

Coming Fall 2025



## AFFORDABLE HOUSING LOTTERY FOR 34 BRAND NEW APARTMENT HOMES

62+ Community • Sandwich, MA

Studio and one bedroom apartment homes. On-site amenities include:

On-Site Laundry, Community Room, On-Site Management and 24-Hour Emergency Maintenance

| AMI  | Rent Amount        |         | Minimum Income     |          | Maximum Income    |          |
|------|--------------------|---------|--------------------|----------|-------------------|----------|
|      | Number of Bedrooms |         | Number of Bedrooms |          | Number of Persons |          |
|      | 0 BD               | 1 BD    | 0 BD               | 1 BD     | 1P                | 2P       |
| 30%* | N/A                | N/A     | N/A                | N/A      | \$26,580          | \$30,390 |
| 60%  | \$1,329            | \$1,424 | \$45,566           | \$48,822 | \$53,160          | \$60,780 |

IRS Section 42 Low-Income Housing Tax Credit (LIHTC) effective 4/1/24. Barnstable County, Sandwich, MA HUD Metro FMR Area. Rents and income limits are subject to change.

\*There are 8 units set aside for applicants that are at or below 30% of the median income. Rent for these units will be 30% of household adjusted gross income.

### VIRTUAL INFORMATIONAL SESSION:

Tuesday, April 8th @ 11:00 am

### APPLICANTS WILL BE CHOSEN THROUGH A VIRTUAL LOTTERY:

Wednesday, June 4th @ 10:00 am

To receive the video session links, visit our website:

[www.HenryTWing.com](http://www.HenryTWing.com)

### For more information on the lottery and to download or receive an application:

Email: [HenryTWing@hallkeen.com](mailto:HenryTWing@hallkeen.com) | Visit: [www.HenryTWing.com](http://www.HenryTWing.com) | Call: (781) 915-3055 | TDD: CALL 7-1-1

### Applications are also available for pick-up at:

Sandwich Town Hall - 100 MA-6A Sandwich, MA

Sandwich Public Library - 142 Main St. Sandwich, MA

Sandwich Housing Authority, 20 Toms Way Sandwich, MA

CHOICE, Inc. - 10 Wilson St. Chelmsford, MA 01824

### APPLICATIONS FOR THE LOTTERY MUST BE FULLY COMPLETED AND POSTMARKED BY MAY 17TH

COMPLETED APPLICATIONS CAN BE RETURNED IN-PERSON, BY FAX (781) 915-3155

MAIL: Henry T. Wing Residences C/O HallKeen Management 1400 Providence Hwy Suite 1000 Norwood, MA 02062

EMAIL: [HenryTWing@hallkeen.com](mailto:HenryTWing@hallkeen.com)

*Applications received after the lottery deadline will be placed on a waiting list.*

*All applicants must meet the community's Resident Selection Plan Criteria*

**To request a reasonable accommodation, please call (781) 915-3080**

Este documento es importante. Por favor tradúcelo. Este documento é importante. Por favor, traduza. **TRANSLATION SERVICES AVAILABLE**

**EQUAL HOUSING OPPORTUNITY.** HallKeen Management does not discriminate on the basis of age, race, color, national origin, sex, sexual orientation, gender identity, religion, ancestry, marital or familial status, disability, genetic information, status as a veteran, or member of armed forces, or public assistance reciprocity in any phase of tenant selection, property management or resident policies and procedures. "Discrimination" shall mean any conduct that violates any state or federal anti-discrimination laws.



