



your resource for Affordable Housing



## Newburyport Crossing Newburyport, MA

Attached is the information regarding the affordable rental units at Newburyport Crossing in Newburyport, Massachusetts. Potential Tenants will not be discriminated against on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.

Located at One Boston Way, the Newburyport Train Station, Newburyport Crossing is a new rental development offering 19 affordable studio, one, two and three bedroom apartments for eligible tenants. All units will be distributed by lottery. Surface parking is available for all tenants in the designated tenant parking area at no charge. Garage spaces are available at \$65/mo. per space, based on availability. Each unit includes a washer and dryer hookup. Pets are allowed. The monthly pet rents are \$50 per dog and \$35 per cat. Breed restrictions apply. This is a smoke free building. Amenities include a coffee bar, small fitness room and bike racks.

The monthly rents are: Studio - \$1,431; One Bedroom - \$1,622; Two Bedroom - \$1,798; Three Bedroom - \$1,970. Water, Sewer and Hot Water are included in the rent. A utility allowance has been deducted, for electric, from the rents. All affordable units will be distributed by lottery as outlined in the attached package.

These rents are NOT income based. Applicants are responsible for the full rent as stated below. Section 8 will be accepted, and it is up to you to talk with your Section 8 holder to determine if they will approve the project and accept the rents. The minimum income needed to lease a unit, without a Section 8 or other housing voucher, are: \$42,930 for a studio; \$48,660 for a one-bedroom unit; \$53,940 for a two-bedroom unit and \$59,100 for a three-bedroom unit.

**PLEASE NOTE: All applicants must include complete financial documentation with the application. An application will be considered incomplete and will not be included in the lottery if all financial documentation is not received on or before the application deadline.**

**Applicants who submitted an incomplete application will be notified after the application deadline and will NOT be included in the lottery. Applicants that submit an incomplete application will be notified via email, if available, or by letter. The email or letter will include the list of missing documentation. If you submit the missing documentation and your application is determined complete you would be added to the waiting list. If units remain after the lottery, the available units would then be offered to you based on the date you were added to the waiting list.**

Translation Assistance available at no charge, upon request.

### KEY MEETING DATES

#### **Public Information Meeting via Zoom**

6:00 p.m., Wednesday, January 27, 2021

Go to Zoom.com, click Join Meeting and enter

Meeting ID: 899 8097 3500

Passcode: 259506



**Application Deadline**

February 24, 2021

**Lottery via Zoom**

3:00 p.m., Wednesday, March 17, 2021

Go to Zoom.com, click Join Meeting and enter

Meeting ID: 846 7332 5883

Passcode: 496205

Thank you for your interest in affordable housing at ***NEWBURYPORT CROSSING***. 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.



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 xiriir 978-456-8388 si aad u hesho gargaar xagga luqadda oo bilaash ah. (Somali)

هذه وثيقة مهمة. يرجى الاتصال بـ MCO Housing بـ 978-456-8388 للمساعدة اللغوية المجانية.  
[Phone #] [Agency Name] (Arabic)

Ce document est très important. Veuillez contacter le MCO Housing au 978-456-8388 afin d'obtenir une assistance linguistique gratuite. (French)

Il presente è un documento importante. Si prega di contattare il MCO Housing al 978-456-8388 per avere assistenza gratuita per la traduzione. (Italian)



**Newburyport Crossing**  
Question & Answer

The units will be leased in accordance with policies and guidelines established by the Commonwealth of Massachusetts Department of Housing and Community Development (DHCD).

**What are the qualifications required for Prospective Tenants?**

- Qualify based on the following maximum income table, which is adjusted for household size:

Household Size	1	2	3	4	5	6
Max Gross Allowable Income	\$67,400	\$77,000	\$86,650	\$96,250	\$103,950	\$111,650

**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 interest/dividend income received is included in the annual income OR when assets exceed \$5,000, annual income includes the greater of actual income from assets or a .06% imputed income calculation. Assets divested at less than full market value within two years of application will be counted at full market value when determining eligibility.
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. Applicants may not own a home and lease an affordable unit, including homes in a trust.
5. 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.

**Are there units available for Local Preferences?**

Yes, the initial occupancies of 13 units are for households who meet at least one of the Local Preference Criteria as stated in the application.

**Are there adaptable/Group 2 units?**

Yes, the building has an elevator, so the units are adaptable. One 3 bedroom unit is handicap accessible. Disabled applicants may request reasonable accommodations or modifications of the housing, when such accommodations or modifications are necessary to afford the disable person equal opportunity to use and enjoy the housing. All requests must be made a time of application and include the appropriate doctors information.

