

HANOVER FOXBOROUGH

Affordable Housing Opportunity 10 Fisher Street, Foxborough, MA 02035

One Bedrooms at \$1,528, Two Bedrooms at \$1,777, Three Bedrooms at \$2,004

**Rents subject to change in 2020. Utilities not included. Tenants will pay own Gas Heat, Electricity (cooking is electric, water and heating is gas), Water and Sewer.*

Now accepting Waiting List Applications for all units! Hanover Foxborough is a 248-unit apartment community where 61 apartments are rented to households with incomes at or below 80% of the area median income. Residences feature fully applianced units, including full size washer and dryer, refrigerator, stove, microwave, dishwasher and disposal. The community features a clubhouse, business center, 24-hour gym, movie theater room, swimming pool, bike storage and playground. Hanover Foxborough is a pet friendly community, where dogs and cats are welcome (there are breed restrictions). Some of the units may be immediately available for reservation.

MAXIMUM Household Income Limits: \$62,450 (1 person), \$71,400 (2 people), \$80,300 (3 people),
\$89,200 (4 people), \$76,350 (5 people)

For a Waiting List Application, or for reasonable accommodations for persons with disabilities, please contact foxborough@bozzuto.com or call 508.203.4040.

For TTY Services dial 711. Free translation available.



HANOVER FOXBOROUGH WAITING LIST APPLICATION

Name _____ Home Tel. # _____

Address _____ Work Tel. # _____

City _____ State _____ Zip _____

Email (if available) _____

Unit size(s) for which you are applying (please circle):

1-Bedroom

2-Bedroom

3-Bedroom

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):

Type A

- 6 person household: all types
- 5 person household: all types
- 4 person household: all types
- 3 person household: 1 head-of-household plus 2 dependents
- 3 person household: 2 heads-of-household plus one dependent, where heads of household *cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health*

Type B

- 3 person household: 2 heads-of-household plus 1 dependent
- 2 person household: 2 heads-of-household *who cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health*
- 2 person household: 1 head-of-household plus one dependent

Type C

- 2 person household: 2 heads-of-household
- 1 person household: all types

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)?

\$

PREFERENCE INFORMATION

Are you, or any member of your household, in need of an accessible unit? This is defined as persons with a physical or mental disability that meet standards established by the Department of Housing and Community Development and state laws for disabled housing.

- Yes
- No

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:

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RACE (OPTIONAL)

You are requested to complete the following optional section in order to assist in determining preference. Completing this section may qualify you for additional lottery pools. (Please check all boxes that apply):

- | | |
|---|--|
| <input type="checkbox"/> Alaskan Native and Native American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American (not of Hispanic origin) | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Hispanic or Latino | |
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Other (please specify)_____ |

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

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.