



*your resource for Affordable Housing*



***Sajda Gardens  
West Boylston, MA***

Attached is the information regarding the affordable rental units at Sajda Gardens in West Boylston, 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.

The monthly rent is: One Bedroom - \$1,551; Two Bedroom - \$1,812; Three Bedroom - \$2,067 utilities are not included. A utility allowance has been deducted from the rent.

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 Bed: \$46,530; Two Bed: \$54,360; Three Bed: \$62,010.

Thank you for your interest in affordable housing at ***Sajda Gardens***. 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 M. O'Hagan, MCO Housing Services



# Sajda Gardens

## 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 (MHP).

### 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 Allowable Income	\$65,550	\$74,900	\$84,250	\$93,600	\$101,100	\$108,600

### APPLICANT QUALIFICATIONS:

1. Household income cannot exceed the above maximum gross allowable income limits.
2. 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. Included in this package is the List of Required Financial Documentation.
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. 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.
5. You may not own a home and rent an affordable apartment.

### 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:

1. There is a 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.
5. 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.



# Sajda Gardens

## New Tenant APPLICATION

For Office Use Only:

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

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

**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

Bedroom Size: \_\_\_ One Bedroom \_\_\_ Two Bedroom \_\_\_ Three Bedroom

Do you require a wheelchair accessible or sensory (hearing) adapted unit? \_\_\_ Yes \_\_\_ No Please specify:

**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)*

Language assistance will be available by appointment at no charge. Call 978-456-8388 to schedule.



**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 \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

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 an opportunity to lease an affordable unit at Sajda Gardens. 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 or email in PDF format to:**

MCO Housing Services, P.O. Box 372, Harvard, MA 01451 [Lotteryinfo@mcohousingservices.com](mailto:Lotteryinfo@mcohousingservices.com)



# Sajda Gardens

## Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at Sajda Gardens through MHP in West Boylston, 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	\$65,550	\$74,900	\$84,250	\$93,600	\$101,100	\$108,600

Income from all family members must be included.

- 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. Assets divested at less than full market value within two years of application will be counted at full market value in determining eligibility.
- The household size listed on the application form includes only and all the people that will be living in the residence.
- 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.
- 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.
- 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 Sajda Gardens.
- Program requirements are established by MHP and are enforced by MHP. 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.
- I/We certify that no member of our family has a financial interest in Sajda Gardens.
- I/We understand there may be differences between the market and affordable units and accept those differences.
- 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 Sajda Gardens. 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



# **HOUSEHOLD ELIGIBILITY QUESTIONNAIRE**

**REVIEW THIS FORM CAREFULLY.**

**FOLLOW THE INSTRUCTIONS.**

**Read every line.**

**Answer every question.**

**Provide all information as  
requested.**



**All Household Members 18 or Older Need to Complete this Form, Add Pages if Needed for**

**Income and Assets.**  
**HOUSEHOLD ELIGIBILITY QUESTIONNAIRE**

Property Name: \_\_\_\_\_ Unit: \_\_\_\_\_

<p><i>Certification Type:</i></p> <input type="checkbox"/> Move In/Initial Certification <input type="checkbox"/> Re-certification <input type="checkbox"/> Other: _____	<p><i>Housing Program:</i></p> <input type="checkbox"/> Low Income Housing Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Other: _____
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**I. HOUSEHOLD COMPOSITION**

- Unless assistance is required, this form must be completed by the applicant/tenant.
- List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.
- Do not include minors who will be present less than 50% of the time.
- List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.

	HOUSEHOLD MEMBER NAME	RELATIONSHIP	DOB	Last 4 of SSN	FT STUDENT?
1.		<b>HEAD</b>			[ ] YES [ ] NO
2.					[ ] YES [ ] NO
3.					[ ] YES [ ] NO
4.					[ ] YES [ ] NO
5.					[ ] YES [ ] NO
6.					[ ] YES [ ] NO
7.					[ ] YES [ ] NO
8.					[ ] YES [ ] NO

