



HOUSEHOLDS MUST BE WITHIN THE INCOME LEVELS BELOW TO QUALIFY

Monthly rent is based on the Area Median Income (AMI)

### 50% PROGRAM

#### Acton

##### ONE-BEDROOM:

Garden Style: \$907 PER MONTH

Mid-rise Style: \$911 PER MONTH

1 person household \$ 21,768 - \$ 37,750

2 person household \$ 21,768 - \$ 43,150

3 person household \$ 21,768 - \$ 48,550

\*mid-rise minimum household income \$21,864

#### Acton

##### TWO-BEDROOM:

Garden Style: \$1,069 PER MONTH

Mid-rise Style: \$1,075 PER MONTH

2 person household \$ 25,656 - \$ 43,150

3 person household \$ 25,656 - \$ 48,550

4 person household \$25,656 - \$53,900

5 person household \$ 25,656 - \$58,250

\*mid-rise minimum household income \$25,800

#### Westford

##### ONE-BEDROOM:

Garden Style: \$884 PER MONTH

1 person household \$ 21,216 - \$ 36,900

2 person household \$ 21,216 - \$ 42,200

3 person household \$ 21,216 - \$ 47,450

#### Westford

##### TWO-BEDROOM:

Garden Style: \$1,042 PER MONTH

2 person household \$ 25,008 - \$ 42,200

3 person household \$ 25,008 - \$ 47,450

4 person household \$ 25,008 - \$52,700

5 person household \$ 25,008 - \$56,950



# Affordable Homes For Rent in the City of Acton

One-bedroom, and two-bedroom rentals available through the affordable housing program for qualifying future residents at Avalon Acton

Avalon Acton residents are responsible for electric, gas and water utilities. Additional monthly fees apply for premium parking and pets. An increased security deposit will be required for households with pets.



# AVALON

Acton

1000 AVALON DRIVE, ACTON, MA 01720  
AVALONACTON@AVALONBAY.COM

TO INQUIRE ABOUT CURRENT AVAILABILITY PLEASE EMAIL: [AVALONACTON@AVALONBAY.COM](mailto:AVALONACTON@AVALONBAY.COM)

\*Rents subject to change at anytime without notice. Apartments contain FHA compliant features for persons with disabilities.





**Avalon Acton Affordable Housing Pre-Application**  
**Free Translation/Language Assistance Available Upon Request**

Applicants with disabilities may request modifications to the rental unit and/or accommodations to our rules, policies, practices or services, if such modifications or accommodations are necessary to afford an equal opportunity to use and enjoy the premises

NAME OF PRIMARY APPLICANT: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

Street Number & Name City St Zip

1. What size apartment home(s)\* are you interested in? **One Two**
2. **\*Note: A husband and wife, or those in a similar living arrangement, shall be required to share a bedroom. Other household members may share but shall not be required to share a bedroom. Minimum occupancy requirement one person per bedroom.**
3. Do you have a voucher? (circle one) **Yes No**  
If Yes, Housing Authority Name: \_\_\_\_\_

4. Does your household need a fully accessible apartment? (circle one): **Yes No**

**\*Note:** Fully accessible apartments are those specifically designed for the physically handicapped according to the applicable building standards of Section 504 of the Federal Rehabilitation Act of 1973. Such features include but are not limited to wider doorways, lower countertops, hand railings, and roll-in showers. Some apartments may also include features specifically designed for those with hearing or visual impairments.

5. If you do not need a fully accessible apartment, do you have a disability need for a reasonable accommodation or modification? **Yes No** If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

6. Family Composition- List all those who will occupy the apartment, including yourself:

HOUSEHOLD MEMBER NAME	Date of Birth	Age	Relationship*	Full Time Student (Y/N)
1 PRIMARY APPLICANT			Head	
2				
3				
4				
5				
6				
7				

7. **Race & Ethnicity:** Requesting this information is required by state law; your response is voluntary. There is no penalty for not providing this information. *Please select (✓) any applicable categories in the chart below*

INTERNAL USE ONLY:

Received Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Complete   
Incomplete

for the head of household and any other adult household members. You may select more than one category.

	White	Black or African American	Asian	Hispanic or Latino	American Indian or Alaskan Native	Native Hawaiian or other Pacific Islander	Other (specify)
Head							
Other Adult Members							

Decline to answer

**8. Household Income-** what is the income received and assets held by each member of your household? Include income from employment, SSA/SSI, TANF, Child Support, Alimony, Retirement, pension, unemployment, Military Pay, and gift income.

Household Member Name	Income Type	Gross Earnings (before taxes)

**9.** What is your combined total gross annual household income from all sources? \$ \_\_\_\_\_

\* You must meet the income guidelines to qualify!

**10. Household Assets-** include the household assets held may each household member. Includes all Checking and Savings accounts, Money Markets, Stocks, Bonds, Life Insurance Policies.

Household Member Name	Asset Type	Cash Value

I certify that the information furnished in this application is true and complete, to the best of my knowledge and belief. *Signed under the pains and penalties of perjury.*

**Head of Household Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return to: Avalon Acton, 1000 Avalon Drive, Acton, MA 01740 or fax to 978-263-3433. Please call 978-263-3400 with any questions or requests for additional applications or consent forms.

AvalonBay Communities, Inc. does not require payment of any money except for applicable application fees and deposits if you are selected off the waitlist. If anyone asks you to pay any additional money or offers you a bribe related to your affordable housing qualification or priority on any waitlist, you should reject it and contact the AvalonBay Hotline at 866-292-2076 or [www.avalonbayhotline.com](http://www.avalonbayhotline.com) Page 2 of 2