



Affordable Homes For Rent in Lexington, Massachusetts

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

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



AVALON at Lexington

AVALONATLEXINGTON.COM
100 LEXINGTON RIDGE DRIVE, LEXINGTON MA 02421
ALEXINGTON@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: \$1,397 PER MONTH

1 person household \$ 33,528 - \$ 56,800

2 person household \$ 33,528 - \$ 64,900

3 person household \$ 33,528 - \$73,000

TWO-BEDROOM: \$1,634 PER MONTH

2 person household \$ 39,216 - \$ 64,900

3 person household \$ 39,216 - \$ 73,000

4 person household \$ 39,216 - \$ 81,100

5 person household \$ 39,216 - \$ 87,600

THREE-BEDROOM: \$1,819 PER MONTH

3 person household \$43,656 - \$ 73,000

4 person household \$43,656 - \$ 81,100

5 person household \$43,656 - \$ 87,600

6 person household \$43,656 - \$ 94,100

7 person household \$43,656 - \$100,600

TO INQUIRE ABOUT CURRENT AVAILABILITY PLEASE
EMAIL: ALEXINGTON@AVALONBAY.COM

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





Avalon at Lexington 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 Three**
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.

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

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 at Lexington, 100 Lexington Ridge Drive, Lexington, MA 02421 or fax to 781-861-6902.

Please call 781-861-6700 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