Are any HH changes expected in next 12 months? [ ] YES [ ] NO

If YES explain: \_\_\_\_\_

Are any student changes expected in next 12 months? [ ] YES [ ] NO

If YES explain: \_\_\_\_\_

**II. STUDENT STATUS**

Is every member of the household a FT student as defined above? <ul style="list-style-type: none"> <li>• If NO continue to Section III</li> <li>• If YES please complete the following questions:</li> </ul>	[ ] YES [ ] NO
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	[ ] YES [ ] NO
Was a student previously a foster child?	[ ] YES [ ] NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	[ ] YES [ ] NO
Is a student married and eligible to file a joint tax return?	[ ] YES [ ] NO
Is a student a single parent who is not claimed as a dependent by another individual?	[ ] YES [ ] NO
Are the minors in the household claimed as a dependent by a parent?	[ ] YES [ ] NO

**INCOME INSTRUCTIONS:**

- List gross amounts anticipated to be received in the 12 month period following move in or recertification
- For minors include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets
- For adults include both earned income from jobs and unearned income
- Answer each YES-NO question. For each YES include the gross amount and frequency
- Do not leave any unanswered questions

**Household Eligibility Questionnaire**  
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### III. HOUSEHOLD INCOME

*Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household.  
All adults must sign the form.*

Type of Income	Head of Household			Co Head and/or Other Member		
	Check One	Amount	Frequency	Check One	Amount	Frequency
1. Salary or pay from job	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
2. Overtime or shift pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
3. Bonus/commission/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
4. Do you have a 2 <sup>nd</sup> job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
5. Seasonal/sporadic work	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
6. Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
7. Cash pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
8. Self employment income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
9. Periodic gift income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
10. Non cash contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
11. Formal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
12. Is child support awarded but not paid?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
13. Informal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
14. Formal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
15. Is spousal support awarded but not paid?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
16. Informal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
17. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
18. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
19. TANF, AFDC, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
20. Unemployment benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Worker's compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Severance pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
24. Retirement acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
25. Investment acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
26. Annuity acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
27. Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
28. Disability/death benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
29. Real estate rent income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
30. Student financial aid	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
31. Military pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
32. Veterans/VA income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
33. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
34. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	

35. Are any income changes expected in the next 12 months?  YES  NO If YES please describe:

*For each source of income checked YES above, please complete the following:*

Income #	HH Member	Name of Source	Address/Phone/Email

### IV. HOUSEHOLD ASSETS

- List assets for all household members including minors
- Cash value is market value minus any costs/penalties/fees required to convert to cash
- Do not list assets that are not accessible to the family

#### Household Eligibility Questionnaire

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Type of Asset	Head of Household		Co Head and/or Other Member	
	Check One	Apprx Cash Value	Check One	Apprx Cash Value
1. Checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
2. 2 <sup>nd</sup> checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
3. Savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
4. 2 <sup>nd</sup> savings account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
5. Debit /direct deposit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
6. 2 <sup>nd</sup> prepaid debit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
7. Cash on hand	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
8. Certificate of Deposit	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
9. Other bank account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
10. Mutual Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
11. Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
12. Portfolio/brokerage	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
13. IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
14. 2 <sup>nd</sup> IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
15. Treasury bills/bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
16. Company retirement acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
17. Annuity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
18. Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
19. Revocable trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
20. Life insurance (not term)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
21. Real estate equity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
22. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
23. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

24. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)?  YES  NO

25. Has anyone disposed of any assets for less than fair market value in the past 2 years?  YES  NO

*If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:*

*For each asset checked YES above, please complete the following:*

Asset #	HH Member	Name of Source	Address/Phone/Email

*Under penalties of perjury, I/we certify that the information presented on this form is true and accurate to the best of my/our knowledge. False, misleading, or incomplete information may result in the termination of this application/lease.*

\_\_\_\_\_  
**Head of Household Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Co Head and/or Other Member Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Management Signature**

\_\_\_\_\_  
**Date**

**Household Eligibility Questionnaire**

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**Sajda Gardens**  
**West Boylston, MA**

***Release of Information Authorization Form***

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

I/We hereby authorize MCO Housing Services, Sajda Gardens Leasing Office, West Boylston Equitable Housing, LLC, 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, Sajda Gardens Leasing Office, West Boylston Equitable Housing, or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for Sajda Gardens.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Required Personal Identification and Income Verification Documents

## TO BE RETURNED WITH APPLICATION

Provide one copy, single sided, of all applicable information. Your application will be logged in at time of receipt and reviewed after the application deadline. If your application is not complete you will not be included in the lottery and will be notified after the application deadline. If you have any questions please call, 978-456-8388.

