



*your resource for Affordable Housing*



**114 Sylvan Street  
Danvers, MA**



**RENT: \$1,021**  
**Eligibility at 50% of median**  
**Two 1 Bedroom Apartments**  
**1 Bathroom**  
**Smoke Free/Pet Free**  
**Laundry in Building**

**Resident selection based on a lottery.**

**Open House and**  
**Application Consultation**

**Saturday, December 15, 2018**  
**11:00—1:00 p.m.**

**114 Sylvan Street**

Language/translation services are available, at no charge, upon request.

**For program information:**

**Contact:** Maureen O'Hagan

**Call:** (978) 456-8388

**Application Pick up:** Danvers Town Hall —  
Community Development Off, Public Li-  
brary, MRS Management

**Email:** [lotteryinfo@mcohousingservices.com](mailto:lotteryinfo@mcohousingservices.com)

**TTY:** 711, when asked 978-456-8388

**Visit our Website:**

**[MCOHousingServices.com](http://MCOHousingServices.com)**

Sign up for future offerings and  
available listings.





*your resource for Affordable Housing*



**114 Sylvan Street  
Danvers, MA**

**Directions: From I95N—** Keep left onto MA-128N/Yankee Division Hwy N via Exit 45 towards Gloucester. Take Exit 25B (MA-114 W/Andover St.) toward Middleton. Turn slight right onto Sylvan Street. 114 Sylvan Street in on the left.

**Unit Information**

**# of BR:** 1  
**Baths:** 1  
**Parking:** One Surface Space.  
**Appliances** All kitchen appliances

**Pet Free**  
**Smoke Free**  
**Laundry in Building**

**Eligibility Criteria**

1. Gross Household Income Limits at 50% AMI:  
1 person: \$37,750  
2 person: \$43,150
2. .06% of assets totaling more than \$5,000 added to income for final income determination.

**Resident selection based on a lottery.  
Call us for lottery details or application.  
Income and Asset Eligibility**

**Public Information Meeting: 6:30 p.m., Thursday, December 6, 2018—Danvers Town Hall—Toomey Rm.  
1 Sylvan Street**

**Application Deadline: January 5, 2019**

**Lottery: tentatively scheduled for 6:30, Tuesday, January 15, 2019**

***New Construction. Great Development***

For program information:  
Maureen O'Hagan  
(978) 456-8388  
lotteryinfo@mcohousingservices.com

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**MCOHousingServices.com**  
Sign up for future offerings  
and available listings.







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**114 Sylvan Street  
Danvers, MA**

Attached is the information regarding the affordable rental units at 114 Sylvan Street in Danvers, 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 114 Sylvan Street Avenue in Danvers, two existing 1 bedroom apartments are available, by lottery, for eligible tenants earning up to 50% of median income. Surface parking is available for all at no charge, for one space. Each unit has 1 full bath in 614 or 418 sq. ft. This is a pet and smoke free building. Laundry facilities are in the building.

The monthly rent is: \$1,021 and heat, hot water, water and sewer re included in the rent. Tenants are responsible for electricity. These affordable units will be distributed by lottery 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 income, without a Section 8 or Housing Voucher, is: One Bedroom - \$30,630.

***Please note: Complete financial documentation is required to participate in the lottery. Included in this package is the list of required documentation and additional forms, if applicable, to be sent in with your application. Applications will be logged in at time of receipt and will be reviewed after the application deadline. Incomplete applications will not be included in the lottery and the applicant will be notified after the application deadline.***

***Applicants may drop off their application at MCO Housing Services Harvard, MA office. We will review your application, while you wait, and if documents are missing you will have the opportunity to provide before the application deadline.***

**OPEN HOUSE and Application Consultation**

***Saturday, December 15, 2018***

***114 Sylvan Street***

***11:00 a.m. – 1:00 p.m.***

A Public Information Meeting will be held to answer specific questions and provide an overview of the lottery process. The meeting is scheduled for 6:30 p.m., Thursday, December 6, 2018 located at the Danvers Town Hall, 1 Sylvan Street in the Toomey Room. If you have questions and can attend this meeting, please hold them until that time. If you need an Interpreter at the meeting, you MUST let us know at least 2 business days prior to the Public Information Meeting.

