



The Oasis at Plainville Luxury Apartments Plainville, MA WAIT LIST APPLICATION

The rents are not income based or subsidized. You are responsible for the full monthly rent.

Section 8 is accepted but you should contact your Section 8 provider to determine if they will accept the project and the rents. Section 8 or Other Housing Vouchers are Accepted If you do not have a Section 8 housing voucher, the minimum income limits apply.

Maximum Allowable Income Limits per household size at 50% AMI applies.

UTILITIES ARE NOT INCLUDED IN THE RENT AND ARE THE FULL RESPONSIBILITY OF THE TENANT.

Please return the waitlist application to:

**The Oasis at Plainville
85 Washington Street
Plainville, MA 02762
leasing@oasisatplainville.com**

Effective Date 3/31/2020

The Oasis at Plainville

WAIT LIST APPLICATION

For Office Use Only:

Date Appl. Rcvd: _____

Bedroom Size: _____

PERSONAL INFORMATION:

Date: _____

Name: _____

Address: _____ Town: _____ Zip: _____

Home Telephone _____ Work: _____ Cell: _____

Email: _____ Do you currently own a home: ____ Yes ____ No

Do you require a handicapped adaptable unit? ____ Yes ____ No

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

When would you be available to move in? _____

Bedroom Size : _____ 1 Bedroom _____ 2 Bedroom _____ 3 Bedroom (List first preference if interested in multiple apartment home sizes)

Do you have a Section 8 voucher? (These units are NOT Subsidized): ____ Yes ____ No

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 6 months) _____

Savings _____

Stocks, Bonds, Treasury Bills, CD or _____

Money Market Accounts and Mutual Funds _____

Individual Retirement, 401K and Keogh accounts _____

Retirement or Pension Funds (amt you can w/d w/o penalty) _____

Revocable trusts _____

Equity in rental property or other capital investments _____

Cash value of whole life or universal life insurance policies _____

TOTAL ASSETS _____

(Please complete reverse side)



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	_____	_____	_____

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

Household Composition (including applicant(s))

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

SIGNATURES:

We understand this application is for the waiting list only. If we have the opportunity to lease, we will need to provide required financial documentation before eligibility will be determined. The undersigned warrants and represents that all statements herein are true.

Signature _____ Date: _____
Applicant(s)

Signature _____ Date: _____
Co-Applicant(s)

Return to:

The Oasis at Plainville
85 Washington Street
Plainville, MA 02762

leasing@oasisatplainville.com



The Oasis at Plainville

Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable apartments at The Oasis at Plainville, through the Department of Housing and Community Development in Plainville, 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 Allowable Income	\$82,950	\$94,800	\$106,650	\$118,450	\$127,950	\$137,450

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 0.06% of the value of total household assets which is added to a household's income in determining eligibility.
3. The household size listed on the application form includes only and all the people that will be living in the residence.
4. I/We certify all data supplied on the application is true and accurate to the best of my/our knowledge and believe under full penalty of perjury. I/We understand that providing false information will result in disqualification from further consideration.
5. I/We authorize The Oasis at Plainville 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 The Oasis at Plainville for the purpose of determining income eligibility.
6. I/We understand that if I/We are offered a specific unit I/We will have the option to accept or reject the available unit one time. I/We understand that if we are offered a second available unit and reject again I/We will be moved to the bottom of the waiting list. I/We understand that if this happens a third time I/We will be removed from the waiting list.
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 The Oasis at Plainville.
9. I/We understand there may be differences between the market and affordable units and accept those differences.
10. I/We understand that I/We are subject to recertifications annually at the time of the lease renewal. 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 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 apartments at The Oasis at Plainville. I/We am/are qualified based upon the program guidelines and agree to comply with applicable regulations.

Applicant

Date

Applicant

Date