



## Affordable Rental Application

Neponset Landing  
2 Hancock Street, Quincy, MA 02171

Completed Applications and supporting documentation must be submitted by given deadline. Applications should be **emailed to:**

[NeponsetLanding@maloneyproperties.com](mailto:NeponsetLanding@maloneyproperties.com)

**mailed to:**

Maloney Properties, Inc.  
Attention: Neponset Landing  
27 Mica Lane, Wellesley MA 02481

**All Supporting documents must be submitted with the application.**

Free language assistance and reasonable accommodations available. For assistance and more information, please call Maloney Properties, Inc 617-209-5425 - US Relay 711 or email: [NeponsetLanding@maloneyproperties.com](mailto:NeponsetLanding@maloneyproperties.com)

**Equal Housing Opportunity**



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## IMPORTANT:

You may only submit one application per household. Duplicate applications will be discarded and only one application per household will be accepted.

Neponset Landing Apartments  
2 Hancock Street, Quincy, MA 02171

### Affordable Rental Application

#### Head of Household:

|                        |  |
|------------------------|--|
| <b>Name:</b>           |  |
| <b>Street Address:</b> |  |
| <b>City:</b>           |  |
| <b>State:</b>          |  |
| <b>Zip Code:</b>       |  |
| <b>Email Address:</b>  |  |
| <b>Phone #:</b>        |  |

Maloney Properties will contact applicants by email and phone only. If an email address is not provided, we will send notifications through postal mail and follow up by phone.

#### **What is the total number of people in the household applying for the unit?**

**My Household Size is:** \_\_\_\_\_

**Housing Voucher? (Y/N):** \_\_\_\_\_

Please complete the below chart for all household members that would be residing in the unit, including yourself:

#### **Household Information:**

| <b><u>Household Members</u></b> | <b><u>Relationship to HOH</u></b>  | <b><u>Age</u></b> |
|---------------------------------|------------------------------------|-------------------|
| Full Name (first and last)      | (Spouse, Child, Live-In Aid, Etc.) |                   |
|                                 |                                    |                   |
|                                 |                                    |                   |



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**Bedroom Size:**

Which Bedroom Size are you applying for? (Circle One)

**1 Bedroom**

**2 Bedroom**

**Race & Ethnicity (Optional Disclosure):**

This response is for the race and ethnicity of the head of household only.

There is no penalty for persons who do not complete this section of the application. This information will only be used in aggregate, for the purposes of reporting and analysis.

**Please check all boxes that apply:**

- ☐ Alaskan Native and Native American
- ☐ Asian
- ☐ Black or African American (not of Hispanic origin)
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ White (not of Hispanic origin)
- ☐ Other (please specify): \_\_\_\_\_

**Income Information:**

**Please list all household members and income below:**

| Household Member Name | Source | Estimated Current Annualized Gross Income |
|-----------------------|--------|-------------------------------------------|
|                       |        |                                           |
|                       |        |                                           |
|                       |        |                                           |
|                       |        |                                           |
|                       |        |                                           |
|                       |        |                                           |



EQUAL HOUSING  
OPPORTUNITY

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- Applicants must provide **last 5 consecutive paystubs** or evidence of any other source of income for all adult household members.
- Please include income for any full-time students over age 18.
- Provide school transcript or proof of student status for dependent household members over age of 18 and full-time students.
- For household members with no income over 18 years of age, please provide a no-income affidavit.

### **Additional Guidance on Income:**

- **Social Security/ Social Security Disability:** Provide an official statement of monthly amount received for year in review and statement of total amount received for latest tax year.
- **Unemployment:** if receiving unemployment, please provide copies of the unemployment checks.
- **Child support/Alimony:** Provide document indicating the payment amount. Child support income shall be determined based upon the prior 12-month history. Lump sum payments for prior periods shall not be included in calculating the child support payments for the prior 12 months.
- **Pension:** Provide statement indicating amount received for year in review and statement of total amount received for latest tax year.
- **No-income:** Please provide a no income affidavit for anyone with no income aged 18 or over. Include income for full time students over age 18.
- **Self-employed:** If self-employed, please provide a self-prepared year to date profit and loss statement.

