



your resource for Affordable Housing



Riverview Meadows Raynham, MA



Reasonable Accommodations are available.

Attached is the information regarding the affordable rental units at Riverview Meadows in Raynham, 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 on One Meadow Drive in Raynham, Riverview Meadows is a new 60 rental development offering 15 affordable one and two-bedroom apartments for eligible tenants, by lottery. One surface parking spot is available for each one-bedroom unit and two spaces for the two bedroom units at no charge. Each unit includes a washer and dryer. This is a smoke and pet free development.

The rents are not income based or subsidized. You are responsible for the full monthly rent. Section 8 or other housing voucher is accepted but you should contact your Section 8 provider to determine if they will accept the project and the rents. The monthly rents are: One Bedroom - \$1,310; Two Bedroom - \$1,568, heat, hot water, water and sewer are included. The minimum income to lease an affordable apartment, without a Section 8 or other housing voucher, is: One Bedroom - \$39,300 and Two Bedroom - \$47,040.

Please note: Complete financial documentation is required and must be sent with your application 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.

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., Monday January 7, 2019 at Riverview Meadows, 1 Meadow Drive in the Community 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.

OPEN HOUSE and APPLICATION CONSULTATION

Saturday, January 19, 2019

11:00 a.m. – 1:00 p.m.

Riverview Meadows, 1 Meadow Drive

Meet in the Community Room

The application deadline is January 31, 2019. You must have submitted a complete application postmarked on or before January 31st to be in the lottery. Refer to pages 10 and 31 for additional postmark information. The lottery is scheduled for 6:30, Wednesday, February 13, 2019 in the Community Room at Riverview Meadows.

Thank you for your interest in affordable housing at **RIVERVIEW MEADOWS**. We wish you the best of luck. Please contact MCO Housing Services at 978-456-8388 or email us at lotteryinfo@mcohousingservices.com if you have any questions. We encourage you to advise other people or organizations that may be interested in this program and make copies of the relevant information as needed.

Sincerely,

Maureen M. O'Hagan MCO Housing Services for
Riverview Meadows Limited Partnership

This is an important document. Please contact [AGENCY NAME] at [PHONE #] for free language assistance.

Este documento es muy importante. Favor de comunicarse con el MCO Housing en 978-456-8388 para ayuda gratis con el idioma. (Spanish)

Este é um documento importante. Entre em contato com o MCO Housing Serv no número 978-456-8388 para obter assistência gratuita com o idioma. (Portuguese)

Dokiman sila a enpòtan. Tanpri kontakte MCO Housing la nan 978-456-8388 pou asistans gratis nan lang. (Haitian Creole)

此文件為重要文件。如果您需要免費的語言翻譯幫助，請聯絡 MCO Housing 聯絡方式：978-456-8388。(Chinese, Traditional)

此文件为重要文件。如果您需要免费的语言翻译帮助，请联络 MCO Housing 联络方式：978-456-8388。(Chinese, Simplified)

Это весьма важный документ. Свяжитесь с сотрудником MCO Housing на предмет оказания бесплатной помощи по переводу на иностранный язык (978-456-8388). (Russian)
(Phone #)

នេះគឺជាឯកសារសំខាន់។ សូមទំនាក់ទំនង MCO Housing តាមរយៈ 978-456-8388 ដើម្បីទទួលបានជំនួយ ផ្នែកភាសាដោយឥតគិតថ្លៃ។ [Mon-Khmer, Cambodian]

Đây là một tài liệu quan trọng. Vui lòng liên hệ MCO Housing tại 978-456-8388 để được hỗ trợ ngôn ngữ miễn phí. (Vietnamese)

Kani waa dukumentiyu muhiim ah. Fadlan MCO Housing kala soo xiriiir 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)

Riverview Meadows

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) and the Massachusetts Housing Partnership (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
Max Allowable Income	\$50,350	\$57,550	\$64,750	\$71,900

(income limits are subject to change when HUD releases the 2019 income limits)

LOTTERY 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. Full-time college students renting an apartment on their own will not be eligible for an affordable apartment if they have been in school for during 5 months in the certification year.