**Are there preferences for Household Size?**

In all cases, preference for the studio apartment will be for households that require a studio; one bedroom units will be for households that require one bedroom. Preference for the two bedrooms will be for households requiring two bedrooms and preference for the three bedroom units will be for households requiring three 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 27%, 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**

Nineteen (19) affordable units are available by lottery at Newburyport Crossing in Newburyport. The lottery has two pools: Local Preference 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:

<b>Unit Size</b>	<b># of Units</b>	<b>Local Pool</b>	<b>Open Pool</b>
Studio	4	2	2
One Bedroom	5	4	1
Two Bedroom	8	6	2
Three Bedroom	2	1	1

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 meet the Unit Size Preference (see page 3) for 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 meet the Unit Size Preference and are drawn first you will be offered a two bedroom unit. The process will be identical for both the Local Preference Pool and Open Pool and will be used until all units (studio, one, two- and three-bedroom units) are leased or until the lottery list is exhausted. Applicants in the Local Preference Pool will select units first then the Open Pool Applicants.

**Please note:** Household size preference will override local preference. This means if we exhaust the applicants in the local pool that require two-bedroom units we will move to the open pool for households requiring two bedrooms. Household size shall not exceed, nor may the maximum allowable household size be more restrictive than, State Sanitary Code requirements for occupancy of a unit (See 105 CMR 400). Applicants will not be approved for units larger than their household size allows.

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 you will be offered a unit. At lease signing you will be required to pay the first month's rent and security deposit.

You need to be determined eligible by MCO Housing Services and the Leasing Office and if you have a Section 8 or other housing voucher, your Public Housing Authority (PHA). If the PHA determines you or the project do not meet the



eligibility criteria then you will not be able to lease a unit. If anyone determines you do not meet their eligibility criteria, then you will not be able to lease a unit.

If there are lottery applicants remaining once the affordable units are leased, then they will be the beginning of the waiting list for future vacancies. Local preference will not be applied beyond the initial marketing and lease up, although any local pool applicant remaining will be added to the waiting list first based on unit size.

#### ***Time Frames***

The units are slated for occupancy January/February 2021. 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***

The initial lottery “winners” may have a choice of the appropriately sized available affordable units. Local Preference Pool applicants will select units first and then the Open Pool applicants will select. Post lottery each applicant will need to meet with the Leasing Office and complete their screening by the deadline provided. If you miss the deadline, we will move to the next applicant waiting for a unit and you may lose the opportunity to lease.

#### ***Summary***

We hope this helps explain the process by which the units will be distributed. It can be a lengthy and sometimes complicated process. We greatly appreciate your participation and wish you the best of luck in the lottery process.



## Unit Availability

Unit #	Bedroom Size	Unit Type	Sq. Ft.
108	2 Bed/2 Baths	2F	1088
116	Studio/1 Bath	SD	536
120	1 Bed/1 Bath	1C	711
121**	3 Bed/2.5 Baths	3B-HC	1311
200	Studio/1 Bath	SE	430
208	2 Bed/2 Bath	2L	1071
209	2 Bed/2 Bath	2G	1044
218	1 Bed/1 Bath	1E	717
300	Studio/1 Bath	SE	430
306	2 Bed/2 Bath	2K	1066
307	2 Bed/2 Bath	2H	1079
312	Studio/1 Bath	SG	519
317	1 Bed/1 Bath	1-I	733
322	3 Bed/2.5 Bath	3C	1147
402	1 Bed/1 Bath	1A	741
405	2 Bed/2 Bath	2G	1044
406	1 Bed/1Bath	1E	717
409	2 Bed/2 Bath	2G	1044
412	2 Bed/2 Bath	2L	1071

