

LYDIA SQUARE APARTMENTS  
 SENIORS, 62+  
 80 Norman Street  
 Rockland, MA

44 Affordable Apartments

- 1 bedroom at 30% AMI \$698\*
- 2 bedroom at 30% AMI \$826\*
- 1 bedroom at 60% AMI \$1453\*
- 2 bedroom at 60% AMI \$1732\*

\*Section 8 Housing Voucher Units are subject to local payment standard.

Water/Sewer, Trash, Heat and Hot Water included

LOTTERY OPEN FROM APRIL 30 – JUNE 29, 2021

<b>INCOME LIMITS:</b>	<b>30%</b>		<b>60%</b>	
	<u>Minimum</u>	<u>Maximum</u>	<u>Minimum</u>	<u>Maximum</u>
<u>One Bedroom</u>				
One Person	\$ 20,940	\$ 28,200	\$ 43,590	\$ 56,400
Two Persons	\$ 20,940	\$ 32,220	\$ 43,590	\$ 64,440
<u>Two Bedroom:</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Minimum</u>	<u>Maximum</u>
One Person	\$ 24,780	\$ 28,200	\$ 51,960	\$ 56,400
Two Persons	\$ 24,780	\$ 32,220	\$ 51,960	\$ 64,440
Three Persons	\$ 24,780	\$ 36,240	\$ 51,960	\$ 72,480
Four Persons	\$ 24,780	\$ 40,260	\$ 51,960	\$ 80,520

2021 Rents and income limits are based on HUD schedule which are typically revised annually  
 INFORMATION AND LOTTERY APPLICATIONS MAY BE OBTAINED ON THE WEB SITE AT  
 Lydiasquare.com

Mail completed application to:  
 Lydia Square Apartments  
 120 Forbes Boulevard, Suite 180  
 Mansfield, MA 02048  
 or by e mail to [lydia@gatehousemgt.com](mailto:lydia@gatehousemgt.com)  
 or fax to 781-421-3712

DEADLINE FOR COMPLETED APPLICATIONS:

June 29,2021

PLEASE INQUIRE IN ADVANCE FOR REASONABLE ACCOMMODATION.

For more information or to receive an application in the mail call

**781-421-3074**



# LOTTERY APPLICATION

*This apartment community does not discriminate against any person because of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.*

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last, First, Middle Email

Address \_\_\_\_\_  
Street, City, State, Zip

Marital Status:     Single                       Married                       Divorced                       Widowed

Have you ever been evicted?     Yes     No    If yes, why? \_\_\_\_\_

**HOUSEHOLD COMPOSITION: (Please list all people who will be living in the household.)**

Last Name	First Name	Relationship to Head	Sex	Date of Birth	Social Security Number	Full-Time Student
		<i>Head</i>	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N

Do you plan to have any changes to your household composition during the next 12 months?     Yes     No

If children are listed as household members, do you have full custody?     Yes     No

Does any member of your household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you or qualify for a preference or priority? If yes, please explain \_\_\_\_\_

**For Statistical Purpose Only (optional):**    Ethnicity:     Hispanic                       Non-Hispanic

Race:     White                       Black                       American Indian                       Asian/Pacific Islander                       Other

**Local Preference Categories:**     Town Resident     Employed or to be Employed in Town     Veteran

**EMPLOYMENT HISTORY**

1a. Current Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Company Name

Address \_\_\_\_\_  
Street, City, State, Zip

Dates Employed \_\_\_\_\_ Supervisor \_\_\_\_\_

Position Held \_\_\_\_\_ Annual Anticipated Income \_\_\_\_\_

1b. Additional Current/ Former Employer, if applicable \_\_\_\_\_ Phone \_\_\_\_\_  
Company Name

Address \_\_\_\_\_  
Street, City, State, Zip

Dates Employed \_\_\_\_\_ Supervisor \_\_\_\_\_

Position Held \_\_\_\_\_ Annual Anticipated Income \_\_\_\_\_



**RENTAL HISTORY**

1. Current Landlord

Name of Apartment Community \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street, City, State, Zip \_\_\_\_\_ County \_\_\_\_\_  
 Management Company \_\_\_\_\_ Landlord Contact \_\_\_\_\_  
 Landlord Tel # \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_  
 Dates Rent Paid

2. Previous Landlord

Name of Apartment Community \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street, City, State, Zip \_\_\_\_\_  
 Management Company \_\_\_\_\_ Landlord Contact \_\_\_\_\_  
 Landlord Tel # \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_  
 Dates Rent Amount

3. Homeownership information, if applicable

Lender \_\_\_\_\_  
 Name Phone \_\_\_\_\_  
 Lender Address \_\_\_\_\_  
 Street, City, State, Zip \_\_\_\_\_  
 Date of Ownership: From \_\_\_\_\_ To \_\_\_\_\_

**OTHER SOURCES OF HOUSEHOLD INCOME**

	Describe	Annual Anticipated Income
Alimony/Support	_____	_____
Annuity/Pension	_____	_____
Social Security	_____	_____
(Specify)	_____	_____

**BANK INFORMATION**

	Bank Name	Address	Acct #	% of Interest	Average 6-month Balance
Checking	_____	_____	_____	_____	_____
Savings	_____	_____	_____	_____	Current Balance _____
Other	_____	_____	_____	_____	Current Balance _____
Other	_____	_____	_____	_____	Current Balance _____

**ASSET/ASSET INCOME**

(IRA, CD, Stocks/Bonds, Real Estate - i.e. Home)

Type \_\_\_\_\_ Asset Value \_\_\_\_\_ Annual Income \_\_\_\_\_  
 Type \_\_\_\_\_ Asset Value \_\_\_\_\_ Annual Income \_\_\_\_\_  
 Have you disposed of or sold any assets within the last two years for less than fair market value?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 Have you ever filed for bankruptcy?  Yes  No If yes, please explain \_\_\_\_\_

Do you own a home?  Yes  No Does your spouse own a home?  Yes  No  
 Do you own a pet?  Yes  No Pet Type \_\_\_\_\_ Weight \_\_\_\_\_