# HK HallKeen Management

*Este documento es importante, por favor tradúzcalo | Este documento é importante, por favor, tê-lo traduzido | Questo documento é importante, si prega di farlo tradurre. Translation Services Available*

## PRELIMINARY LOTTERY APPLICATION

**THIS IS A PRELIMINARY APPLICATION TO ENTER THE LOTTERY.**  
**If selected, applicants will go through a secondary screening process, which may include checks on criminal history (CORI), income, credit, etc.**  
**ADDITIONAL DOCUMENTATION WILL BE REQUIRED.**

**Application Date:** \_\_\_\_\_

Property Name: **Henry T. Wing Residences**  
Address: **33 Water Street**  
City, State, Zip: **Sandwich, MA**  
Telephone Number: **781-915-3055**  
TDD#: **Call 7-1-1**  
Email Address: **HenryTWing@hallkeen.com**

**Return Completed Application To:**

**Henry T. Wing Residences  
C/O HallKeen Management  
1400 Providence Highway Suite 1000  
Norwood, MA 02062**

## APPLICATION FOR ADMISSION

**Note:** Please fill in all sections completely. If a section does not apply, please draw a line through or write "N/A". Failure to do so will result in processing delays or rejection of your application. If you need help completing this application, please contact the Rental Office.

**Applicant:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Current Address:**

|             |       |          |       |
|-------------|-------|----------|-------|
| Street      | _____ | Apt. #   | _____ |
| City, State | _____ | Zip Code | _____ |

**Mailing Address:**

|             |       |           |       |
|-------------|-------|-----------|-------|
| Name        | _____ | Telephone | _____ |
| Street      | _____ | Apt. #    | _____ |
| City, State | _____ | Zip Code  | _____ |

**RACE** (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- ☐ American Indian/Alaskan Native      ☐ Asian      ☐ Other (not white or Hispanic)  
☐ Black or African American (not of Hispanic origin)      ☐ Native Hawaiian or Pacific Islander  
☐ White (not of Hispanic origin)

**ETHNICITY**

- ☐ Hispanic or Latino      ☐ Non-Hispanic or Latino

**PREFERRED APARTMENT SIZE:** 1<sup>ST</sup> Choice

- ☐ 0 BR      ☐ 1 BR

**PREFERRED APARTMENT SIZE:** 2<sup>ND</sup> Choice

- ☐ 0 BR      ☐ 1 BR

**ADDITIONAL INFORMATION:**

- Do you currently hold a Housing Voucher? ☐ Yes      ☐ No  
If yes, what type of voucher? \_\_\_\_\_

- Are you requesting a Hearing/Visual Adapted Unit? ☐ Yes      ☐ No

- Are you requesting a Mobility Adapted Unit? ☐ Yes      ☐ No

- Do any members of the household have any accessibility or reasonable accommodation requests, changes in a unit or development or alternate ways we need to communicate with you?  
☐ Yes      ☐ No

If yes, please explain/provide details: \_\_\_\_\_

- Do you or a member in your household consider yourself to be homeless or at-risk of being homeless? ☐ Yes      ☐ No

*(See next page for definition of Homelessness. Please provide proof of homelessness, such as a letter from a shelter or an eviction notice from a landlord.)*

If yes, please explain/provide details: \_\_\_\_\_

- Do you currently live in Sandwich? ☐ Yes      ☐ No

If yes, which household member(s) does this apply to? \_\_\_\_\_?

*(Please submit proof with this application, such as a utility bill indicating you name and current address, a current lease, etc.)*

- Do you currently work in Sandwich? ☐ Yes      ☐ No

If yes, which household member(s) does this apply to? \_\_\_\_\_?

*(Please submit proof with this application, such as a copy of your pay-stub)*

- Does any member of the household attend school in Sandwich? ☐ Yes      ☐ No

*(Please submit proof with this application, such as a copy of a current report card)*

- Have you ever been evicted from your home for any reason? ☐ Yes      ☐ No

**Homelessness or At-risk of homelessness and/or homeless is defined as:**

- *Persons living in places not meant for human habitation*
- *in an emergency shelter*
- *in transitional housing*
- *persons who ordinarily sleep on the street or in emergency transitional housing but are spending a short time (30 consecutive days or less) in a hospital or other institution*
- *person being evicted - for reasons not in their control - within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing*
- *being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing*

