



Affordable Homes For Rent in Marlborough, MA

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

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



AVALON
ORCHARDS

AVALONORCHARDS.COM
3 AVALON DRIVE MARLBOROUGH, MA 01752
AVALONORCHARDS@AVALONBAY.COM

HOUSEHOLDS MUST BE WITHIN THE INCOME LEVELS BELOW TO QUALIFY

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

Please complete a pre-application to be added to the wait list

80% PROGRAM

ONE-BEDROOM: \$1,292 PER MONTH

- 1 person household \$ 31,008 - \$ 54,750
- 2 person household \$ 31,008 - \$ 62,550
- 3 person household \$ 31,008 - \$ 70,350

TWO-BEDROOM: \$1,513 PER MONTH

- 2 person household \$ 36,312 - \$ 62,550
- 3 person household \$ 36,312 - \$ 70,350
- 4 person household \$ 36,312 - \$ 78,150
- 5 person household \$ 36,312 - \$ 84,450

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



Avalon Orchards 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 508-480-9444 with any questions or requests for additional applications or consent forms.

Decline to answer

	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 (before taxes)

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

** You must meet the income guidelines to qualify!*

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 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 Orchards, 3 Avalon Drive, Marlborough, MA 01752 or fax to 508-480-9481.



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