



***Free Translation/Language Assistance Available Upon Request***

Dear Applicant,

Thank you for your interest in Avalon Residences at the Hingham Shipyard, Avalon's newest **non-smoking community!** Enclosed you will find information regarding the Avalon Residences at the Hingham Shipyard Open Enrollment period for the affordable housing program:

- An overview of the apartments, income limits and rents
- Income Documentation Requirements
- Smoke Free Apartment Community Addendum
- An Affordable Housing Lottery Application
- Authorization to Release Information

All completed applications must be postmarked by **5:00 PM July 15<sup>th</sup>, 2018**, the last day of open enrollment. Upon receipt of your application, we will send a letter confirming that your application is either accepted, rejected, or incomplete.

**APPLICATION STEPS:**

- Make sure ALL questions are complete on the lottery application- **incomplete applications will not be accepted!**  
(question 10 is voluntary)
- Include documentation of all household income and assets (refer to the document checklist).
- Include Signed Consent for Release of Information for all members over 18 years old
- Return completed Lottery Application and Documents by **5 PM July 15th, 2018**
  - By mail or drop-off at the leasing office:  
Avalon Residences at the Hingham Shipyard  
ADDRESS: 319 Lincoln Street Hingham, MA 02043
  - By email: [AvalonResidences@avalonbay.com](mailto:AvalonResidences@avalonbay.com) or By Fax: 781-739-3580

All accepted applications will be placed in the Avalon Residences at the Hingham Shipyard lottery pool. The lottery, held after the conclusion of the Open Enrollment period, will randomly order all accepted applications for each apartment type (one, two, and three bedroom affordable apartments) factoring in preference categories.

If your application is not selected for an available apartment during the lottery, you will be placed on the waitlist by the number of bedrooms. Any application received or post marked after the **5 PM July 15th, 2018** deadline will be added to the Avalon Residences at the Hingham Shipyard waitlist by date and time of application, but will not be included in the lottery pool.

All apartments will NOT be available for immediate move-in; construction is ongoing and additional affordable apartments will be ready throughout the year. Apartment offers will be submitted to randomly selected lottery applicants via telephone, email, and/or U.S. Mail. As apartment homes are completed and ready for occupancy, to reserve an apartment, applicants selected in the lottery are required to pay a \$750 security deposit and complete a credit application. *Guarantor or co-signer not permitted.*

**Acceptance into the lottery does not constitute approval for an apartment. Credit is run after the lottery at the time an apartment is offered. If the household credit passes, we will need to request additional documentation to confirm the household income. Final verification of household income is required prior to final move-in approval.**

If you have any questions or concerns, please contact us at your earliest convenience 781-739-3540.



AVALON

**Avalon Residences at the Hingham Shipyard**  
**80% Program Requirements and Rent**

Effective Date: 04/01/2018

1 Bedroom

**Mid-Rise- RENT: \$1,454**

Total Household Members	Minimum Household Income	Maximum Household Income
1	\$34,896	\$56,800
2	\$34,896	\$64,900
3	\$34,896	\$73,000

2 Bedroom

**Mid-Rise- RENT: \$1,559**

Total Household Members	Minimum Household Income	Maximum Household Income
2	\$37,416	\$64,900
3	\$37,416	\$73,000
4	\$37,416	\$81,100
5	\$37,416	\$87,600

3 Bedroom

**Mid-Rise- RENT: \$1,654**

Total Household Members	Minimum Household Income	Maximum Household Income
3	\$39,696	\$73,000
4	\$39,696	\$81,100
5	\$39,696	\$87,600
6	\$39,696	\$94,100
7	\$39,696	\$100,600

All leases are a minimum of 12 months. Prices are subject to change.

Household income verification is required. Rents above include deductions for Utility Allowance(s), if applicable



## REQUIRED INCOME DOCUMENTS

This list below is of the required documents that **MUST** be submitted with your lottery application to confirm eligibility. **Submit document copies only- originals will not be returned!**