**FAMILY COMPOSITION:** List all who will occupy the apartment.

*YOU MUST INCLUDE YOURSELF (Any person not listed will not be allowed to move in)*

| FULL NAME OF EACH PERSON IN HOUSEHOLD | RELATIONSHIP TO HEAD OF HOUSEHOLD | DATE OF BIRTH | SEX   | SOCIAL SECURITY NUMBER | FULL TIME STUDENT<br>(check one)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------|-----------------------------------|---------------|-------|------------------------|--|
| 1 _____                               | Head of Household                 | _____         | _____ | _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |
| 2 _____                               | _____                             | _____         | _____ | _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |
| 3 _____                               | _____                             | _____         | _____ | _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |
| 4 _____                               | _____                             | _____         | _____ | _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |
| 5 _____                               | _____                             | _____         | _____ | _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |

• Do You Own Any Pets? \_\_\_\_\_ If yes, what type: \_\_\_\_\_

## **EMPLOYMENT:**

### **IS ANY MEMBER OF THE HOUSEHOLD EMPLOYED?**

☐ Yes ☐ No

**If yes, please indicate the income received by each member of your household. List each member by the corresponding number from Page 2.**

#### **Member #** \_\_\_\_\_

Job Type: ☐ Full-Time ☐ Part-Time ☐ Permanent ☐ Seasonal ☐ Temporary

☐ If hourly, rate per hour: \$ \_\_\_\_\_/hr. \_\_\_\_\_ hrs. per wk. # of wks. per year \_\_\_\_\_

Do you receive tips? ☐ Yes ☐ No If yes, how much do you average per week? \_\_\_\_\_

Gross Earnings (*Before Taxes*): \$ \_\_\_\_\_ ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Annually

#### **Member #** \_\_\_\_\_

Job Type: ☐ Full-Time ☐ Part-Time ☐ Permanent ☐ Seasonal ☐ Temporary

☐ If hourly, rate per hour: \$ \_\_\_\_\_/hr. \_\_\_\_\_ hrs. per wk. # of wks. per year \_\_\_\_\_

Do you receive tips? ☐ Yes ☐ No If yes, how much do you average per week? \_\_\_\_\_

Gross Earnings (*Before Taxes*): \$ \_\_\_\_\_ ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Annually

#### **Member #** \_\_\_\_\_

Job Type: ☐ Full-Time ☐ Part-Time ☐ Permanent ☐ Seasonal ☐ Temporary

☐ If hourly, rate per hour: \$ \_\_\_\_\_/hr. \_\_\_\_\_ hrs. per wk. # of wks. per year \_\_\_\_\_

Do you receive tips? ☐ Yes ☐ No If yes, how much do you average per week? \_\_\_\_\_

Gross Earnings (*Before Taxes*): \$ \_\_\_\_\_ ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Annually

#### **Member #** \_\_\_\_\_

Job Type: ☐ Full-Time ☐ Part-Time ☐ Permanent ☐ Seasonal ☐ Temporary

☐ If hourly, rate per hour: \$ \_\_\_\_\_/hr. \_\_\_\_\_ hrs. per wk. # of wks. per year \_\_\_\_\_

Do you receive tips? ☐ Yes ☐ No If yes, how much do you average per week? \_\_\_\_\_

Gross Earnings (*Before Taxes*): \$ \_\_\_\_\_ ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Annually

**DOES ANYONE IN THE HOUSEHOLD HAVE OTHER SOURCES OF INCOME** (Other income is income such as *Self-employment (including Ride Share, Uber, Lyft, Door Dash) Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or Grants*)?

