

THE SYLVAN FOXBOROUGH

Affordable Housing Opportunity

10 Fisher Street, Foxborough, MA 02035

One Bedrooms at \$2,169, Two Bedrooms at \$2,559 Three Bedrooms at \$2,902

Utilities not included. Tenants will pay own Gas Heat, Electricity (cooking is electric, water and heating is gas), Water and Sewer.

Now accepting Waiting List Applications for all units! The Sylvan Foxborough is a 248-unit apartment community where 62 apartments are rented to households with incomes at or below 80% of the area median income. Residences feature fully appliances units, including full size washer and dryer, refrigerator, stove, microwave, dishwasher and disposal. The community features a clubhouse, business center, 24-hour gym, movie theater room, swimming pool, bike storage and playground. The Sylvan Foxborough is a pet friendly community, where dogs and cats are welcome (there are breed restrictions).

Some of the units may be immediately available for reservation.

MAXIMUM Household Income Limits: \$92,650(1 person), \$105,850(2 people), \$119,100 (3 people)
\$132,300 (4 people), \$153,500 (5 people), \$153,500 (6 people)

For a Waiting List Application, or for reasonable accommodations for person with disabilities, please contact **thesylvan@bozzuto.com** or call 508.203.4524.

For TTY Services dial 711. Free translation available.



THE SYLVAN WAITING LIST APPLICATION

Name _____ Home Tel. # _____

Address _____ Cell Phone Tel. # _____

City _____ State _____ Zip _____

Email (if available) _____

Unit size(s) for which you are applying (Please check. You may choose more than one):

- ☐ 1 bedroom
- ☐ 2 bedroom
- ☐ 3 bedroom

HOUSEHOLD MEMBERS:

Please list **ALL** household members who will occupy the affordable apartment:

Name	Date of Birth	Sex	SS#	Relationship

HOUSEHOLD TYPE (please check one, read the Information Packet for more details):

- ☐ **1 person household** (Type I)
- ☐ **1 person household with a disability or medical need for TWO bedrooms** (Please note that verification from medical provider of need for a 2BR unit will be required at certification otherwise household may be removed from Waiting Lists) (Type II)
- ☐ **2 person household: 2 heads-of-household who are in a relationship** (Type I)
- ☐ **2 person household: 2 heads-of-household who are not in a relationship** (Type II)
- ☐ **2 person household: 1 head-of-household plus one dependent** (Type II)
- ☐ **2 person household with a disability or medical need: 2 heads-of-household who are in a relationship where (A) heads-of-household cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on their mental or physical health OR (B) there is a separate disability or medical need for **two** bedrooms. (In either case, please note that verification from medical provider of need for separate rooms for heads of households or of need for a 2BR unit will be required at certification otherwise household may be removed from Waiting Lists) (Type II)**
- ☐ **2 person household with a disability or medical need for THREE bedrooms** (Please note that verification from medical provider of need for a 3BR unit will be required at certification otherwise household may be removed from Waiting Lists) (Type III)

- ☐ **3 person household: 1 head-of-household plus 2 dependents** (Type III)
- ☐ **3 person household: 2 heads-of-household who are in a relationship plus 1 dependent** (Type II)
- ☐ **3 person household: 2 heads-of-household who are not in a relationship plus 1 member** (Type III)
- ☐ **3 person household: 3 heads-of-household, none of whom are in a relationship with one another** (Type III)
- ☐ **3 person household with a disability or medical need:** 2 heads-of-household who are in a relationship plus one dependent, where (A) heads-of-household cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on their mental or physical health OR (B) there is a separate disability or medical need for **three** bedrooms. *(In either case, please note that verification from medical provider of need for separate rooms for heads of households or of need for a 3BR unit will be required at certification otherwise household may be removed from Waiting Lists)* (Type III)
- ☐ **4 person household: all types** (Type III)
- ☐ **5 person household: all types** (Type III)
- ☐ **6 person household: all types** (Type III)

PREFERENCE INFORMATION

Are you, or any member of your household, in need of an accessible unit? This is defined as persons with a physical or mental disability that meet standards established by the Executive Office of Housing and Livable Communities (EOHLC) and state laws for disabled accessible housing and who needs the features of a disabled-accessible unit.

- ☐ Yes
- ☐ No

INCOME

What is your approximate total yearly income (before-tax income from all jobs, self-employment, Social Security, Pensions, payments from friends/family, unemployment, child support, alimony, income from assets, etc.)?

\$

Do you currently receive or do you have a Section 8 mobile voucher or certificate? (The Lottery Agent does not discriminate based on source of income. This question is asked for the sole purpose of determining ability to pay rent.)

- ☐ Yes ☐ No

RELATED PARTY

Is any member of the household related to or employed by the developer or related to or employed by the Property Management Company?

- ☐ Yes
- ☐ No

REASONABLE ACCOMODATION

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you?

- ☐ Yes
- ☐ No

If yes, please explain in the space provided here:

If you have a disability you have the right to request a reasonable accommodation in connection with your application for housing. All information is voluntary and will be treated as confidential.

Please remember to maintain all records of income, assets and taxes!

Every household must maintain records of all income, assets, and changes in employment as all this documentation will be required if you are given the opportunity to move forward in this program. So please be sure to keep a record of all your pay, all your tax documentation and all your bank/asset statements to ensure an easy and fast eligibility review.

Additional information may be requested at a later date. Your signature below gives consent to Management to verify the information in this application. Please be advised that it is your responsibility to report any changes in address, phone number or priority status to the rental office. Failure to maintain current information at the rental office may jeopardize your waiting list status.

I/We hereby certify that the information contained herein is true and correct:

I/We hereby acknowledge that rents for affordable housing change on an annual basis based on changes in Area Median Income and Utility Allowances and that the current affordable rents are subject to change while I/We are on the waiting list. If we are given the opportunity to lease an affordable unit, prior to completing a lease application we will be notified of the rents that will be in place for our lease term.

Signed under the pains and penalties of perjury:

Signature of Applicant

Date

Signature of Co-Applicant

Date