Are there units available for Local Preferences?

Yes, 10 units are for household who meet at least one of the Local Preference Criteria as stated on the application.

Are there accessible/adaptable units?

Yes, the units are adaptable. There is no elevator in the buildings. There are two Handicap Accessible units; one 1 bedroom and one 2-bedroom unit. There is also one two bedroom hearing impaired unit. Handicap Accessible applicants may request reasonable accommodations or modifications of the housing, when such accommodations or modifications are necessary to afford the Handicap Accessible person equal opportunity to use and enjoy the housing. Where a person with a disability is waiting for an accessible unit and a unit with adaptive features becomes available, the owner/management agent must offer to adapt the unit.

Are there preferences for Household Size?

In all cases, preference for the one-bedroom unit will be for households that require one-bedroom. Preference for the two bedrooms will be for households requiring two bedrooms.

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.

Are there considerations for minorities?

Yes, if the percentage of minority applicants in the Local Preference Pool is less than the percentage of minorities in the Surrounding HUD-defined area, currently 14.4%, a preliminary lottery will be held comprised of all the minority applicants who do not qualify for the Local Preference Pool. These minority applicants would be drawn at random from the general pool until the percentage in the

local pool closely approximates the percentage in the surrounding HUD-defined area. Applicants not selected for the local pool would be in the Open Pool only.

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

Fifteen (15) affordable units are available by lottery at Riverview Meadows. The lottery has two pools: Local and Open. You must meet at least one of the Local Preference Criteria to be included in the Local Pool. The units' breakdown as follows:

Unit Size	# of Units	Local Pool	Open Pool
One Bedroom	8	5	3
Two Bedroom	7	5	2

All of the applicants for a given pool will be pulled at the time of the lottery. This will establish the rankings for the distribution of units. This means if you are a one-person household and by the above definition require a one-bedroom unit and are drawn first in the lottery you will be offered a one-bedroom unit. If you are a three-person household and by definition require a two-bedroom unit and are drawn first you will be offered a two-bedroom unit.

Households requiring the handicap accessible units will have priority for the available units no matter where their ranking is on the lottery list. If none of the accessible units are leased then they will be offered through the local or open pool.

Once the lottery rankings have been determined your information will be forwarded to the Leasing Office for credit and background checks. If the Leasing Office determines you are eligible then a third party verification will be conducted for your income and assets. Once that is completed your information will be forwarded to MHP for final approval. You will not be offered a lease until your approval has been received from MHP.

You need to be determined eligible by MCO Housing Services, the Leasing Office and MHP. If anyone determines you do not meet the eligibility criteria, then you will not be able to lease a unit.

Time Frames

The units will be available for immediate occupancy.

If you are selected and have the opportunity to lease a unit you will speak or meet with a representative to review your application to verify all information. Please be advised that the official income verification will be done at the time you have an opportunity to lease. Also understand you need to be income and asset eligible but will also, at minimum, be subject to a credit screening, landlord screening, employment verification, criminal background and CORI checks by the project and determined eligible or ineligible on that basis.

Acceptance of Units

It is important for all applicants to understand that specific units are attached to specific lottery rankings based upon the projected availability of the completed unit. Applicants may have a choice of unit locations, style or schedules. You will not be able "pass" on a unit and wait for another unit. If you choose not to take the designated unit, you will go to the bottom of the list and may not have another opportunity.

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.