☐ Yes ☐ No If yes, list below by household member and income type:

| Household Member | Type of Income | Gross Earnings (Before Taxes)             |
|------------------|----------------|---|
| _____            | _____          | \$ _____ per _____<br>(week, month, year) |
| _____            | _____          | \$ _____ per _____<br>(week, month, year) |
| _____            | _____          | \$ _____ per _____<br>(week, month, year) |
| _____            | _____          | \$ _____ per _____<br>(week, month, year) |

**LIST ALL ASSETS**

(Assets include Checking Accounts, Savings Accounts, Venmo, Cash App, Direct Express Cards, EBT, DOR Cards, Pay Cards, 401K Accounts, IRA Accounts, Term Certificates, Money Markets, Stocks, Bonds and Mutual Funds)

**Member #** \_\_\_\_\_

Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ % If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**Member #** \_\_\_\_\_

Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ % If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**Member #** \_\_\_\_\_

Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ % If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**Member #** \_\_\_\_\_

Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ % If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**Member #** \_\_\_\_\_

Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ % If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**DOES ANY HOUSEHOLD MEMBER HAVE OTHER ASSETS such as Real Estate, Cash Value of Life Insurance, Treasury Bills, etc?**☐ Yes ☐ No If yes, list below:

| Household Member | Type of Asset | Value of Asset |
|------------------|---------------|----------------|
| _____            | _____         | \$ _____       |
| _____            | _____         | \$ _____       |
| _____            | _____         | \$ _____       |
| _____            | _____         | \$ _____       |
| _____            | _____         | \$ _____       |
| _____            | _____         | \$ _____       |

**HAS ANY HOUSEHOLD MEMBER DISPOSED OR GIVEN AWAY ANY ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE LAST TWO YEARS?**☐ Yes ☐ No If yes, list below:

| Household Member | Type of Asset | Value of Asset |
|------------------|---------------|----------------|
| _____            | _____         | \$ _____       |
| _____            | _____         | \$ _____       |
| _____            | _____         | \$ _____       |
| _____            | _____         | \$ _____       |

**ADDITIONAL INFORMATION:**

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? \_\_\_\_\_.

*If yes*, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).

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Will *all* of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐Yes ☐No

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return? ☐Yes ☐No

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? ☐Yes ☐No

Are any full-time student(s) an AFDC or a title IV recipient? ☐Yes ☐No

Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return? ☐Yes ☐No

Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? ☐Yes ☐No

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***Conflicts Prohibited***

Stratford Capitol, CHOICE, Chelmsford Housing Authority and HallKeen Management as its Agent, agree that no HOME, HSF, or AHT assisted unit will be rented to an individual or immediate family member who is an employee, agent, developer, or sponsor of either Stratford Capital, CHOICE, Chelmsford Housing Authority, or HallKeen Management (when acting as the Agent).

This policy addresses HOME Rule at 24 CFR Part 92.356 provisions to provide guidelines and prevent conflict of interest when conducting management activities at properties with HOME funds. These provisions apply to any individual or any member of an individual's immediate family who may have decision making functions or responsibilities at properties with HOME funds.

## POLICY

Management must implement the necessary procedures to ensure that no HOME assisted affordable housing units are leased to any individual or any member of an individual's immediate family including those by blood, marriage or adoption, the spouse, parent (including a stepparent), child (including stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, or in-laws, who is an officer, employee, agent, elected or appointed official, or consultant of the owner, developer, or sponsor of a project assisted with HOME funds whether private for profit or non-profit.

Are any members of your household related, employed, acting as agent, developer or sponsor of either Stratford Capital Group, Chelmsford Housing Authority, CHOICE or HallKeen Management?

☐ Yes ☐ No

I / We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature. I hereby authorize the Landlord to obtain a consumer credit report and a criminal background report. I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

I / We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

***Signed under the pains and penalties of perjury:***

\_\_\_\_\_  
Head of Household/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Household Member

\_\_\_\_\_  
Date

*By signing this document electronically, I agree that my electronic signature is the legal equivalent of my manual/ handwritten signature on this document.*

HallKeen Management does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in the access or admission to its programs or employment, or in its programs, activities, functions or services.