Note: \*\* = Handicap Accessible









# STUDIO UNITS



**1 TYPICAL STUDIO S-A-HC UNIT**  
SCALE: 3/32" = 1'-0"



**2 TYPICAL STUDIO S-B UNIT**  
SCALE: 3/32" = 1'-0"



**3 TYPICAL STUDIO S-C UNIT**  
SCALE: 3/32" = 1'-0"



**4 TYPICAL STUDIO S-D UNIT**  
SCALE: 3/32" = 1'-0"



**5 TYPICAL STUDIO S-E UNIT**  
SCALE: 3/32" = 1'-0"



**6 TYPICAL STUDIO S-F UNIT**  
SCALE: 3/32" = 1'-0"



**7 TYPICAL STUDIO S-G UNIT**  
SCALE: 3/32" = 1'-0"



**8 TYPICAL STUDIO S-H UNIT**  
SCALE: 3/32" = 1'-0"




**9 TYPICAL STUDIO S-I UNIT**  
SCALE: 3/32" = 1'-0"




**10 TYPICAL STUDIO S-J UNIT**  
SCALE: 3/32" = 1'-0"


# 1-BEDROOM UNITS




**11 TYPICAL 1 BR 1-A UNIT**  
SCALE: 3/32" = 1'-0"




**12 TYPICAL 1 BR 1-B-HC UNIT**  
SCALE: 3/32" = 1'-0"



**13 TYPICAL 1 BR 1-C UNIT**  
SCALE: 3/32" = 1'-0"



**14 TYPICAL 1 BR 1-D UNIT**  
SCALE: 3/32" = 1'-0"



**15 TYPICAL 1 BR 1-E UNIT**  
SCALE: 3/32" = 1'-0"



**16 TYPICAL 1 BR 1-F UNIT**  
SCALE: 3/32" = 1'-0"



**17 TYPICAL 1 BR 1-G UNIT**  
SCALE: 3/32" = 1'-0"



**18 TYPICAL 1 BR 1-H UNIT**  
SCALE: 3/32" = 1'-0"



**19 TYPICAL 1 BR 1-I UNIT**  
SCALE: 3/32" = 1'-0"

**DISCLAIMER ON PLAN SET**  
NOTE: ALL AREAS SHOWN ON THIS DRAWING ARE ESTIMATED AND ARE BASED ON FACE OF OR CENTER LINE TO CENTER LINE OR FACE OF. ALL FINAL SF SHALL BE BASED ON ACTUAL AS BUILT DIMENSIONS.



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**consultant:**

**Sheet title:**  
Unit Type Reference  
Plans

**project name:**  
ONE BOSTON WAY  
Boston, MA  
Newburyport, MA

DATE: 11-12-18

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GSd-16-030

**A1.8.1**





# Newburyport Crossing

## LOTTERY APPLICATION

For Office Use Only:

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

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

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

Local: Yes/No

**Application Deadline: February 24, 2021**

**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? \_\_\_

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

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

Do you have a Section 8 voucher (the units are **NOT** subsidized or income based): \_\_\_ Yes \_\_\_ No

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

Are you disabled: \_\_\_ Yes \_\_\_ No

Do you require a wheelchair accessible unit? \_\_\_ Yes \_\_\_ No

Do you require any adaptations or special accommodations? \_\_\_ Yes \_\_\_ No Please explain: \_\_\_\_\_

The total household size is \_\_\_\_\_

Household Composition (including applicant(s))

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

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

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

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

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

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



**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 3 months) \_\_\_\_\_  
 Savings \_\_\_\_\_  
 Debit Card \_\_\_\_\_  
 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	_____	_____	_____

**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 Newburyport Crossing. I (we) understand if selected all information provided shall be verified for accuracy at the time of lease.

Signature \_\_\_\_\_  
Applicant(s)

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

Signature \_\_\_\_\_  
Co-Applicant(s)

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

**See page 19 for return information.**





# Newburyport Crossing

## Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable units at Newburyport Crossing through the Mass Department of Housing and Community Development in Newburyport, 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 Gross Allowable Income	\$67,400	\$77,000	\$86,650	\$96,250	\$103,950	\$111,650

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 \$5,000 or less the actual interest/dividends earned will be added to a household's income 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 selected in the lottery does not guarantee that I/we will be able to lease a unit. I/We understand that all application data will be verified and additional financial information may be required, verified and reviewed in detail prior to leasing a unit. I/We also understand that the Project's Owner will also perform its own screening to determine our eligibility to lease.
- 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 Newburyport Crossing.
- Program requirements are established by DHCD and are enforced by DHCD. I/We agree to be bound by whatever program changes that may be imposed at any time throughout the process. If any program conflicts arise, I/we agree that any determination made by DHCD is final.
- I/We certify that no member of our family has a financial interest in Newburyport Crossing.
- I/We understand there may be differences between the market and affordable units and accept those differences.
- I/We understand 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.

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

\_\_\_\_\_  
Applicant

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

\_\_\_\_\_  
Date



**Required Personal Identification and Income Verification Documents  
TO BE RETURNED WITH APPLICATION**

Provide of all applicable information. Complete financial documentation is required and must be sent with your application to participate in the lottery. Incomplete applications will not be included in the lottery and the applicant will be notified after the application deadline.