The application deadline is January 5, 2019. You must have submitted a complete application postmarked on or before January 5th to be in the lottery. The lottery is tentatively scheduled for 6:30 Tuesday, January 15, 2019 at the Peabody Institute Library in Danvers. We will confirm the time, date and location prior to the lottery.



Thank you for your interest in affordable housing at **114 Sylvan Street**. We wish you the best of luck. Please contact MCO Housing Services at 978-456-8388 or email us at [lotteryinfo@mcohousingservices.com](mailto: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,

*Maureen M. O'Hagan*

Maureen O'Hagan for MRS Management



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 dukumentiyu 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)

# 114 Sylvan Street

## Question & Answer

The units 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 limits, which is adjusted for household size at 50% of median income:

Household Size	1	2
Max Allowable Income	\$37,750	\$43,150

### LOTTERY APPLICANT QUALIFICATIONS:

- Household income cannot exceed the above maximum gross allowable income limits.
- 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.
- 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.
- Households cannot own a home, including homes in a trust, and lease an affordable unit.

### Are there accessible/adaptable units?

Yes, the units are adaptable. 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. All units are adaptable. Applicants must request special accommodations at time of application and provide documentation, if needed, i.e. letter from doctor.

### Are there preferences for Household Size?

In all cases, preference for the one-bedroom units will be for households that require one bedroom. Unit size preferences are based on the following:

- There is a 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.

### 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.



### **Lottery Process**

Due to the nature of the affordable units' availability it is important for everyone to understand the procedure. Please understand the allowable income guidelines are adjusted based upon your household size. Also, be advised that the program and its requirements are subject to changes in local, state or federal regulations.

### ***Lottery Pools***

Two one-bedroom apartments are available by lottery at 114 Sylvan Street. The units will be distributed through the Open Pool only.

Units will be distributed based on lottery ranking and household size. The first two households on the ranking list that meet the unit size preference will have the initial opportunity to lease a unit. The remaining applicants will be on the waiting list.

Once the lottery rankings have been determined your information will be forwarded to the Leasing Office for credit, criminal, sex offender, judgement & summary processes and landlord checks. If the Leasing Office determines you are eligible then you will be offered the unit. You need to be determined eligible by MCO Housing Services and the Leasing Office. If either determines you do not meet the eligibility criteria then you will not be able to lease a unit. If you have a Section 8 voucher they will have their own approval process.

### ***Time Frame***

Both units will be available for immediate occupancy after the lottery.

### ***Acceptance of Units***

It is important for all applicants to understand that applicants may have an opportunity to select their unit if they meet all the deadlines, to be provided post lottery to all that have the initial opportunity to lease. Unit selection will be in done in ranking order post lottery for the initial 2 applicants that have the opportunity to lease based on the lottery results only. Selection will happen after the Leasing Office application has been completed and approved. If the Leasing Office denies your application then you will not be able to lease. Those with a Section 8 or other Housing Voucher the project and rents need to be approved by your voucher holder. If they do not accept the rents or project you will not be able to lease, even if you were approved by the Leasing Office. Applicants that miss the provided deadlines will lose the opportunity to lease as we will move to the next applicant on the lottery list.

