



The Apartments at  
Boott Mills

Low income Housing Tax Credit Program Qualifying Chart

50% Area Median Income (LIHTC)

Revised 5.1.26 UA 10.1.25

Maximum Allowable Income By Family Size

**ONE BEDROOM**

Maximum Allowable Rent is: \$1,340  
 Less Utility Allowance: - \$143  
 Equals Monthly Rent: = **\$1,197**

One Person	
Min	Max
\$41,040	\$50,050

Two Persons	
Min	Max
\$41,040	\$57,200

**TWO BEDROOM**

Maximum Allowable Rent is: \$1,608  
 Less Utility Allowance: - \$191  
 Equals Monthly Rent: = **\$1,417**

Two Persons	
Min	Max
\$48,583	\$57,200

Three Persons	
Min	Max
\$48,583	\$64,350

Four Persons	
Min	Max
\$48,583	\$71,500

**THREE BEDROOM\***

Maximum Allowable Rent is: \$1,859  
 Less Utility Allowance: - \$237  
 Equals Monthly Rent: = **\$1,622**

Three Persons	
Min	Max
\$55,611	\$64,350

Four Persons	
Min	Max
\$55,611	\$71,500

Five Persons	
Min	Max
\$55,611	\$77,250

Six Persons	
Min	Max
\$55,611	\$82,950

\* 3 Bedroom List held by Lowell Housing Authority

One-of-a-Kind Living in Lowell!

The Apartments at Boott Mills is located in a historic downtown Lowell landmark - unlike any other location in the city of Lowell, The Apartments at Boott Mills features cobblestone walkways, a performing arts stage at Boarding House Park, local Trolley Tours train and beautiful views of the Merrimack River. Choose from 1, 1 + den, 2 and 3 bedroom apartments. Interiors feature original mill architectural details including wood beam ceilings, exposed brick walls, tall windows with dramatic Merrimack river or city views. Featuring recently renovated interiors and a new lobby, resident lounge, media screening room and fitness center.





**PERSONAL**

Each applicant 18 and over must file separate application. Entire household should only be listed on one application.

1. \_\_\_\_\_ Last First M.I. D.O.B. Applicant SS#

2. \_\_\_\_\_ Last First M.I. D.O.B. Relationship SS#

3. \_\_\_\_\_ Last First M.I. D.O.B. Relationship SS#

4. \_\_\_\_\_ Last First M.I. D.O.B. Relationship SS#

5. \_\_\_\_\_ Last First M.I. D.O.B. Relationship SS#

6. \_\_\_\_\_ Last First M.I. D.O.B. Relationship SS#

Present Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Former Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Own: Date of Current Occupancy From \_\_\_\_\_ Month \_\_\_\_\_ Year To: \_\_\_\_\_ Month \_\_\_\_\_ Year \$ \_\_\_\_\_ Monthly Mortgage Payment

Rent: Date of Current Occupancy From \_\_\_\_\_ Month \_\_\_\_\_ Year To: \_\_\_\_\_ Month \_\_\_\_\_ Year \$ \_\_\_\_\_ Monthly Rental Payment

Rent: Date of Previous Occupancy From \_\_\_\_\_ Month \_\_\_\_\_ Year To: \_\_\_\_\_ Month \_\_\_\_\_ Year \$ \_\_\_\_\_ Monthly Rental Payment

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Number of Autos \_\_\_\_\_ Reg. No. of Auto #1 \_\_\_\_\_ Reg. No. of Auto #2 \_\_\_\_\_

Do you have any pets?  No  Yes # of pets \_\_\_\_\_ Description \_\_\_\_\_

In Case of Emergency Notify (name) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment? (e.g. - unit for mobility impaired, unit for visually impaired, unit for hearing impaired, grab bars)

Check One  Yes  No If yes, you will be asked to complete a Request for Reasonable Accommodation.

Where did you hear about us?  
*An applicant for housing or credit with a sealed record on file with the court pursuant to section 16 of chapter 239 of the General Laws may answer "no record" to an inquiry relative to that sealed court record.*

**INCOME & ASSETS**

Affordable program applicants skip to Supplemental Applicant Questionnaire

Currently employed by \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Length of Employment \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Annual Gross Salary \_\_\_\_\_

Other Source of Income (i.e., social security, retirement fund, disability, workers compensation, pension, alimony/ child support, investments, etc.)

Type	Amount	Type	Amount
_____	_____	_____	_____
_____	_____	_____	_____

Former Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Bank Account - Type \_\_\_\_\_

Bank Account - Type \_\_\_\_\_

Other - Type \_\_\_\_\_

Other - Type \_\_\_\_\_

**APPLICANT'S TERMS**
**APPLICANT: PLEASE READ CAREFULLY**

This application is for Apartment No. \_\_\_\_\_ or similar type of occupancy on (date) \_\_\_\_\_

The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on the terms and conditions stated therein.

The applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Furthermore, applicant understands that an investigative consumer report will be obtained which may include information about personal character and criminal records. Applicant agrees that the information set forth on the application is true and complete, and any misrepresentation on this application will constitute a default under the Lease or Rental Agreement between the parties.

The deposit taken with this application is to be applied to the Security Deposit. If the applicant fails to execute a lease, then the deposit shall be retained by the owner as liquidated damages. However, the owner will refund the deposit if the application is rejected.

A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days.

The rental agent is only authorized to show the apartment for rent and has no authority to make any representations concerning the premises.

The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on the terms and conditions stated therein.

Deposit with application \_\_\_\_\_ Dated \_\_\_\_\_

Agents Signature \_\_\_\_\_ Applicant's Signature \_\_\_\_\_





Rental Application Attachment
Low Income Housing Tax Credit Program

WinnResidential requires us to get drug and criminal background information about all adult household members applying for affordable housing. The head of household must answer the questions below for all household members and each household member aged 18 or older must sign below to consent to a background check.

Massachusetts applicants: An applicant for housing or credit with a sealed record on file with the court pursuant to section 16 of chapter 239 of the General Laws may answer "no record" to an inquiry relative to that sealed court record.

- 1. Do you receive Rental Assistance, such as a mobile voucher or rent assistance of any kind?
2. Have you or any member of your household ever been evicted from rental housing?
3. Are you or any member of your household currently engaging in the use of illegal drugs?
4. Have you or any member of your household ever been convicted of a felony?
5. Are you or any member of your household currently abusing alcohol?
6. Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender registration program in any state?
7. List all addresses where you and other adult household members have previously resided.

The applicant hereby certifies that the above information is true and correct. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize (insert name of property) to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

Applicant \_\_\_\_\_ Date \_\_\_\_\_
Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_
Other Adult \_\_\_\_\_ Date \_\_\_\_\_
Other Adult \_\_\_\_\_ Date \_\_\_\_\_





This is an important notice. Please have it translated.  
 Este é um aviso importante. Queira mandá-lo traduzir.  
 Este es un aviso importante. Sírvase mandarlo traducir.  
 ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG  
 XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY  
 Ceci est important. Veuillez faire traduire.

本通知很重要。請將其譯成中文。

នេះគឺជាដំណឹងល្អ សូមមេត្តាបកប្រែជូនផង

ЭТО ОЧЕНЬ ВАЖНОЕ СООБЩЕНИЕ ОБЯЗАТЕЛЬНО ПЕРЕВЕДИТЕ

Massachusetts Department of Housing and Community  
 Development Resident Notice and Consent Form

Pursuant to state law, Chapter 334 of the Acts of 2006, the Department of Housing and Community Development (DHCD) must gather, compile, and report data in order to provide current, accurate, and detailed information on the number, location, and residents of assisted housing units (including privately owned housing with state subsidy or federal subsidy administered by the state). DHCD will also evaluate the data to ensure that housing choice and inclusive patterns of housing are available across the Commonwealth.

In response to the above cited law and the regulations at 760 CMR 61.00, DHCD and the quasi-public agencies Massachusetts Housing Partnership, MassHousing, and MassDevelopment are requiring development sponsors/owners or their delegates to collect and report certain resident household data to a web-based reporting system, including income level and the information requested below. DHCD will annually report to the state legislature on its data collection efforts. DHCD may also share information with the quasi-public agencies and provide reports to other interested parties in a manner consistent with privacy laws, including Massachusetts General Laws Chapter 66A. Massachusetts General Laws Chapter 66A also provides for the rights of data subjects: this includes your right to inspect and copy your personal data and to object to the collection, maintenance, dissemination, use, accuracy, completeness, or relevance of the personal data or type of information held about you.

Please respond to the following data questions:

1) What is the race of the head of household?

Circle all that apply:

White  
Black or African American  
Asian  
American Indian or Alaska Native  
Native Hawaiian or Other Pacific Islander  
Other (specify) \_\_\_\_\_

2) Is at least one adult member of the household a racial minority (Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or other minority) (yes or no)? \_\_\_\_\_

3) Is the head of household Hispanic/Latino (yes or no)? \_\_\_\_\_

4) Is at least one adult member of the household Hispanic/Latino (yes or no)? \_\_\_\_\_

5) What is the number of children under 6 years of age in the household that reside in the unit?  
\_\_\_\_\_

6) What is the number of children in the household that are 6 years of age or older but under 18 years of age that reside in the unit? \_\_\_\_\_

7) What is the household type?

Circle one of the following choices below:

- Single/non-Elderly
- Elderly
- Related/Single Parent (a single parent household with a dependent child or children)
- Related/Two parent (a two-parent household with a dependent child or children)
- Other (any household not included in the above four definitions, including two or more unrelated individuals)

In signing this consent form, you acknowledge that after reading this form you **voluntarily** provided the information above, that you understand that there are **no penalties** if you do not wish to provide the information, and that you have received a copy of this form for future reference.

Head of household signature

Date

\_\_\_\_\_

\_\_\_\_\_