**Professionally Managed by: HallKeen Management  
1400 Providence Highway, Suite 1000  
Norwood, MA 02062  
(781) 762-4800**



## **GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I, the above-named individual, have authorized HallKeen Management to verify the accuracy of the information which I have provided to them, from the following sources (specify):

|                                  |  |
|----------------------------------|--|
| Child Care Expenses              | Veteran's Benefits   |
| Criminal Activity (CORI)         | Federal, State, or Local Benefits                            |
| Courts                           | Banks, Credit Unions   |
| Family Composition               | IRAs, CDs, 401k, 403b  |
| Law Enforcement Agency           | Interest, Dividends  |
| Credit Bureau                    | Financial Institutions, Brokerages                           |
| Employment                       | Mutual funds   |
| Self-Employment                  | Alimony, Child Support                                       |
| Unemployment Compensation        | Other income-regular Gifts or allowances from another person |
| Pensions                         | Commissions, Tips, Bonus                                     |
| Annuities                        | Landlords, Rental History                                    |
| Social Security                  | Identity & Marital Status                                    |
| Supplemental Security Income     | Handicapped Assistance Expenses                              |
| State Welfare Agencies           | Medical Insurance Premiums                                   |
| State Employment Security Agency | Un-reimbursed Medical Expenses                               |
| Workman's Compensation           | School & College Tuition Fees                                |
| Health & Accident Insurance      |  |

### **I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO:**

HallKeen Management subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to HallKeen Management within five (5) days of receipt of this request. I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation.

*Signed under pain and penalty of perjury.*

|                    |      |                    |      |
|--------------------|------|--------------------|------|
| Head of Household  | Date | Spouse             | Date |
| Other Adult Member | Date | Other Adult Member | Date |

*By signing this document electronically, I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document.*

Re: **Release to Obtain Information**

In consideration for being permitted to apply for this apartment at Coyle School Residences, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager employee/agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing, including, but not limited to, credit and criminal background reports.

I, Applicant authorize any person or credit/criminal background checking agency having any information on me, to release any and all such information to the owner/manager employee/agent or credit checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

**All applicants over 18 must sign:**

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

*By signing this document electronically, I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document.*

Pursuant to fair housing laws, advertising/marketing must not indicate any preference or limitation, or otherwise discriminate based on race, color, disability, religion, sex, familial status, sexual orientation, gender identity, national origin, genetic information, ancestry, children, marital status, or public assistance recipient. This prohibition includes phrases such as “active adult community” and “empty nesters”. Exceptions may apply if the preference or limitation is pursuant to a lawful eligibility requirement.

## NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer time frame. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

**HallKeen Management, Inc.**  
**1400 Providence Highway, Suite 1000**  
**Norwood, MA**  
**(781) 762-4800**

# **Information Packet**

## **Henry T. Wing Residences**

### **(Phase I)**

## **33 Water Street, Sandwich, MA**

### **Affordable Housing Lottery**

This packet contains specific information on the affordable housing program as well as background, eligibility requirements, selection priority categories, and application process for the 34 new affordable rental unit project developed by Stratford Capital Group and CHOICE, Inc.

We invite you to read this information packet and submit an application if you think that you meet the eligibility requirements. This lottery is the first step in the application process and does not assure you a unit.

There will also be a virtual Information Session on Tuesday, April 8, 2025 at 11:00 am, please visit our website at [www.HenryTWing.com](http://www.HenryTWing.com) to join. Attendance at an Informational Session is not required for participation in the lottery.