AFFORDABLE UNIT NUMBERS

Building #	Unit #	# of Beds
13	200	2
13	202	1
13	205	1
14	213	1
14	214**	1
14	219*	2
15	221	2
15	227	1
15	229	2
16	236	1
16	238	2
17	240*	1
17	243	2
18	253	2
18	257	2

*Handicap Accessible Unit

**Hearing Impaired Unit

Project Amenities

Club House

Pool

Grilling Station

Toddler Play Ground

Basketball Court

Walking Trails

**COMPLETE AND RETURN
ALL APPLICABLE DOCUMENTS
FROM THIS POINT FORWARD**

Return the following documents:

- Complete and signed Lottery Application
- Signed Affidavit and Disclosure Form
- Complete and signed Household Eligibility Questionnaire
- Signed Authorization to Release Information Form
- Complete and signed Personal Identification & Income Verification Document Form
- All required financial documentation
- Complete and signed, applicable, Additional Documents

Return, postmarked on or before January 31, 2019 to:

**Please note: The Post Office does not always include a postmark on a piece of mail.
We will accept applications after the deadline ONLY if it is postmarked. It is your
responsibility to make sure your post office stamps your mail with a postmark.**

MCO Housing Services
P.O. Box 372
Harvard, MA 01451
FAX: 978-456-8986

E mail: lotteryinfo@mcohousingservices.com

Drop Off: 206 Ayer Road, Harvard, MA

Riverview Meadows

LOTTERY APPLICATION

Application Deadline: January 31, 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: _____ Do you own a home? ___ Yes ___ No

LOCAL PREFERENCE: (Check all that apply) Proof of Local Preference will be required if you have the opportunity to lease.

- Current Raynham Resident
- Currently employed by the Town of Raynham or the Raynham School Department
- Employees of local Raynham businesses or with a bonafide offer of employment from a business located in Raynham
- Household with children attending the Raynham School System, such as METCO students

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

Bedroom Size (Check One): ___ One Bedroom; ___ Two Bedroom

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

Do you require a hearing-impaired unit? ___ 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.)

Applicants Monthly Base Income (Gross) _____

Other Income, specify _____

Co-Applicants Monthly Base Income (Gross) _____

Other Income, specify _____

TOTAL MONTHLY INCOME: _____

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

Checking (avg balance for 6 months) _____

Savings _____

Stocks, Bonds, Treasury Bills, CD or _____

Money Market Accounts and Mutual Funds _____

Individual Retirement, 401K and Keogh accounts _____

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

Revocable trusts _____

Equity in rental property or other capital investments _____

Cash value of whole life or universal life insurance policies _____

TOTAL ASSETS _____

EMPLOYMENT STATUS: (include for all working household members. Attach separate sheet, if necessary.)

Employer: _____
Street Address: _____
City/State/Zip: _____
Date of Hire (Approximate): _____
Annual Wage - Base: _____
Additional: _____ (Bonus, Commission, Overtime, etc.)

ABOUT YOUR HOUSEHOLD: (OPTIONAL)

You are requested to fill out the following section in order to assist us in fulfilling affirmative action requirements. Please be advised that you should fill this out based upon family members that will be living in the apartment/unit. Please check the appropriate categories:

	Applicant	Co-Applicant	(#) of Dependents
Non-Minority	_____	_____	_____
Black or African American	_____	_____	_____
Hispanic or Latino	_____	_____	_____
Asian	_____	_____	_____
Native American or Alaskan Native	_____	_____	_____
Native Hawaiian or Pacific Islander	_____	_____	_____

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

Household Composition (including applicant(s))

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

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 Riverview Meadows. I (we) understand if selected all information provided shall be verified for accuracy at the time of lease. I/we understand if I/we provided an incomplete application it will not be included in the lottery.

