

Low income Housing Tax Credit Program Qualifying Chart

50% Area Median Incom (LIHTC)

Revised 5.1.26 UA 10.1.26

Maximum Allowable Income By Family Size

ONE BEDROOM

Maximum Allowable Rent is: \$1,340
 Less Utility Allowance: - \$223
 Equals Monthly Rent: = **\$1,117**

Move-in /
Transfer:

One Person	
Minimum	Maximum
\$38,297	\$50,050

Two Persons	
Minimum	Maximum
\$38,297	\$57,200

TWO BEDROOM

Maximum Allowable Rent is: \$1,608
 Less Utility Allowance: \$299
 Equals Monthly Rent: **\$1,309**

Move-in /
Transfer:

Two Persons	
Minimum	Maximum
\$44,880	\$57,200

Three Persons	
Minimum	Maximum
\$44,880	\$64,350

Four Persons	
Minimum	Maximum
\$44,880	\$71,500

THREE BEDROOM

Maximum Allowable Rent is: \$1,859
 Less Utility Allowance: \$370
 Equals Monthly Rent: **\$1,489**

Move-in /
Transfer:

Three Persons	
Minimum	Maximum
\$51,051	\$64,350

Four Persons	
Minimum	Maximum
\$51,051	\$71,500

Five Persons	
Minimum	Maximum
\$51,051	\$77,250

Six Persons	
Minimum	Maximum
\$51,051	\$82,950

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 _____

Former Address _____

☐ Own: Date of Current Occupancy From _____ To: _____ \$ _____ Monthly Mortgage Payment

☐ Rent: Date of Current Occupancy From _____ To: _____ \$ _____ Monthly Rental Payment

☐ Rent: Date of Previous Occupancy From _____ To: _____ \$ _____ 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 _____

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 _____

Agent's 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?
Yes ____ No ____ If YES, Type of Assistance: _____
2. Have you or any member of your household ever been evicted from rental housing?
Yes ____ No ____ No Record ____
If yes, list where and when below:
3. Are you or any member of your household currently engaging in the use of illegal drugs?
Yes ____ No ____
4. Have you or any member of your household ever been convicted of a felony?
Yes ____ No ____
If yes, please explain:
5. Are you or any member of your household currently abusing alcohol?
Yes ____ No ____
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?
Yes ____ No ____
7. List all addresses where you and other adult household members have previously resided. You must provide a complete list of states in which any household member has 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。

នេះគឺជាព័ត៌មានសំខាន់ សូមមេត្តាបកប្រែជូនផង

Этот очень важный уведомительный документ просим перевести

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