### THE SYLVAN FOXBOROUGH

## **Affordable Housing Opportunity**

10 Fisher Street, Foxborough, MA 02035

One Bedrooms at \$1,950, Two Bedrooms at \$2,300, Three Bedrooms at \$2,608 *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 applianced 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: \$82,500 (1 person), \$94,800(2 people), \$106,650 (3 people) \$127,950 (4 people), \$137,450 (5 people)

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

For TTY Services dial 711. Free translation available.





# THE SYLVAN FOXBOROUGH WAITING LIST APPLICATION

Name	Home Tel. #				
Address			Work Tel.	#	
City		Sta	ate	Zip	
Email (if available)					
Unit size(s) for which y	ou are applying (please cir	cle):			
	1-Bedroom	2-Bedr	oom	3-Bedroom	
HOUSEHOLD MEMB Please list ALL househo	EERS: old members who will occu	ıpy the a	affordable a	apartment:	
Name	Date of Birth	Sex	SS#	Relationship	7
					1
					1
HOUSEHOLD TYPE (	please check one, read the l	Informat	ion Packet	for more details):	
Type A					
6 person household	d: all types				
5 person household	d: all types				
4 person household	d: all types				
3 person household	d: 1 head-of-household plus	s 2 depei	ndents		
•	-		-	where heads of household can impact on his or her mental or ph	•
Туре В					
☐ 3 person household	d: 2 heads-of-household plu	ıs 1 depe	endent		
-	d: 2 heads-of-household wh werse impact on his or her men			to share a bedroom as a conseque h	ence of sharing
2 person household	d: 1 head-of-household plus	s one de <sub>l</sub>	pendent		
Type C					
	d: 2 heads-of-household				
1 person household					

### **INCOME**

What is your approximate total yearly income (before-ta- Pensions, payments from friends/family, unemploymen	ax income from all jobs, self-employment, Social Security, t, child support, alimony, income from assets etc)?				
	\$				
PREFERENCE INFORMATION					
Are you, or any member of your household, in need of a physical or mental disability that meet standards establi Development and state laws for disabled housing.  Yes No	1				
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:					
RACE (OPTIONAL) You are requested to complete the following optional se Completing this section may qualify you for additional	~ -				
<ul> <li>□ Alaskan Native and Native American</li> <li>□ Black or African American (not of Hispanic origin)</li> <li>□ Hispanic or Latino</li> <li>□ White (not of Hispanic origin)</li> </ul>	<ul> <li>□ Asian</li> <li>□ Native Hawaiian or Pacific Islander</li> <li>□ Other (please specify)</li></ul>				

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:

Signed under the pains and penalties of perjury:

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.

Signature of Applicant	 Date
Signature of Co-Applicant	 Date

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.