

Waiting List Application and Information
11 Hammond Road
Wayland, MA

The affordable rental unit at 11 Hammond Road developed by the Wayland Municipal Affordable Housing Trust Fund (MAHTF) and managed by the Town of Wayland Housing Authority (WHA). Currently the development consists of one 4-bedroom rental unit. The unit has recently been renovated and has 1.5 bathrooms.

Rent

The rent is currently 2023 \$2,419 per month. Tenants are responsible for utilities including heat, hot water, water, electricity, trash collection and snow removal. The monthly rent includes a utility allowance which is deducted from the rent (see below). Rent is based on the HUD income limits. The rent and household income eligibility will be reviewed annually.

2023 Household Income Limits

Household Size	1	2	3	4	5	6	7	8
Income Limit	\$82,950	\$94,800	\$106,650	\$118,450	\$127,950	\$137,450	\$146,900	\$156,400

Assets

For rental units, the greater of the following will be added to income: the income derived from the assets or an imputation of value calculated in a manner consistent with HUD requirements in place at the time of marketing.

- Individual retirement, 401K and Keough accounts are included and may have an account value at 100%.
- The value of Retirement and Pension Funds differ if you are employed or are no longer working. If still employed by the company, the value is determined using the amount you can withdraw less any penalties or transaction costs. At retirement, termination of employment, or withdrawal periodic receipts from pension and retirement funds are counted as income. Lump-sum receipts are counted as assets.

The WHA will accept applications at the 106 Main Street office. Incomplete applications will not be accepted. If you have any questions or cannot attend the information session, please or email us kprovost@waylandhousing.com.

**11 Hammond Road Affordable Rental
APPLICATION FOR ADMISSION
Please Print and fill in all information**

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the the WHA office 508-655-6310.

Applicant: _____ Home Tel _____

Present Address _____
street city state zip

Mailing Address _____
(if different) street city state zip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> White (not of Hispanic origin) | |

SIZE OF APARTMENT NEEDED:

☐ 1 BR ☐ 2 BR ☐ 3 BR ☐ 4 BR

UNIT TYPE REQUESTED:

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you?? ☐ Yes ☐ No

If yes explain. _____

Present housing cost per month \$ _____ Including utilities? ☐ Yes ☐ No

How long have you lived at present address? _____ years.

What are your reasons for moving? _____

How did you hear about this housing development? _____

HOUSEHOLD COMPOSITION

List all those who will occupy the apartment. INCLUDE YOURSELF

FULL NAME OF EACH PERSON IN THE HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT (circle one) Yes or No
1.	Birth date (for head of household only):				Yes or No
2.					Yes or No
3.					Yes or No
4.					Yes or No
5.					Yes or No
6.					Yes or No
7.					Yes or No
8.					Yes or No

REFERENCES

Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters)

Name of Present Landlord/Official _____ Telephone _____
Address _____

Name of Previous Landlord/Official _____ Telephone _____
Address _____

Are you or any member of your household currently receiving federal (HUD) or state (DHCD) housing assistance? _____
If yes, list the household members and type of assistance being received.

Household Member	Type of Housing Assistance	Location

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish alternative references. They must have known you for one (1) year or more and not be related to you.

Name of Reference _____ Telephone _____
Address _____

Name of Reference _____ Telephone _____
Address _____

INCOME

It is necessary for the WHA to verify the information provided on this form. For wages, interest, dividends, annuities, pensions or recurring lottery winnings, please provide us with copies of your prior year's tax-reporting forms (i.e. W-2 forms, W-2G forms, and 1099 forms). For wages, you may provide 5 pay periods of paystubs from your employer. For income from a fiduciary you must submit a copy of the prior year's K-1 form. For self-employment income you must submit a copy of the prior year's Schedule C of US Form 1040. Please also provide up-to-date Social Security Benefit statements (if applicable), three recent bank statements for all accounts for all persons in your household, as well as documentation of any other forms of assistance (alimony, child support, transitional assistance, etc.).

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER

Please indicate the income received and assets held by each member of your household. List each member by corresponding number on the first page.

Member # _____
Name of Present Employer _____ Telephone _____
Address _____

Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

Member # _____
Name of Present Employer _____ Telephone _____
Address _____

Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants. Use extra pages as needed.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____ (week, month, year)

INCOME FROM ASSETS

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy. Please enclose the last three months account statements for each asset. The higher actual income or income imputed from assets is used. Use extra pages as needed.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____ (week, month, year)

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL CONSIDERATIONS:

1. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes ___ No ___
If so, please describe: _____

Additional Required Information

Are you or any member for your household required to register as a sex offender under Massachusetts or any other state law? _____. If yes, list the name of the persons and registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). _____

NOTE: A failure to respond fully to these questions may result in rejection or denial of this application

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquires may be made to verify the statements herein. **All information is regarded as confidential in nature, and a consumer credit report and a Criminal Offenders Record Information (CORI) report or other criminal background check may also be requested.** I/We certify that I/We understand that false statements or information are punishable under State and Federal Law.

I/We hereby certify that we have received a notice from the WHA describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date

The Wayland Housing Authority, acting as Marketing Agent for the 11 Hammond Road, (the "Development") does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.

Certifications

11 Hammond Road Affordable Rental Housing, Wayland, MA

(Must be signed by every household member age 18 and older)

- I/We certify that all the information furnished in this application for affordable housing is true and complete to the best of my/our knowledge.
- I/We do not have a financial interest in the development, nor do any of my/our family members
- I/We understand that incomplete submissions or unresolved discrepancies may lead to cancellation of this application or termination after occupancy.
- I/We do not maintain a separate subsidized or market rental unit in another location.
- I/We further certify that this unit will be my/our primary domicile and residence.
- I/We understand that a security deposit must be paid for this apartment prior to occupancy.
- I/We understand that upon occupancy of an affordable rental unit, the WHA must approve ANY changes to the identity and/or number of people living in the unit.
- I/We understand that annual recertification forms must be completed, and relevant documents submitted to the WHA by the deadlines provided, as a condition of lease renewal. Incomplete recertification materials or unresolved discrepancies may result in lease termination.
- I/We understand that eligibility for housing will be based upon applicable income limits and by management criteria.
- I/We understand that ANY false information on this application or statements given are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Applicant's Printed Name: _____

Applicant's Signature: _____

Co-Applicant's Name: _____

Co-Applicant's Signature: _____

Co-Applicant's Name: _____

Co-Applicant's Signature: _____

Consent for Release of Information

Development: 11 Hammond Road Affordable Rental
Agent: Wayland Housing Authority

Name: _____

Phone: _____

Address: _____

I, the above-named individual, have authorized the above-named Agent to verify the accuracy of the information which I have provided, from the following sources (specify):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby give you my permission to release this information to the WHA, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the WHA within five (5) day of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signed under the pains and penalties of perjury.

Signature

Date

THIS CONSENT IS VALID FOR A PERIOD OF
FIFTEEN MONTHS FROM THE DATE NOTED ABOVE

**COMMONWEALTH OF MASSACHUSETTS
SEX OFFENDER REGISTRY BOARD**

REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope.

The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's name: _____ **Date of birth:** _____

Address: _____ **Telephone number:** _____

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature: _____ **Date:** _____

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject's name (PLEASE PRINT): _____

Date of birth or approximate age: _____

Address: _____

Personal identifying characteristics:

Sex: _____ **Race:** _____ **Height:** _____ **Weight:** _____ **Eye Color:** _____ **Hair Color:** _____

Other information (e.g. license plate number, parents' names, etc.): _____

*****WARNING*****

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).