- Affordable Housing Lottery Application**
- Authorization to release information, and smoke-free addendum**
- 2016 and 2017 Federal Tax Returns or Tax transcripts from IRS** – submit the entire return (including Schedule C for self-employment) for all adult household members. **Proof of non-filing** letter from the IRS if you did not file.
- All supporting W2's for 2016 and 2017**
- Paycheck Stubs - (6)** Most Recent and Consecutive Paycheck Stubs for all working adult household members (6 stubs even if bi-weekly)
- Employment offer letter-** For any job you just started (if 6 paychecks are not available yet) and/or will start soon.
- Self-employment** – Schedule C Tax Form (Profit or loss from business) with last two years Federal Tax Return. You will also need to submit your most recent YTD profit and loss statement from Accountant.
- Child Support/Alimony Income** – Proof of Child Support/Alimony payments (i.e. court order) – Please submit Court Degree explaining ordered child support or Alimony Income. If applicable, submit DOR online statement indicating how much you should be receiving.
- Pension** – Most recent documentation explaining the monthly amount due to you
- Unemployment** – (3) Most Recent and Consecutive Unemployment Income Stubs or MA DOR statement showing what is received weekly
- Social Security Benefit letter or SSDI**– This year's benefit page (Not a 1099 tax document)
- Massachusetts State Supplement**– Call 1-877-382-2363 to request current benefit income statement
- TANF/TAFDC** Current benefit letter
- Pay Cards**– most current statement including H&R Block card, Payroll, Net spend, child support etc.
- Current Bank Statements** – all pages of Checking and Savings Account statements for the past (6) individual months (bank transaction history or rolling statement not accepted)
- Bank deposits not consistent with what you are reporting as employment, child support, alimony or Social security** – Explain deposits in writing or makes notes directly on bank statement prior to submitting. All incoming deposits outside of current employment may be counted as potential income
- Investment Income (401K's, IRA's, Stocks, Bonds, etc)** – Most Recent Statement(s)
- Gifted money or Recurring Contributions from Family** – Have the person contributing the money provide a written signed statement with the monthly or annual contribution given to you
- Student Status** – Letter from Registrar's office or current school schedule
- Proof of priority for any full-time resident of Hingham, MA** – Acceptable proof dated within 60 days: **Option 1:** Two (2) separate utility bills (ie. Gas, electric, cable) **Option 2:** Current lease agreement and Car Insurance (with proof of address) **Option 3:** Current lease agreement and Current voter registration
- Proof of priority for households with children enrolled in Hingham, MA schools** – Proof of current enrollment: Official letter from school
- Anyone employed (or pending employment) in Hingham, MA.** Paystubs **or** offer letter from employer on company letterhead showing employment in Hingham, MA





AVALON

**Avalon Residences at the Hingham Shipyard Affordable Housing Lottery 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: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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

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

*Street Number & Name*                      *City*                      *St*                      *Zip*

1. What size apartment home(s)\* are you interested in? **One**    **Two**    **Three**

**\*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.**

2. Do you have a voucher? (*circle one*) **Yes** **No**

If Yes, Housing Authority Name: \_\_\_\_\_

3. 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.**

4. 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:

\_\_\_\_\_  
\_\_\_\_\_

5. How many people will be occupying the apartment (all adults and children)? \_\_\_\_\_

6. Does anyone in your household:

- Currently work\* or have an offer of employment in the Town of Hingham? (*circle one*) **Yes** **No**
- Currently live\* in the Town of Hingham? (*circle one*) **Yes** **No**
- Currently have children enrolled in Hingham Public Schools (*circle one*) **Yes** **No**

**\*Refer to checklist for required documentation that must be provided to receive Local Preference**



7. 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				

8. Do you anticipate in changes in Household Composition in the next 12 months? (circle one) **Yes No**  
 If yes, explain:

9. **Student Status:** (circle one) Undergraduate student *or* Graduate student

10. **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 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

11. **Do you file taxes?** (circle one) **Yes No** If no, please explain \_\_\_\_\_

12. **Household Income Source-** Does any house hold member receive

Income from employment	Yes		No	
SSA/SSI	Yes		No	
TANF	Yes		No	
Alimony/Child Support	Yes		No	

Scheduled Pension/Retirement	Yes		No	
Unemployment	Yes		No	
Veterans Benefits/Military pay	Yes		No	
Cash/help pay bills from friends/family?	Yes		No	



From above; List the person and ALL income received below:

Household Member Name	Income Source	Monthly Gross Earnings (before Taxes)	Annual Gross Earnings (before Taxes)

What is your **combined** total household gross annual income from all sources \$ \_\_\_\_\_  
 (Annual before taxes)

13. Will there be any changes to the household income in the next year? This may include, but is not limited to a, new job, the loss of a job, or changes in child support, gift income, or family support.  
 (circle one) **Yes** **No** **If yes, explain:** \_\_\_\_\_

**14. Household Assets** – Answer as applicable for all members of the household

Checking Account	YES		NO		Stocks or Bonds	YES		NO	
Savings or Money Market Account	YES		NO		Cash on hand	YES		NO	
Certificate of Deposit (CD)	YES		NO		Trust	YES		NO	
401K or other retirement account	YES		NO		Life Insurance Policy with cash value	YES		NO	
IRA	YES		NO		Real Estate	YES		NO	
Mutual Funds	YES		NO		If Yes, is it rented?	YES		NO	
					If Yes, is it for sale?	YES		NO	

From above; List person and ALL assets below:

Household Member Name	Asset Type	Current Balance

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

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.* (signature required for all house members 18 and older)

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

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please call 781-739-3540 or email [AvalonResidences@avalonbay.com](mailto:AvalonResidences@avalonbay.com) with any questions or requests for additional applications or consent forms.



