

**THE 305
WALTHAM, MA
WAITING LIST APPLICATION**

Name _____ Home Tel. # _____

Address _____ Work Tel. # _____

City _____ State _____ Zip _____

Email (if available) _____

Unit size(s) for which you are applying (Please check. You may choose more than one):

- ☐ Studio
- ☐ 1 bedroom
- ☐ 2 bedroom
- ☐ 3 bedroom

**Please note that, per MassHousing policy, 1 person households are not permitted to occupy 2BR units, and 2 person households are not permitted to occupy 3BR units, unless an extra bedroom is needed as a reasonable accommodation.*

HOUSEHOLD MEMBERS:

Please list **ALL** household members who will occupy the affordable apartment:

Name	Date of Birth	Sex	SS#	Relationship

HOUSEHOLD TYPE (please check one, read the Information Packet for more details):

- ☐ **1 person household** (Type I)
- ☐ **1 person household with a disability or medical need for TWO bedrooms** (Please note that verification from medical provider of need for a 2BR unit will be required at certification otherwise household may be removed from Waiting Lists) (Type II)
- ☐ **2 person household: 2 heads-of-household** (Type I)
- ☐ **2 person household: 1 head-of-household plus one dependent** (Type II)
- ☐ **2 person household with a disability or medical need:** 2 heads-of-household where (A) heads-of-household cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on their mental or physical health OR (B) there is a separate disability or medical need for **two** bedrooms. (In either case, please note that verification from medical provider of need for separate rooms for heads of households or of need for a 2BR unit will be required at certification otherwise household may be removed from Waiting Lists) (Type II)
- ☐ **2 person household with a disability or medical need for THREE bedrooms** (Please note that verification from medical provider of need for a 3BR unit will be required at certification otherwise household may be removed from Waiting Lists) (Type III)

- ☐ **3 person household: 1 head-of-household plus 2 dependents** (Type III)
- ☐ **3 person household: 2 heads-of-household plus 1 dependent** (Type II)
- ☐ **3 person household with a disability or medical need:** 2 heads-of-household plus one dependent, where (A) heads-of-household cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on their mental or physical health OR (B) there is a separate disability or medical need for **three** bedrooms. *(In either case, please note that verification from medical provider of need for separate rooms for heads of households or of need for a 3BR unit will be required at certification otherwise household may be removed from Waiting Lists)* (Type III)
- ☐ **4 person household: all types** (Type III)
- ☐ **5 person household: all types** (Type III)
- ☐ **6 person household: all types** (Type III)

PREFERENCE INFORMATION

Are you, or any member of your household, in need of an accessible unit? This is defined as persons with a physical disability that meet standards established by the Executive Office of Housing and Livable Communities (EOHLC) and state laws for disabled accessible housing and who needs the features of a disabled-accessible unit.

- ☐ Yes
- ☐ No

INCOME

What is your approximate total yearly income (before-tax income from all jobs, self-employment, Social Security, Pensions, payments from friends/family, unemployment, child support, alimony, income from assets etc)?

\$

Do you currently receive or do you have a Section 8 mobile voucher or certificate? (The Lottery Agent does not discriminate based on source of income. This question is asked for the sole purpose of determining ability to pay rent.)

- ☐ Yes
- ☐ No

RELATED PARTY

Is any member of the household related to or employed by the developer or related to or employed by the Property Management Company?

- ☐ Yes
- ☐ No

If yes, please explain the relationship in the space provided here:

REASONABLE ACCOMODATION

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you?

☐ Yes

☐ No

If yes, please explain in the space provided here:

If you have a disability you have the right to request a reasonable accommodation in connection with your application for housing. All information is voluntary and will be treated as confidential.

Please remember to maintain all records of income, assets and taxes!

Every household must maintain records of all income, assets, and changes in employment as all this documentation will be required if you are given the opportunity to move forward in this program. So please be sure to keep a record of all your pay, all your tax documentation and all your bank/asset statements to ensure an easy and fast eligibility review.

Additional information may be requested at a later date. Your signature below gives consent to Management to verify the information in this application. Please be advised that it is your responsibility to report any changes in address, phone number or priority status to the rental office. Failure to maintain current information at the rental office may jeopardize your waiting list status.

I/We hereby certify that the information contained herein is true and correct:

I/We hereby acknowledge that rents for affordable housing change on an annual basis based on changes in Area Median Income and Utility Allowances and that the current affordable rents are subject to change while I/We are on the waiting list. If we are given the opportunity to lease an affordable unit, prior to completing a lease application we will be notified of the rents that will be in place for our lease term.

Signed under the pains and penalties of perjury:

Signature of Applicant

Date

Signature of Co-Applicant

Date

Completed Waiting List Applications should be submitted to the management team, email the305@greystar.com