When self-employment income is sporadic or based upon commission, the projection of household income currently shall be based upon historical data unless:

(1) The household can demonstrate and verify that it has experienced a change in circumstances that is a reliable indicator that its income has decreased and that the historical data is not a reasonable basis for projecting household income; or

(2) Documentation indicates that the household has experienced a change in circumstance that is a reliable indicator that its income has increased and that the historical data is not a reasonable basis for projecting household income.

b. When self-employment income is sporadic or based upon commission and there is no record of self-employment from the last year in which tax returns were filed, the projection of household income will be based solely upon the reliable year-to-date documentation.

### **Medical Expense Income Exclusions:**

a. Medical expenses, including insurance costs, do not qualify as an excludable expense, e.g., an expense that may be used to reduce income.

b. If another family member is providing regular monthly payments to help with medical expenses, including insurance costs, that payment is a qualified medical reimbursement and does qualify for



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income exclusion. Child support designated for medical expenses shall be treated in the same manner; it shall be excluded from income.

### **Asset Information:**

Please include copies of the past **3 months** of statements for all asset accounts and include all pages of statement. Evidence of all assets must be provided, and all assets must be listed on this application.

This includes but is not limited to: checking, savings, stocks, CD's, 401K's, IRA's, and PayPal.

| Full Name | Source (Bank Name) & Type of Account | Current Account Balance |
|-----------|--------------------------------------|-------------------------|
|           |                                      | \$                      |
|           |                                      | \$                      |
|           |                                      | \$                      |
|           |                                      | \$                      |
|           |                                      | \$                      |
|           |                                      | \$                      |
|           |                                      | \$                      |
|           |                                      | \$                      |
|           |                                      | \$                      |
|           |                                      | \$                      |

- All assets must be disclosed and listed on the application.
- Asset includes: checking, savings, stocks, CD's, 401K's, IRA's, investment, retirement, certificate of deposit, property, down payment gift amount etc.
- Please include copies of past **three (3) most consecutive** months of statements for all asset accounts and include ALL pages of statement (front and back, including fine print pages and pages that are intentionally left blank).
- Pictures or screen shots of the statement are not accepted. We recommend visiting your bank's branch to retrieve a copy of download a PDF version through your bank's website.
- Please provide a written explanation for any deposits over \$100 that are not from employment
- If you owned real estate within the past 3 years but it was sold due to a divorce, provide copy of divorce decree and proof of the home sale showing equity received.



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## **Tax Documentation:**

Please include the following for all household members over 18 years of age:

- Copies of the **most recent year** (2019) of Federal Income Tax returns with all schedules included.
- The tax returns must be signed
- The past year (2019) W2s and/or 1099 Forms.
- **If you did not file taxes** or do not have a copy of your Federal tax return or W2/1099 Forms, you may request a transcript online: <https://www.irs.gov/individuals/get-transcript>

Please note the Maloney Properties reserves the right to request additional documentation after reviewing the application. Failure to provide any additional documentation requested by Maloney Properties by the given deadline will result in your rent being increased to the fair market price.

In carrying out this marketing program and buyer selection process, neither the Owner nor its Lottery Agent, will discriminate based on race, color, creed, religion, sex, familial status, sexual orientation, national or ethnic origin, handicap, citizenship, ancestry or marital status, public assistance, gender identity or any other basis prohibited by law.

Disabled persons are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to affordable person with disabilities an equal opportunity to use and enjoy the housing.

## **Where to Submit Paperwork:**

Dropped off or Mailed to:  
**Maloney Properties, Inc.**  
**Attention: Neponset Landing**  
**27 Mica Lane, Wellesley MA 02481**

## **Questions:**

Maloney Properties' staff is available to answer any questions during the process. Feel free to contact us:

**Email:** [NeponsetLanding@MaloneyProperties.com](mailto:NeponsetLanding@MaloneyProperties.com)

**Phone:** 617-209-5425 | US Relay 711

**Website:** [www.NeponsetLandingAffordable.com](http://www.NeponsetLandingAffordable.com)

## **Signature Clause:**

I understand that the Lottery Agent is relying on this information to prove my household's eligibility for Neponset Landing, Quincy. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

I authorize my consent to have the Lottery Agent to verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my income must be eligible to remain living in my affordable unit at Neponset Landing



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**All ADULT household members must sign below:**

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|                  |             |
|------------------|-------------|
| <b>Signature</b> | <b>Date</b> |
|------------------|-------------|

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|                  |             |
|------------------|-------------|
| <b>Signature</b> | <b>Date</b> |
|------------------|-------------|

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|                  |             |
|------------------|-------------|
| <b>Signature</b> | <b>Date</b> |
|------------------|-------------|



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