### ***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.



### UNIT AVAILABILITY

Unit #	Sq. Ft.
3	648
6	418

Utilities included in Rent:

Heat

Hot Water

Water

Sewer

Laundry facilities in Building

Pet and Smoke Free Development





## **PLEASE READ THE FOLLOWING CAREFULLY**

1. More than 50% of applications submitted to MCO Housing Services for lotteries are incomplete and not included in lotteries. Please take the time to read the application and submit all required documentation. It is your responsibility to provide the correct documentation. It does not matter if you were the first application or the last application received we will NOT review applications until AFTER the posted deadline.
2. If you have completed MCO Housing Services applications before, please review this package as the Required Financial Documentation page has been expanded.
3. You may drop off your application at our office prior to the application deadline. We will review, while you wait, and if your application is incomplete you will have time, prior to the deadline, to provide the missing documentation.
4. 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.
5. We will not make any changes to your application once received in our office. You may come to the office to make the changes.
6. Do not take photos with your cell-phone of any documentation and email it to us. The photos are not legible and we will not accept them.
7. You can fax your information but it is not recommended. If all pages are not received your application would be considered incomplete.

### **Return application and ALL required financial documentation to:**

**MCO Housing Services**

**P.O. Box 372**

**Harvard, MA 01451**

**Drop Off: 206 Ayer Road, Harvard, MA**

**Email: [lotteryinfo@mcohousingservices.com](mailto:lotteryinfo@mcohousingservices.com)**

**Phone: (978) 456-8388/Fax: 978-456-8986**



**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 participate in the lottery. Incomplete applications will not be included in the lottery and the applicant will be notified after the application deadline. You may drop off your application at MCO Housing Services Harvard Office. If you drop off and wait while we review your application, you would have the opportunity to provide the missing documents prior to the deadline.

**Initial each that are applicable, and provide the documents, or 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 a 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. \_\_\_\_\_ Federal Tax Returns –2017 (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 transcripts using form 4506-T that you can obtain at [irs.gov](http://irs.gov).
  - **NOTE:** If you have not filed tax returns you must provide a letter from the IRS verify non-filing of your tax return(s). Request using form 4506-T that you can obtain at [irs.gov](http://irs.gov).
5. \_\_\_\_\_ W2 and/or 1099-R Forms: 2017
6. \_\_\_\_\_ 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 2017, 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, bi-weekly or monthly.
7. \_\_\_\_\_ 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.

continued



8. \_\_\_\_\_ Child support and alimony: court document indicating the payment amount, DOR statement or copy of your divorce papers. If you do not receive child support provide a letter stating, that you are not receiving child support our use the attached form.
9. \_\_\_\_\_ Interest, dividends and other net income of any kind from real or personal property.
10. Asset Statement(s): provide **current** statements of all that apply, unless otherwise noted:
- \_\_\_\_\_ Checking accounts – Last **three (3)** months of statements – EVERY PAGE – FRONT AND BACK.  
**NOTE:** If you have cash deposits or non payroll or income deposits you **MUST** identify where the funds have come from. 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. You can obtain e-statements on your banks website.
  - \_\_\_\_\_ 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 months of full statements
  - \_\_\_\_\_ Revocable trusts
  - \_\_\_\_\_ Equity in rental property or other capital investments
  - \_\_\_\_\_ Investment accounts, including stocks, bonds, Treasury Bills, Certificates of Deposit, Mutual Funds and Money Market Accounts including all individual retirement accounts, 401K, Keogh accounts and Retirement and Pension funds.
  - \_\_\_\_\_ Cash value of Whole Life or Universal Life Insurance Policy.
  - \_\_\_\_\_ Personal Property held as an investment
  - \_\_\_\_\_ Lump-sum receipts or one-time receipts
11. \_\_\_\_\_ Proof of student status for dependent household members over age of 18 and full-time students. Letter from High School or College providing student status, full time or part time for current **and** next semester.
12. \_\_\_\_\_ 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.
13. \_\_\_\_\_ If the applicant is in the process of a divorce or separation, the applicant must provide legal documentation the divorce or separation has begun or has been finalized. Information must be provided regarding the distribution of family assets.

continued



14. \_\_\_\_\_ If you are self-employed you MUST provide a detail 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.

We understand if we do not provide all applicable financial documentation we will not be included in the lottery. We also understand we will be notified after the application deadline that our application is incomplete. We also acknowledge that MCO Housing Services will not make any changes to our application, before the deadline date unless we came to the Harvard office to make the necessary changes.