## RESIDENT RELEASE AND CONSENT FORM

I/We \_\_\_\_\_ and \_\_\_\_\_  
and \_\_\_\_\_ and \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorized release of information without liability to the owner/manager of the apartment community listed below, and/or the state housing development agency or its service provider.

### INFORMATION COVERED

I/We understand that the previous or current information regarding we/us may be needed. Verifications and inquires that may be requested include but are not limited to: personal identity, student status, employment income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Resident. It is understood that all information released will be kept confidential. However, you should be aware that the information reported may be reported by someone other than an AvalonBay employee (i.e. attorney, auditor, etc.)

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Educational Institutions	Welfare Agencies
Support and Alimony Providers	State Unemployment Agencies	Retirement Systems
Veterans Administration	Social Security Administration	Medical Providers
Banks/Financial Institutions	Previous Landlords	Child Care Providers
Public Housing Agencies		

### CONDITIONS

I/We agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We further understand that I/We will be required to sign this information release waiver each year at recertification time.

NOTE: Signature required for all house members 18 and older

---

### *SIGNATURES*

_____ Head of Household	_____ (Print Name)	_____ Date
_____ Resident/Applicant	_____ (Print Name)	_____ Date
_____ Resident/Applicant	_____ (Print Name)	_____ Date
_____ Resident/Applicant	_____ (Print Name)	_____ Date



**SMOKE FREE APARTMENT COMMUNITY ADDENDUM**

The Avalon Residences at the Hingham Shipyard apartment homes and community have been designated smoke free. This addendum states additional terms, conditions, and rules which are incorporated into the Lease and relate to smoke free nature of the apartments and the community.

A breach of any provision of this Addendum shall give each part all rights contained herein, as well as the rights in the Lease.

1. **Purpose of No-Smoking Policy.** The parties desire to (i) mitigate any irritation or health effects of secondhand smoke; (ii) reduce the increased maintenance, cleaning and redecorating costs from smoking; and (iii) offer tenants the market choice of renting an apartment in a community where smoking is not permitted.
2. **Definition of Smoking.** The term “smoking” means inhaling, exhaling, breathing or carrying any lighted cigar, cigarette, pipe or other tobacco, marijuana or similar lighted product in any manner or in any form.
3. **Smoke Free Apartment.** You agree and acknowledge that all portions of the Apartment home and the common areas of the Community have been designated as a smoke free living environment. You shall not smoke anywhere in the Apartment or the Community, and you shall not permit your guests, visitors, invitees or family members to smoke anywhere in the Apartment or the Community.
4. **Resident to Promote No-Smoking Policy and to Alert Landlord of Violations.** You shall inform all of your guests, invitees and family members that your Apartment has been designated as smoke free that that a violation of this policy could subject you to eviction and could subject any guest or invitee violating this policy to a trespass notice from us advising the guest or invitee that he or she is no longer permitted at the Community.
5. **We are Not a Guarantor of a Smoke Free Environment.** You acknowledge that our designation of your Apartment home as smoke free does not make the Owner or Agent the guarantor of your health or of the smoke free condition of your Apartment home or the common areas. You specifically acknowledge that no representations have been made or can be made that your Apartment will not experience any secondhand smoke that may migrate from sources outside of your Apartment home.
6. **Effect of Breach and Right to Terminate Lease.** A breach of this Addendum shall be a breach of the Lease and grounds for an eviction action by us.
7. **Disclaimer.** You acknowledge and agree that our efforts to adopt a smoke free apartment option and our designation of your Apartment home or the Community as smoke free do not in any way change the standard of care that we would have to you to render your Apartment home or the Community safer, more habitable or improved in terms of air quality standards than any other rental housing. We specifically disclaim any implied or express warranties that the apartment building or common areas will be free from second hand smoke. You acknowledge that our ability to police, monitor, or enforce the provisions of this Smoke Free Addendum are dependent in significant part upon the voluntary compliance by you and your guests and the other residents of the Community.

**APPLICANT(S):**

_____ Signature	_____ Date	_____ Print Name
_____ Signature	_____ Date	_____ Print Name
_____ Signature	_____ Date	_____ Print Name