**Initial EVERY question below and check N/A or Yes. You MUST provide all required documentation for every "Yes" checked. Failure to provide documentation and your application will be considered incomplete and NOT included in the lottery.**

**1. Identification for each household member, i.e. Social Security Card, Birth Certificate etc.**

N/A

Yes

Initial(s): \_\_\_\_\_ Initial(s): \_\_\_\_\_

**2. SIGNED Federal Tax Returns –2022 – 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:** Make sure the tax return is SIGNED.

N/A

Yes

Initial(s): \_\_\_\_\_ Initial(s): \_\_\_\_\_

**3. W2 and/or 1099-R Forms: 2022**

N/A

Yes

Initial(s): \_\_\_\_\_ Initial(s): \_\_\_\_\_

**4. Current Employment:** Last five (5) consecutive pay stubs ending within one month of lottery application for all jobs for every household member over the age of 18 (check/direct deposit stubs). For unemployment, copies of unemployment checks or DOR verification stating benefits received. Statements of disability compensation, worker's compensation and/or severance pay. If unemployed complete Unemployed Status Affidavit. If you received TIPS or Gratuities complete the attached Affidavit.

**NOTE:** You need to provide 5 pay stubs whether you are paid weekly, bi-weekly or monthly.

N/A

Yes

Initial(s): \_\_\_\_\_ Initial(s): \_\_\_\_\_



5. **Current Employment Less Than 1 Year:** In addition to information provided in #4 also provide a copy of your employment letter, from your employer, which includes start date, current salary/hourly rate and # of hours worked per week.

N/A

Yes

Initial(s): \_\_\_\_\_ Initial(s): \_\_\_\_\_

6. **Earnings:** Yearly benefit letter for received from Social Security Administration. Most recent statement for annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts.

N/A

Yes

Initial(s): \_\_\_\_\_ Initial(s): \_\_\_\_\_

7. **Former Employment:** If you have left a job in 2018 provide a letter from past employer, on company letterhead, stating your last day of employment.

N/A

Yes

Initial(s): \_\_\_\_\_ Initial(s): \_\_\_\_\_

8. **Self-Employment:** provide a year to date profit and loss statement and year to date income and expense report. Provide past 3 years of business tax returns. Provide all current financial statements, i.e. checking (6 months), savings (current). **Complete the attached Self Employment Affidavit.**

N/A

Yes

Initial(s): \_\_\_\_\_ Initial(s): \_\_\_\_\_

9. **Household Member with Zero Income:** **Complete the attached Certification of Zero Income and Unemployed Status Affidavit.**

N/A

Yes

Initial(s): \_\_\_\_\_ Initial(s): \_\_\_\_\_



10. **Gift Income:** if you receive gift income have the giftee complete the attached **Gift Income Certification Form**.

N/A

Yes

Initial(s): \_\_\_\_\_ Initial(s): \_\_\_\_\_

11. **Divorce and/or Separation:** Provide copy of legal divorce and/or separation agreement. If you are filing for divorce or legal separation and no legal action has been taken, then your partner's income and assets must be included in this application.

N/A

Yes

Initial(s): \_\_\_\_\_ Initial(s): \_\_\_\_\_

12. **Child support and alimony:** Court document indicating the payment amount, statement from the Department of Revenue showing payments for the past 5 months and copy of divorce/separation agreement. Complete attached **Child and Custody Support Affidavit** (this is to be completed whether you receive child support or not). If you have more than one child complete form for each child.

N/A

Yes

Initial(s): \_\_\_\_\_ Initial(s): \_\_\_\_\_

13. **Section 8:** If you have a Section 8 or other housing voucher provide a copy of the signed voucher from the appropriate Housing Authority or Voucher Holder.

N/A

Yes

Initial(s): \_\_\_\_\_ Initial(s): \_\_\_\_\_

14. **Household with Students:** for household members over 18 and who are full time college students provide proof of fulltime student status, i.e. Letter from Registrar, transcript, or other proof of verification. Complete attached **Student Status Affidavit**.

N/A

Yes

Initial(s): \_\_\_\_\_ Initial(s): \_\_\_\_\_



15. **Asset Statement(s):**

- a.  N/A or  Yes - Checking accounts – last **three (3)** months of statements – EVERY PAGE – FRONT AND BACK – SINGLE SIDED

**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.

- b.  N/A or  Yes - Debit card(s) – For funds deposited directly to a debit card provide the last statement which can be requested from your debit card provider.

