

Affordable Rental Lottery Application

Essex Landing Apartments 1595 Broadway & 44 Collins Ave Saugus MA 01906

Completed Applications and all required supporting documentation must be submitted by mail only. Applications must be Postmarked no later than May 15, 2020 and mailed to:

Maloney Properties, Inc. Attention: Essex Landing Lottery 27 Mica Lane, Wellesley MA 02481

Mortgage Pre-Approval letters must be submitted with the application.

Below is a summary of the designated affordable units:

Number of Available Units	8 Apartments
Number of Bedrooms	1 Bedroom
Number of Bathrooms	1
Rental Price	\$1,478
Parking	\$100 per month

Free language assistance and reasonable accommodations available. For assistance and more information, please call Maloney Properties, Inc 781-992-5301 - US Relay 711 or email: EssexLanding@MaloneyProperties.com

Equal Housing Opportunity







IMPORTANT:

You may only submit one application per household. Duplicate applications will be discarded and only one application per household will be accepted.

> **Essex Landing Saugus, MA 01906**

Affordable Rental Lottery Application

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Street Address:		
City:		
State:		
Zip Code:		
Email Address:		
Phone #:		
Name: Street Address:		
ead of Household (2	<u>2):</u> 	
Street Address: 1		
City:		
City: State:		
City: State: Zip Code:		
City: State:		

Are y	ou looking for units built for persons v	vith disabilities	?	□ No
	You will be asked to supply supporting	g documentation	1 from the doctor treating	g the household member for the disability.
Pleas	e complete the below chart for all hou	isehold membo	ers that would be resid	ling in the unit, including yourself:
	Full Name	Age	Head of Household or Occupant	Relationship to Head of Household (i.e. Daughter, Son, Mother, Father, etc.)
			Head of Household	
This:		of the head of laccomplete this		tion. This information will only be used
	gregate, for the purposes of reporting	and analysis.		
<u>Pleas</u>	e check all boxes that apply:			
	Alaskan Native and Native America Asian Black or African American (not of I Hispanic or Latino Native Hawaiian or Pacific Islander White (not of Hispanic origin) Other (please specify):	Hispanic origin)	

Income Information:

The affordable units will all be in the 80% AMI income category.





Household Size	80% AMI Low Income
1	\$62,450
2	\$71,400
3	\$80,300
4	\$89,200
5	\$96,350

^{* 2019} Area Median Incomes for the Boston, Cambridge, Quincy, MA-NH MSA.

Please list all household members and income below:

Household Member Name	Estimated Current Annualized Gross Income

- Applicants must provide **last 5 consecutive paystubs** or evidence of any other source of income for all adult household members.
- Please include income for any full-time students over age 18.
- Provide school transcript or proof of student status for dependent household members over age of 18 and full-time students.
- For household members with no income over 18 years of age, please provide a no-income affidavit.

Additional Guidance on Income:

- o **Social Security/ Social Security Disability:** Provide an official statement of monthly amount received for year in review and statement of total amount received for latest tax year.
- o **Unemployment:** if receiving unemployment, please provide copies of the unemployment checks.
- Child support/Alimony: Provide document indicating the payment amount. Child support income shall be determined based upon the prior 12-month history. Lump sum payments for prior periods shall not be included in calculating the child support payments for the prior 12 months.
- o **Pension:** Provide statement indicating amount received for year in review and statement of total amount received for latest tax year.

- No-income: Please provide a no income affidavit for anyone with no income aged 18 or over. Include income
 for full time students over age 18.
- Self-employed: If self-employed, please provide a self-prepared year to date profit and loss statement.

When self-employment income is sporadic or based upon commission, the projection of household income currently shall be based upon historical data unless:

- (1) The household can demonstrate and verify that it has experienced a change in circumstances that is a reliable indicator that its income has decreased and that the historical data is not a reasonable basis for projecting household income; or
- (2) Documentation indicates that the household has experienced a change in circumstance that is a reliable indicator that its income has increased and that the historical data is not a reasonable basis for projecting household income.
- b. When self-employment income is sporadic or based upon commission and there is no record of self-employment from the last year in which tax returns were filed, the projection of household income will be based solely upon the reliable year-to-date documentation.

Medical Expense Income Exclusions:

- a. Medical expenses, including insurance costs, do not qualify as an excludable expense, e.g., an expense that may be used to reduce income.
- b. If another family member is providing regular monthly payments to help with medical expenses, including insurance costs, that payment is a qualified medical reimbursement and does qualify for income exclusion. Child support designated for medical expenses shall be treated in the same manner; it shall be excluded from income.

Asset Information:

Please include copies of the past **3 months** of statements for all asset accounts and include all pages of statement. Evidence of all assets must be provided, and all assets must be listed on this application.

This includes checking, savings, stocks, CD's, 401K's, IRA's.

Full Name	Type of Account	Current Account Balance
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$





_	\$
	\$
	\$
	\$

- o All assets must be disclosed and listed on the application.
- o Asset includes: checking, savings, stocks, CD's, 401K's, IRA's, investment, retirement, certificate of deposit, property, down payment gift amount etc.
- o Please include copies of past **five (5) most consecutive** months of statements for all asset accounts and include ALL pages of statement (front and back, including fine print pages and pages that are intentionally left blank).
- o Pictures or screen shots of the statement are <u>not</u> accepted. We recommend visiting your bank's branch to retrieve a copy of download a PDF version through your bank's website.
- O Please provide a written explanation for any deposits over \$100 that are not from employment
- o If you owned real estate within the past 3 years but it was sold due to a divorce, provide copy of divorce decree and proof of the home sale showing equity received.

Tax Documentation:

lease include the following for all household members over 18 years of age:

Copies of the most recent year tax return. (2018) of Federal Income Tax returns with all schedules included.