**Applications must be postmarked by May 17, 2025.**

To request an application call (781) 915-3055, email [HenryTWing@HallKeen.com](mailto:HenryTWing@HallKeen.com), download at [www.HenryTWing.com](http://www.HenryTWing.com) or pick-up at the following locations:

Sandwich Town Hall - 100 MA-6A Sandwich, MA  
Sandwich Public Library - 142 Main St. Sandwich, MA  
Sandwich Housing Authority, 20 Toms Way Sandwich, MA  
CHOICE, Inc. - 10 Wilson St. Chelmsford, MA 01824

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## **General Overview**

The Henry T. Wing Residences (Phase I) will be located in Sandwich, MA. The physical address is 33 Water Street, Sandwich, MA 02563. The community will be developed in three phases, upon completion, the development will consist of 123 studio, one-bedroom and two-bedroom apartments. Phase I will house 34 affordable units for seniors 62+. There will be 4 studios and 30 1 bedroom units. Anticipated occupancy September 1, 2025.

The Henry T. Wing Residences will revitalize the elementary schoolhouse structure known as the Henry T. Wing School which will bring new life for senior independent living. Phase I of The Henry T. Wing School site in the north end of Sandwich, MA will be beautifully transformed into 38 units of senior housing, including 34 units of affordable senior housing, providing sustainable solutions that build communities; and engage stakeholders to shape the places where people live, and play.

The Project is funded with Low Income Housing Tax Credits (LIHTC), Affordable Housing Trust Funds (AHTF), Community Based Housing (CBH), Barnstable County HOME Funds (HOME), Housing Stabilization Funds (HSF) and Community Preservation Act Funds (CPA).

### **Affordable Program Considerations (Phase I)**

The 34 apartments in total will include the following:

- 11 units @ 30% AMI level
- 23 units @ 60% AMI level

A homeless preference will be provided for 8 units—4 Community Based Housing (CBH) units and 4 of the 7 Massachusetts Rental Voucher Program (MRVP) units.

For all units covered by multiple regulatory requirements, the most restrictive eligibility guidelines will be followed.

**Accessibility:** Several units will have accessibility/mobility features designated for residents requiring sensory or mobility modifications.

Since it is anticipated that there will be more interested and eligible applicants than available units, CHOICE, Inc. and Stratford Capital Group will be sponsoring an application process and lottery to rank the eligible applicants for the program. The application and lottery process, dates and eligibility requirements can all be found within this Information Packet.

Henry T. Wing Residences does not discriminate based on Race, Color, National Origin, Religion, Sex, Familial Status (i.e., children), Disability, Source of Income (i.e., a Section 8 Voucher), Sexual Orientation, Gender Identity, Age, Marital Status, Veteran or Active Military Status, or Genetic Information. Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing.

To request a reasonable accommodation, please call (781) 915-3055. Verbal translation services available.

This Lottery is for the following units:

| Unit Type    | Bedrooms | # of Units | Rent     | Income Limit | % of Income Paid for Rent | Square Footage** |
|--------------|----------|------------|----------|--------------|---------------------------|------------------|
| Subsidized   | 0        | 4          | N/A*     | 30% AMI      | 30%                       | 486              |
| Subsidized   | 1        | 7          | N/A*     | 30% AMI      | 30%                       | 640              |
| Unsubsidized | 1        | 23         | \$1,424† | 60% AMI      | N/A                       | 640              |

\* Rent paid by the resident will be approximately 30%-40% of their income for Section 8 PBV units as determined by the administering agency. This amount represents the gross rent. A utility allowance will be provided for heat and electric.

\*\*Estimated average square footage

† This is the gross amount of rent to be paid by tenant, unless you have a Section 8 voucher.

## **Frequently Asked Questions – Subsidized and Unsubsidized Units**

### **Q: What is the difference between subsidized and unsubsidized?**

A: There are 23 rental units set aside at a fixed rent that is considered affordable for applicants earning less than 60% of area median income--these are the unsubsidized units. There are 7 units that are subsidized by the Massachusetts Rental Voucher Program and 4 units that are subsidized by the Section 8 Program. Participants will pay a percentage of their household income towards the rent—these are the subsidized units.

