









Affordable Homes For Rent in Northborough

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

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

If interested in applying please email avalonnorthborough@avalonbay.com



AVALON

Northborough

AVALONNORTHBOROUGH.COM

14 AVALON DRIVE, NORTHBOROUGH, MA 01532

AVALONNORTHBOROUGH@AVALONBAY.COM

HOUSEHOLDS MUST BE WITHIN THE INCOME LEVELS BELOW TO QUALIFY

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

80% PROGRAM

ONE-BEDROOM: \$1,206 PER MONTH

1 person household \$ 28,944 - \$ 48,100

2 person household \$ 28,944 - \$ 54,950

3 person household \$ 28,944 - \$ 61,800

TWO-BEDROOM: \$1,328 PER MONTH

2 person household \$ 31,872 - \$ 54,950

3 person household \$ 31,872 - \$ 61,800

4 person household \$ 31,872 - \$ 68,650

5 person household \$ 31,872 - \$ 74,150

THREE-BEDROOM: \$1,447 PER MONTH

3 person household \$ 34,728 - \$ 61,800

4 person household \$34,728 - \$68,650

5 person household \$ 34,728 - \$ 74,150

6 person household \$34,728 - \$79,650

7 person household \$ 34,728 - \$ 85,150



Avalon Northborough 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 AI	PPLICANT:						
PHONE:	CELL:	EN	IAIL:				
CURRENT ADDRESS:							
	Street Number & Name	City		St	Zip		
1. What size apartme	ent home(s)* are you interested in?	One	Two	Thr	ee		
	vife, or those in a similar living arra y share but shall not be required to	•		•			
2. Do you have a voi	ucher? (circle one) Yes No						
If Yes, Housing A	authority Name:					_	
3. Does your househ	old need a fully accessible apartme	ent? (circle	e one):	Yes N	No		
Section 504 of the Federal Reh	nents are those specifically designed for the nabilitation Act of 1973. Such features includ ortments may also include features specifica	de but are no	t limited to	o wider d	doorways, lower cou	ntertops, har	
	l a fully accessible apartment, do yo s No If yes, please explain:	ou have a d	isability	need f	for a reasonable	accommod	lation or
5. Family Compositi	ion- List all those who will occupy	the apartm	nent, inc	luding	yourself:		
HOUSEHOLD MEMBER N	NAME	Date o	f	A ge	Relationship*	Full Time Student (Y/N)	
1 PRIMARY APP	LICANT				Head		
2							
3							
4							
5 6							
7							
no penalty for no	y : Requesting this information is r t providing this information. Plea						
INTERNAL USE ONLY: Received Date: Received By:					Complete Incomplete Pa		

Please call 508-393-0800 with any questions or requests for additional applications or consent forms.

for the head of household and any other <u>adult</u> 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							

	D 11	
11	Decline to	ancwer

7. 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)

8. What is your combined total gross annual household income from all sources? \$
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9. Household Assets- include the household assets held may each household member. Includes all Checking and Savings accounts, Money Markets, Stocks, Bonds, Life Insurance Policies.

NOTE: Applicants may not own real estate at the time of lease execution.

Household Member Name	Asset Type	Cash Value

I certif	fy that the i	nformation	furnished	in this	application	is true and	l complete,	to the	best of my	/ knowledge	and	belief
Signed	d under the	pains and	penalties (of perju	ury.							

Head of Household Signature:_	Date:

Please return to: Avalon Northborough, 14 Avalon Drive, Northborough, MA 01532 or fax to 508-393-0822.

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
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^{*} You must meet the income guidelines to qualify!