Print Applicants Name(s): \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Co-Applicants Signature

\_\_\_\_\_  
DATE

**Return application and ALL required financial documentation to:**

**MCO Housing Services**

**P.O. Box 372**

**Harvard, MA 01451**

**Drop Off: 206 Ayer Road, Harvard, MA**

**Email: [lotteryinfo@mcohousingservices.com](mailto:lotteryinfo@mcohousingservices.com)**

**Phone: (978) 456-8388/Fax: 978-456-8986**





# 114 Sylvan Street

## LOTTERY APPLICATION

Application Deadline: January 5, 2019

**For Office Use Only:**

Date Appl. Rcvd: \_\_\_\_\_

Household Size: \_\_\_\_\_

Lottery Code: \_\_\_\_\_

Local: Yes/No

**PERSONAL INFORMATION:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ 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

**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 3 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:**

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	_____	_____	_____

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 \_\_\_\_\_

**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 114 Sylvan 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)

**Return with signed Affidavit & Disclosure Form, complete financial documentation and Release of Information by mail, fax or email to:**

MCO Housing Services  
P.O. Box 372  
Harvard, MA 01451  
Drop off: 206 Ayer Road, Harvard, MA  
Email: [lotteryinfo@mcohousingservices.com](mailto:lotteryinfo@mcohousingservices.com)



# 114 Sylvan Street

## ***Affidavit & Disclosure Form***

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at 114 Sylvan Street through DHCD in Danvers, 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	\$37,750	\$43,150

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. The interest /dividends earned for assets \$5,000 or under will be added to 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.
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 by 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 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 114 Sylvan Street.
7. Program requirements are established by DHCD and are enforced by DHCD. 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 DHCD is final.
8. I/We certify that no member of our family has a financial interest in 114 Sylvan Street.
9. I/We understand there may be differences between the market and affordable units and accept those differences.
10. 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.
11. I/We understand that MCO Housing Services (MCO) is not responsible for incomplete applications if received by mail, email, or fax. It is understood that MCO will not notify tenants if their application is incomplete until after the deadline. MCO will not review your received application over the phone. I/We understand the only guarantee for



confirmation of a complete application is to drop it off prior to the deadline for review with MCO staff or meet with MCO staff at an Application Consultation, if scheduled, usually at or near the new project. Finally, MCO will not make any changes to your application once received in the office. If changes are needed we understand we must come to the office to physically make the changes.

I/We have completed an application and have reviewed and understand the process that will be utilized to distribute the available units at 114 Sylvan Street. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

**Return with completed application, complete financial documentation and Release of Information Form by mail, fax or email to:**

MCO Housing Services  
P.O. Box 372  
Harvard, MA 01451  
Drop off: 206 Ayer Road, Harvard, MA  
Email: [lotteryinfo@mcohousingservices.com](mailto:lotteryinfo@mcohousingservices.com)





**114 Sylvan Street**  
**Danvers, MA**

***Release of Information Authorization Form***

Date: \_\_\_\_\_

I/We hereby authorize MCO Housing Services, 114 Sylvan Street Leasing Office, MRS Management, 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, 114 Sylvan Street Leasing Office, MRS Management, or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for 114 Sylvan 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

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Return with completed application and Affidavit and Disclosure Form by mail, fax or email to:**

**MCO Housing Services, P.O. Box 372, Harvard, MA 01451**

Drop off: 206 Ayer Road, Harvard, MA

Email: [lotteryinfo@mcohousingservices.com](mailto:lotteryinfo@mcohousingservices.com)



### **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 tax return, school records, court order, 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**

**If YES** list amount \$ \_\_\_\_\_ per \_\_\_\_\_

**Have you ever been awarded an amount of child support for this child through the courts or an informal agreement?**   ☐ **YES**      ☐ **NO**

**If awarded but not paid, have you taken legal action to collect child support?**

☐ **YES**      ☐ **NO**

**If so, please describe efforts** \_\_\_\_\_

**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 Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Manager)

\_\_\_\_\_  
Date