Signature _____ Date: _____
Applicant(s)

Signature _____ Date: _____
Co-Applicant(s)

Riverview Meadows

Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at Riverview Meadows through the Massachusetts Housing Partnership in Raynham, MA:

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

Household Size	1	2	3	4
Max Allowable Income	\$50,350	\$57,550	\$64,750	\$71,900

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.
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 your eligibility to lease.
6. I/We understand that if selected I/we may be able to select a unit. If I/we reject a 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 Riverview Meadows.
7. Program requirements are established by DHCD and the Massachusetts Housing Partnership (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.
8. I/We certify that no member of our family has a financial interest in Riverview Meadows.
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.
11. I/We understand that if my/our lottery application is incomplete it will not be included in the lottery and we will lose our opportunity to lease an affordable unit.

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

Applicant

Co-Applicant

Date

HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

REVIEW THIS FORM CAREFULLY.

FOLLOW THE INSTRUCTIONS.

ANSWER ALL THE QUESTIONS.

TAKE YOUR TIME IN COMPLETING.

HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

Property Name: _____ Unit: _____

Certification Type:

Move In/Initial Certification

Re-certification

Other: _____

Housing Program:

Low Income Housing Tax Credit

HOME

Other: _____

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.	HEAD			<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.				<input type="checkbox"/> YES	<input type="checkbox"/> 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"> • If NO continue to Section III • If YES please complete the following questions: 	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was a student previously a foster child?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is a student married and eligible to file a joint tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is a student a single parent who is not claimed as a dependent by another individual?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are the minors in the household claimed as a dependent by a parent?	<input type="checkbox"/> YES	<input type="checkbox"/> 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

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Page 1 of 4



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 nd 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

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 nd 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 nd 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 nd 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 nd 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)?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
25. Has anyone disposed of any assets for less than fair market value in the past 2 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:</i>				

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

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Riverview Meadows
Raynham, MA

Release of Information Authorization Form

Date: _____

I/We hereby authorize MCO Housing Services, Riverview Meadows Leasing Office, Riverview Meadow Limited Partnership, 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, Riverview Meadows Leasing Office, Riverview Meadows Limited Partnership, or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for Riverview Meadows.

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 –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 did not submit a tax return for 2017 then you must provide a Verification letter of non-filing from the IRS. The form to request is 4506-T and can be found on irs.gov.

NOTE: If you filed your taxes and are unable to locate you can request the transcript of your Federal taxes by submitting form 4506-T to the IRS. The form can be found on irs.gov.

NOTE: Make sure the tax return is **SIGNED**.

- N/A
- Yes

Initial(s): _____ Initial(s): _____

3. W2 and/or 1099-R Forms: 2017

- 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: 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.

N/A

Yes

Initial(s): _____ Initial(s): _____

5. **Earnings:** Current 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): _____

6. **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): _____

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

N/A

Yes

Initial(s): _____ Initial(s): _____

8. **Gift Income:** if you receive gift income we will send a form to the individual(s) for completion.

N/A

Yes

Initial(s): _____ Initial(s): _____

9. **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): _____

10. **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): _____

11. **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): _____

12. **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): _____

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

- a. N/A or Yes - Checking accounts – last **SIX (6)** 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 account(s) - 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.

14. 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): _____

15. 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 AND NOT INCLUDED IN THE LOTTERY. 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.**

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

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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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



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

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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Page 1 of 1



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 _____



Return the following documents:

- Complete and signed Lottery Application
- Signed Affidavit and Disclosure Form
- Complete and signed Household Eligibility Questionnaire
- Complete and signed Authorization to Release Information Form
- Complete and signed Personal Identification & Income Verification Document Form
- All required financial documentation
- Complete and signed, applicable, Additional Documents

Return, postmarked on or before January 31, 2019 to:

Please note: The Post Office does not always include a postmark on a piece of mail. We will accept applications after the deadline ONLY if it is postmarked. It is your responsibility to make sure your post office stamps your mail with a postmark.

MCO Housing Services
P.O. Box 372
Harvard, MA 01451
FAX: 978-456-8986

E mail: lotteryinfo@mcohousingservices.com

LAST CHANCE

REMEMBER: Complete financial documentation is required and must be sent with your application 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. If you have any questions call us at 978-456-8388.