephone: _____

Email: _____

Have you or do you own a home? _____ If yes, has it been sold? _____ When did you sell it? _____

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

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

Do you require a wheelchair accessible Group 2 unit? _____ Yes _____ No

Do you require a hearing-impaired unit? _____ Yes _____ No

Do you require special accommodation? _____ Yes _____ No

If Yes, please explain: _____

The total household size is _____

Household Composition - complete for everyone that will be living in the unit.

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

FINANCIAL WORKSHEET: (Include all Household Income, which includes gross wages, retirement income (if drawing on it for income), business income, veterans' benefits, alimony/child support, unemployment compensation, social security, pension/disability income, supplemental second income and dividend income.)

Applicants Monthly Base Income (Gross) _____

Other Income, specify _____



Co-Applicants Monthly Base Income (Gross) _____
Other Income, specify _____

TOTAL MONTHLY INCOME: _____

Household Assets: (This is a partial list of required assets. Complete all that apply with current account balances)

Checking _____
Savings _____
Debit Card _____
Stocks, Bonds, Treasury Bills, CD or
Money Market Accounts and Mutual Funds _____
Individual Retirement, 401K and Keogh accounts _____
Retirement or Pension Funds (amt you can w/d w/o penalty) _____
Revocable trusts _____
Equity in rental property or other capital investments _____
Cash value of whole life or universal life insurance policies _____

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
Black or African American	_____	_____	_____
Hispanic or Latino	_____	_____	_____
Asian	_____	_____	_____
Native American or Alaskan Native	_____	_____	_____
Native Hawaiian or Pacific Islander	_____	_____	_____
Not White	_____	_____	_____

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 Hanover Everett. 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: _____



Hanover Everett

Affidavit & Disclosure Form

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

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

Household Size	1	2	3	4	5	6
Max Gross Allowable Income	\$92,650	\$105,850	\$119,100	\$132,300	\$142,900	\$153,500

Income from all family members, over the age of 18, must be included.

2. I/We understand the calculation of income will include the higher of actual income from assets (if over \$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.
3. The household size listed on the application form includes only 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 being selected in the lottery 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 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 Hanover Everett.
7. Program requirements are established by EOHLC and are enforced by the Project's Monitoring Agent. I/We agree to be bound by whatever program changes may be imposed at any time throughout the process. If any program conflicts arise, I/we agree that any determination made by EOHLC is final.
8. Affordable units may not be leased to individuals who have a financial interest* in the development or to a Related Party,** or to their families. I/we certify that no member of our household has a financial interest in this Project, is a Related Party, or is a family member of someone who has a financial interest or is a Related Party.

***"Financial interest"** means anything that has a monetary value, the amount of which is or will be determined by the outcome of the Project, including but not limited to ownership and equity interests in the Developer or in the subject real estate, and contingent or percentage fee arrangements; but shall not include third party vendors and contractors.

****Related Party means:**

1. any person that, directly or indirectly, through one or more intermediaries, controls or is controlled by or is under common control with the Developer, as well as any spouse of such person or "significant other" cohabiting with such person, and any parent, grandparent, sibling, child or grandchild (natural, step, half or in-law) of such person;
2. any person that is an officer of, member in, or trustee of, or serves in a similar capacity with respect to the Developer or of which the Developer is an officer, member, or trustee, or with respect to which the Developer



serves in a similar capacity, as well as any spouse of such person or “significant other” cohabiting with such person, and any parent, grandparent, sibling, child or grandchild (natural, step, half or in-law) of such person;

3. any person that, directly or indirectly, is the beneficial owner of, or controls, 10% or more of any class of equity securities of, or otherwise has a substantial beneficial interest (10% or more) in, the Developer, or of which the Developer is directly or indirectly the owner of 10% or more of any class of equity securities, or in which the Developer has a substantial beneficial interest (10% or more) , as well as any spouse of such person or “significant other” cohabiting with such person, and any parent, grandparent, sibling, child or grandchild (natural, step, half or in-law) of such person;

4. any employee of the Developer; and

5. any spouse, parent, grandparent, sibling, child or grandchild (natural, step, half or inlaw) of an employee of the Developer or “significant other” cohabiting with an employee of the Developer.

9. I/We understand there may be differences between the market and affordable units and accept those differences.
10. I/We understand if my/our total income exceeds 140% of the maximum allowable income at the time of annual eligibility determination, after the end of my then current lease term I will no longer be eligible for the affordable rent.
11. I/We understand if we submitted an application with missing required documentation we will not be included in the lottery. I/We understand if we submit the missing documentation, we will be added to the waiting list only and will not be included in the lottery.
12. I/We understand that changes will not be made or accepted to your application after the application deadline. This includes submission of additional documentation.

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

Applicant

Co-Applicant

Date



PLEASE READ THE FOLLOWING CAREFULLY

1. Read the NOTES on the Required Personal Identification and Income Verification Documents. Failure to do so could mean the difference between a complete and incomplete application as well as eligibility for a unit.
2. All financial documentation, income, assets and tax returns, are required from all household adults aged 18 or older. No exceptions.
3. All Asset statements must include your name, account number and Institution name. Do not take photos or copy a statement from your phone. If you provide any asset statements without the above information your application is an automatic incomplete.
4. DO NOT ASSUME you do not need to provide a certain document. When in question call or email BEFORE you submit your application.
5. We will not use the amount listed on your paystubs or W2's regarding your retirement account i.e. 401K, 403B, IRA, Roth IRA etc. Your paycheck and W2's tells us you have a retirement account only. You must provide the last statement from whoever is managing the account 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 included in the lottery, 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.

Print Name

Signature

Date

Print Name

Signature

Date



Required Personal Identification and Income Verification Documents

TO BE RETURNED WITH APPLICATION

Provide **one copy** of all applicable information. Complete financial documentation is required and must be sent with your application to be reviewed. Incomplete applications will not be reviewed until all documentation is submitted.

MCO may ask for additional information or documentation that may not be listed here due to its need to help determine eligibility.

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

1. _____ Identification for each household member, i.e. Driver's License , Birth Certificate, Passport etc.
2. _____ 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.

- _____ 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.

- _____ 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 – 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.

- ____ CashApp, VENMO, Apple Cash, PayPal, Chime or similar accounts – most recent full statement.
 - ____ 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. 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.
 - ____ Cash value of Whole Life or Universal Life Insurance Policy.
 - ____ Personal Property held as an investment
 - ____ 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.



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

Return to:

MCO Housing Services,

P.O. Box 372,

Harvard, MA 01451

Drop off: 206 Ayer Road, Harvard, MA

lotteryinfo@mcohousingservices.com



Everett, MA

Release of Information Authorization Form

Date: _____

I/We hereby authorize MCO Housing Services, Hanover Everett Leasing Office, John Hancock Life Insurance Company (U.S.A.), 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, Hanover Everett Leasing Office, John Hancock Life Insurance Company (U.S.A.), or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for Hanover Everett.

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

Custody & Child Support Affidavit

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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 documentation
5. Complete, signed and dated *Release of Information Authorization Form*
6. Special Accommodation Information, if needed
7. Custody and Child Support Affidavit, if applicable, for each child

RETURN ALL documents by email, fax or 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