**NOTE:** This is NOT your ATM/Debit card. This is usually a separate debit card statement showing income deposited directly 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/>.

- c.  N/A or  Yes - Saving accounts - provide current statement(s)

- d.  N/A or  Yes - Revocable trust(s) - provide current statement(s)

- e.  N/A or  Yes - Equity in rental property or other capital investments - provide documentation

- f.  N/A or  Yes - 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 – provide current statement for each account.

- g.  N/A or  Yes – for 401K or any kind of retirement account you MUST provide information on your ability to obtain a service withdrawal from the account. This can be obtained from your Human Resource department or whomever manages your retirement/401K account.

- h.  N/A or  Yes - Cash value of Whole Life or Universal Life Insurance Policy – provide documentation.

- i.  N/A or  Yes - Personal Property held as an investment – provide documented value of property.

- j.  N/A or  Yes - Lump-sum receipts or one-time receipts – provide documented proof of receipts.

16. **Current Homeowner:** If you currently own a home or investment property you need to provide documentation supporting the value of the property, i.e. market analysis, tax assessment etc. and a copy of your last mortgage statement.

N/A

Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_



17. **Unborn Child:** 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.

N/A

Yes

Initial(s): \_\_\_\_\_

Initial(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. ALL ADDITIONAL FORMS STATED ABOVE ARE INCLUDED AT THE END OF THIS APPLICATION.**



## **ADDITIONAL FORMS**

**ONLY COMPLETE IF APPLICABLE**

**Call us should you have questions at  
978-456-8388.**





# All Households **MUST** Complete this Form

## **STUDENT STATUS AFFIDAVIT** (LIHTC or Tax Exempt Bond Compliance Period)

Applicant/Tenant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Completed For: (check one)

Move-in; effective date: \_\_\_\_\_  
 Annual recertification; effective date: \_\_\_\_\_

**Will all of the persons in your household be or have been full-time students during five calendar months of the certification year?**  Yes  No

### If YES, then is anyone in your household:



- A student and receiving AFDC/TANF?  Yes  No
- A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act?  Yes  No
- A student enrolled in a job training program funded under the Workforce Investment Act or similar federal, state or local program?  Yes  No
- A single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependants of another individual other than a parent?  Yes  No
- Married and file a joint return  Yes  No
- Has the person attended school full-time during any part of 5 months of this calendar year?  Yes  No
- Months/year attended full time \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Manager)	_____ Date

Student Status Affidavit  
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## **CERTIFICATION OF ZERO INCOME**

(To be completed by all adult household members with no reported income)

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

1. [ ] I currently have no income of any kind and I do not expect this to change in the next 12 months. (If you have **ANY** income whatsoever **DO NOT** complete this form).

2. I have been living with zero income for \_\_\_\_\_ years and \_\_\_\_\_ months.

3. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonus, etc.)
- b. Income from the operation of a business or Sales from self-employed resources (Avon, Mary Kay, etc.)
- c. Rental income from real or personal property
- d. Interest or dividends from assets
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- f. Unemployment or disability payments
- g. Public assistance payments
- h. Periodic allowances such as alimony, child support, or gifts from persons not living in my household
- i. Income from driving for Uber/Lyft
- j. Cash payments
- k. Student financial aid
- l. Any other source not named above

4. The reason I have no income is: \_\_\_\_\_  
\_\_\_\_\_

5. I will be using the following sources of funds to pay for:

Rent: \_\_\_\_\_  
Utilities: \_\_\_\_\_  
Food: \_\_\_\_\_  
Clothing and laundry: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
Internet/Cable/Phone: \_\_\_\_\_  
Toiletries: \_\_\_\_\_  
Credit cards/loans/bills: \_\_\_\_\_

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

**Certification of Zero Income**  
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## 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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## GIFT INCOME VERIFICATION

*Send this form to any person or organization providing ongoing cash contributions to a tenant/applicant or for any ongoing contributions made on behalf of a tenant/applicant such as rent payments, utility bills, etc.*

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

*Name and Address of Contributor:*

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I, \_\_\_\_\_, am contributing the following assistance to the above named individual.