The tax returns must be signed

The most recent year tax return (2018) W2s and/or 1099 Forms

Please submit 2019 tax documentation if you have filed 2019 tax return at this time. Please note Maloney Properties may ask for 2019 tax information if you are selected in the lottery.

<u>If you did not file taxes</u> or do not have a copy of your Federal tax return or W2/1099 Forms, you may request a transcript online: https://www.irs.gov/individuals/get-transcript

Please note the Maloney Properties reserves the right to request additional documentation after reviewing the application. Failure to provide any additional documentation requested by Maloney Properties by the given deadline will result in your application not being entered into the lottery.

In carrying out this marketing program and buyer selection process, neither the Owner nor its Lottery Agent, will discriminate based on race, color, creed, religion, sex, familial status, sexual orientation, national or ethnic origin, handicap, citizenship, ancestry or marital status, public assistance, gender identity or any other basis prohibited by law.

Disabled persons are entitled to request a 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 affordable person with disabilities an equal opportunity to use and enjoy the housing.

REASONABLE ACCOMODATION

The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary, but if you don't let us know what you need to have an equal opportunity to enjoy your housing, we can't satisfy your needs.

1. Do you need a funy accessible unit for someone with a mobility impairment:
☐ Yes ☐ No
2.Do you need a fully accessible unit for someone with a deaf/hard of hearing impairment?
☐ Yes ☐ No
Note : If you only need a unit on the first floor and it doesn't need to be fully accessible please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.
3. Do you need only certain accessible features of a unit?
☐ Yes ☐ No
If yes, please list the features that you need to be accessible:
4. Do you need a unit with special features for someone with a hearing and/or visual impairment?
☐ Yes ☐ No
5. Does any member of the household have any accessibility or reasonable accommodation requests oralternate ways we need to communicate with you?
☐ Yes ☐ No
If yes, please explain:



Application Deadline:

The deadline for completed applications by mail, postmarked no later than **August 23, 2019**. Mailed to:

Maloney Properties, Inc.

Attention: Essex Landing Lottery 27 Mica Lane, Wellesley MA 02481

Questions:

Maloney Properties' staff is available to answer any questions during the process.

Please feel free to contact us:

Email: EssexLanding@maloneyproperties.com

Phone: 781-992-5301 | US Relay 711 **Website**: www.EssexLandingLottery.com

Signature Clause:

I understand that the Lottery Agent is relying on this information to prove my household's eligibility for Essex Landing, Saugus, MA. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

I authorize my consent to have the Lottery Agent to verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my income must be eligible to be entered the lottery.

All ADULT household members must sign below:

Cian adviso			Data	
Signature			Date	
Signature			Date	
Signature	_		Date	
		E 111 : 0		
	EQUAL HOUSING OPPORTUNITY	Equal Housing Opportunity		

Affordable Rental Lottery Financial Documentation Checklist

	s a checklist of the supporting documentation that must be provided with the
	mpleted application.
	ome
	mployment: Provide Five (5) most consecutive paystubs or evidence of any other source of
	ncome for all adult household members.
	ocial Security/ Social Security Disability: Official statement of monthly amount received for ear in review and statement of total amount received for latest tax year.
	child support/ alimony: document indicating the payment amount.
	Pension: Statements indicating amount received for year in review and statement of total mount received for latest tax year.
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	self-employment income is sporadic or based upon commission, the projection of household urrently shall be based upon historical data unless:
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employm	self-employment income is sporadic or based upon commission and there is no record of self- ent from the last year in which tax returns were filed, the projection of household income will solely upon the reliable year-to-date documentation.
Add	ditional Guidance on Income
o N	Medical Expense Income Exclusions
	Medical expenses, including insurance costs, do not qualify as an excludable expense, e.g., an
	xpense that may be used to reduce income.
o If	fanother family member is providing regular monthly payments to help with medical expenses
ir	ncluding insurance costs, that payment is a qualified medical reimbursement and does qualify
	or income exclusion. Child support designated for medical expenses shall be treated in the ame manner; it shall be excluded from income.
	c Information
	igned copies of 2018/2017/2016 federal Income Tax returns with all schedules included.
 W2s 	s & 1099 for 2018/2017/2016 for all adult household members.

0	If a household member is no longer employed by an employer that you have a 2018 W-2 from, we will need a letter from you stating the dates of employment and that you are no longer employed
	there.
0	<u>If you did not file taxes</u> or have your Federal tax return or W2/1099 Forms handy, you may request a transcript to be downloaded online: https://www.irs.gov/individuals/get-transcript
	Student Status
	 Proof of student status for dependent household members over age of 18 and full-time
	students.
	Assets
	 All assets must be disclosed and listed on the application.
	o Asset includes: checking, savings, stocks, CD's, 401K's, IRA's, investment, retirement, certificate
	of deposit, property, down payment gift amount etc.
	 Please include copies of past five (5) most consecutive months of statements for all asset
	accounts and include ALL pages of statement (front and back, including fine print pages and
	pages that are intentionally left blank).
	o Pictures or screen shots of the statement are <u>not</u> accepted. We recommend visiting your bank's
	branch to retrieve a copy of download a PDF version through your bank's website.
	 Please provide a written explanation for any deposits over \$100 that are <u>not</u> from employment
	Housing Assistance (Section 8, VASH, MRVP)
	 If your household receives any type of housing assistance, please provide a valid copy of the

Pictures or screen shots of the statement are <u>not</u> accepted.

Return all documentation to:
Maloney Properties, Inc.
Attention: Essex Landing Lottery
27 Mica Lane, Wellesley MA 02481

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voucher/proof of housing assistance.

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