**Initial each that are applicable, and provide the documents, or write N/A if not applicable and return this sheet with your application.**

1. \_\_\_\_\_ If you have a Section 8 Voucher or other Housing Voucher, you MUST provide a valid copy with your application.
2. \_\_\_\_\_ One form of identification for all household members, i.e. birth certificates, driver's license, etc.
3. \_\_\_\_\_ If you qualify for the Local Preference Pool, provide a copy of utility bills, voter registration etc.
4. \_\_\_\_\_ If you require a Special Accommodation you must request as part of your application and documentation is required, i.e. doctors letter, it MUST be included with the application.
5. \_\_\_\_\_ The most recent last five (5) **consecutive** pay stubs for all jobs (check/direct deposit stubs). For unemployment, copies of unemployment checks or DOR verification stating benefits received. Same for disability compensation, worker's compensation and/or severance pay.
  - **NOTE:** If you have obtained a new job within the last 12 months you must provide a copy of the Employment Offer Letter.
  - **NOTE:** If you are no longer working for an employer you worked for in the past 12 months, 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.
6. \_\_\_\_\_ Benefit letter providing full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts.
7. \_\_\_\_\_ Child support and alimony: court document indicating the payment amount, DOR statement. If you do not receive child support provide a letter stating, that you are not receiving child support. See attached form.
8. \_\_\_\_\_ If you are self-employed you MUST provide a detailed Profit and Loss statement for the last 12 months and three months of business checking and savings accounts along with last three Federal Income Tax Returns. Uber, Lyft, Grubhub, etc. are considered self employment.
9. \_\_\_\_\_ Federal Tax Returns – 2019, 2020 if completed. (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 the 2019 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.

10. \_\_\_\_\_ W2 and/or 1099-R Forms: 2019, 2020

11. \_\_\_\_\_ Interest, dividends and other net income of any kind from real or personal property.

12. Asset Statement(s): provide **current** statements of all that apply, unless otherwise noted:

- \_\_\_\_\_ Checking accounts – Last **three (3)** months of statements – EVERY PAGE – FRONT AND BACK.

**NOTE:** If you have cash deposits or non payroll or income deposits you MUST identify where the funds have come from. If you fail to explain they will be counted as income, which may put you over the income limit.

**NOTE:** Do NOT provide a running transaction list of activity. You must provide the individual statements.

- \_\_\_\_\_ Pre-paid debit card statements – current month.

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

- \_\_\_\_\_ Saving accounts – last three months of full statements
- \_\_\_\_\_ Revocable trusts
- \_\_\_\_\_ Equity in rental property or other capital investments
- \_\_\_\_\_ Investment accounts, including stocks, bonds, Treasury Bills, Certificates of Deposit, Mutual Funds and Money Market Accounts including all individual retirement accounts, 401K, Keogh accounts and Retirement and Pension funds.
- \_\_\_\_\_ Cash value of Whole Life or Universal Life Insurance Policy.
- \_\_\_\_\_ Personal Property held as an investment
- \_\_\_\_\_ Lump-sum receipts or one-time receipts

13. \_\_\_\_\_ Proof of student status for dependent household members over age of 18 and full-time students. Letter from High School or College providing student status, full time or part time for current or next semester.

14. \_\_\_\_\_ 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.

15. \_\_\_\_\_ If the applicant is in the process of a divorce or separation, the applicant must provide legal documentation the divorce or separation has begun or has been finalized. Information must be provided regarding the distribution of family assets.

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

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

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

**See page 19 for return information.**



**Newburyport Crossing**  
**Newburyport, MA**

***Release of Information Authorization Form***

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

I/We hereby authorize MCO Housing Services, Newburyport Crossing Leasing Office, One Boston Way 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, Newburyport Crossing Leasing Office, One Boston Way LLC, or any of its assignees and consequently the Projects Administrator, for the purpose of determining income eligibility for Newburyport Crossing.

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

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





## Return the following to MCO Housing Services:

1. Completed, signed and dated application
2. Signed and dated Affidavit and Disclosure Form
3. Completed, signed and dated Required Personal Identification and Income Verification Documents Form
4. All required financial and other documentation
5. Complete, signed and dated *Release of Information Authorization Form*
6. Proof of Local Preference
7. Documentation for Special Accommodations
8. Identification for all household members

**RETURN ALL, postmarked on or before the February 24, 2021 application deadline to:**

MCO Housing Services, LLC  
P.O. Box 372  
Harvard, MA 01451  
Overnight mailing address: 206 Ayer Road, Suite 5, Harvard, MA 01451  
Phone: 978-456-8388  
FAX: 978-456-8986  
Email: [lotteryinfo@mcohousingervices.com](mailto:lotteryinfo@mcohousingervices.com)  
TTY: 711, when asked 978-456-8388

**NOTE:** If you are mailing your application close to the application deadline, make sure you go into the Post Office and have them date stamp and mail. As I understand, mail that is sent to the central sorting facility use bar codes so we would have no idea when the application was mailed, and it can take longer for MCO to receive. If we receive an application after the deadline that has a barcode it will be counted as a late application and will not be included in the lottery.

