



Affordable Homes For Rent in Cohasset, Massachusetts

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

Avalon Cohasset residents are responsible for gas, electric, water, phone, and cable utilities. Additional monthly fees apply for pets. An increased security deposit will be required for households with pets. Complete and return the pre-application to be placed on our waitlist.



AVALON

Cohasset

HOUSEHOLDS MUST BE WITHIN THE INCOME LEVELS BELOW TO QUALIFY

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

80% PROGRAM

ONE-BEDROOM: \$1,408 PER MONTH

- 1 person household \$33,792 - \$54,750
- 2 person household \$33,792 - \$62,550
- 3 person household \$33,792 - \$70,350

TWO-BEDROOM: \$1,532 PER MONTH

- 2 person household \$ 36,768 - \$62,550
- 3 person household \$ 36,768 - \$70,350
- 4 person household \$ 36,768 - \$78,150
- 5 person household \$ 36,768 - \$84,450

Currently accepting applications to be placed on our waitlist.

AVALONCOHASSET.COM
 100 AVALON DRIVE, COHASSET, MA 02025
 AVALONCOHASSET@AVALONBAY.COM

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



Avalon Cohasset 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**

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

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

If Yes, Housing Authority Name: _____

4. Do you have any special housing needs? **Yes No** If yes, please explain: _____

5. 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				

6. **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.*

Please call 781-383-0354 or email avaloncohasset@avalonbay.com with any questions or requests for additional applications or consent forms. Fax to 781-383-6152.

	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							

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 (Pre-Tax)

8. What is your combined total gross annual household income from all sources? \$ _____

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	Gross Earnings (Pre-Tax)

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:** _____