*List all monetary and non-monetary amounts and frequency (i.e. monthly, weekly, etc.):*

Cash: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Rent Payment: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Utility Payment: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Cable/Cell Phone/Internet: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Transportation: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Cash for food: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Clothing: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Alcohol, tobacco, etc. \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Diapers/Items for Children: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Cash for Child Care: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Other: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

**Will this assistance change in the next 12 months? [ ] YES [ ] NO**

**If YES please describe:** \_\_\_\_\_



**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

*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.*

\_\_\_\_\_  
(Signature of Contributor)

\_\_\_\_\_  
Date

**Gift Income Verification**  
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# SELF-EMPLOYMENT INCOME AFFIDAVIT

Use this form for any applicant or resident who receives income as a business owner, independent contractor, sole proprietorship, cash pay, odd jobs, etc.

**Applicant/Tenant:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Anticipated Gross Annual Income:** \$ \_\_\_\_\_

**Anticipated Annual Business Expenses:** \$ \_\_\_\_\_

**Anticipated Annual Profit:** \$ \_\_\_\_\_

**Previous Year Profit (or Loss):** \$ \_\_\_\_\_

**Cash Withdrawals from Business:** \$ \_\_\_\_\_

Do you file tax returns?      **YES** Taxpayer ID# \_\_\_\_\_      **NO**

*If YES please submit tax returns with schedule C for past 3 years*

*If NO please state why:* \_\_\_\_\_

- *If tax returns were not filed please submit a profit/loss report for each month since the business started*
- *Please include documents such as invoices, receipts, written business plan, or accountant statement of business income.*

*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.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



# UNEMPLOYED STATUS AFFIDAVIT

All adults who are unemployed should complete this form

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

I am currently unemployed:  YES  NO

I work on a seasonal basis depending on the time of year:  YES  NO

I receive benefit income such as unemployment, disability, workers compensation:  YES  NO

***[ ] If my employment status changes between now and the move in (or recertification) date I understand that I must inform the manager before moving into this apartment***

I have been unemployed for \_\_\_\_\_ years and \_\_\_\_\_ months

My last job paid \$\_\_\_\_\_ per hour and I worked \_\_\_\_\_ hours per week

**\*\*\*Please complete either Section A, B, or C as applicable\*\*\***

## **Section A**

I [print name], \_\_\_\_\_, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

---

## **Section B**

I [print name], \_\_\_\_\_, state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months. Based upon my prior employment history and educational training, I anticipate earning \$\_\_\_\_\_ from anticipated employment over the next twelve months.

*(Please supply documentation to support this, such as previous tax returns and/or W-2)*

---

## **Section C**

I [print name], \_\_\_\_\_, state that I am currently unemployed but I have been hired for a new job which has not yet begun.

The company is: \_\_\_\_\_

The start date is: \_\_\_\_\_

The salary is: \_\_\_\_\_

*\*Manager will contact employer for verification of this income*

---

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

Applicant/Tenant Signature: \_\_\_\_\_ Date \_\_\_\_\_



## TIP / GRATUITY INCOME AFFIDAVIT

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

1. Do you receive tips or gratuities at this job?

YES                       NO

2. Please list the average amount of tip/gratuity received:

\$ \_\_\_\_\_ per  day  week other \_\_\_\_\_

3. Are all tips reported to the employer?                       YES                       NO

If **NO** please explain:

\_\_\_\_\_

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

### Tip Affidavit

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# SCHOOL EMPLOYEE AFFIDAVIT

Any adult applying to live in a tax credit unit who is employed by an educational institution should complete this form

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

Name of School: \_\_\_\_\_

Position Held (i.e.: teacher, bus driver, assistant)  
\_\_\_\_\_

Do you work at the school during the summer months?

**YES**       **NO**

If you answered NO, please check the following as applicable to the summer months:

- |   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| 1. I receive my salary, but will not work during the summer | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 2. I have/will look for another job                         | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 3. I will receive unemployment benefits                     | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 4. I will receive gift income from friends/family/etc       | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 5. I will have zero income status                           | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 6. Other  | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |

- If **YES** to 1, 2, 3 or 4 please list the amount of income expected to be received:

\_\_\_\_\_

*(NOTE TO PROPERTY MANAGEMENT: Employment income and gift income earned during summer months must be verified via third party affidavits.)*

- If **OTHER** please explain:

\_\_\_\_\_

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