### **Q: Can I apply for an unsubsidized unit and a subsidized unit on the same application?**

A: Yes. We will review your eligibility for an unsubsidized unit and a subsidized unit through the MRVP Program or Section 8 Program based on the information provided in your application. You will receive a letter indicating which program(s) you will be considered for in the lottery.

### **Q: What is the Section 8 Project-Based Voucher Program?**

A. The Project-Based Section 8 Voucher Program (Section 8) is administered by the Chelmsford Housing Authority. There are (4) 1-bedroom units that have Section 8 Project-Based Vouchers provided. The Section 8 Project-Based Voucher Program requires that you pay 30% of your income towards the rent which includes all utilities. There are no asset limits for the Section 8 Program. These 4 units are set aside for the Community Based Housing Program (CBH), which has certain eligibility restrictions (see page 7 for more information). The income limit is shown in this packet (see page 6).

### **Q: What is the Massachusetts Rental Housing Project-Based Voucher Program?**

A. The Project-Based Massachusetts Rental Voucher Program (MRVP) is administered by the Housing Assistance Corporation. There are (7) units that have MRVP Project-Based Rental Assistance, of which 4 are studio units and (3) are 1-bedroom units. Participants in this program are required to pay 30% of the household income towards the rent which includes all utilities. There is an asset limit for the MRVP Program (see Page 7 for more info). The income limit is shown in this packet.



### General Eligibility Requirements

To be eligible to apply for the chance to rent an affordable unit, the combined annual income for all income sources of all members of the household must be at or below the Average Median Income limits for the town of Sandwich shown below. The maximum & minimum incomes allowed for this program are:

| AMI              | Rent Amount* |           | Minimum Household Income† |           | Maximum Household Income |          |
|------------------|--------------|-----------|---------------------------|-----------|--------------------------|----------|
|                  | Studio       | 1 Bedroom | Studio                    | 1 Bedroom | 1 Person                 | 2 People |
| 30% Subsidized   | N/A          | N/A       | N/A                       | N/A       | \$26,580                 | \$30,390 |
| 60% Unsubsidized | \$1,424      | \$1,329   | \$45,566                  | \$48,822  | \$53,160                 | \$60,780 |

**\* IRS Section 42 Low-Income Housing Tax Credit (LIHTC) effective 4/1/24 for Barnstable County, Sandwich, MA HUD Metro FMR Area. Rents and income limits are subject to change.**

**† Based on 40% Rent-to-Income Ratio**

#### Minimum Income for an Unsubsidized Affordable Unit

Applicants may make less than the minimum income shown in the chart above if they have sufficient savings (equivalent to the annual minimum income listed below) from which they can draw down. Otherwise, applicants will not be eligible for a lease if they make less than the minimum income.

Applicants who hold a housing voucher are not subject to the minimum income requirements; but, like all other applicants, will also have to pass reviews on credit scores, tenant history, and criminal background checks in accordance with the Tenant Selection Plan. Again, these minimum incomes are not required by the affordable housing program, they are estimations of minimum incomes required by the Management Agent.

## **Eligibility Requirements for the Community Based Housing Units (CBH)**

In order to be eligible for a CBH unit, an applicant must: (1) have a disability, (2) be institutionalized or at risk of institutionalization, and (3) not be eligible for the Facilities Consolidation Fund Program (FCF).

## **Asset Limits for Affordable Programs**

There is no limit on the amount of assets households may have. Income from assets, however, is counted as the greater of the actual income earned on the asset or imputed income based on the HUD Passbook rate at the time of application (.45% as of 1/1/25) of the net value of the asset.

Assets may include but are not limited to cash, savings and checking accounts, direct express cards, other benefit cards, cash app accounts, a home or real estate, net cash value of stocks, net cash value of retirement accounts such as IRA's or 401(k)s, real property, bonds, capital investments, life insurance policies, foreign bank accounts and personal property held as an investment.

### Asset Limit for Section 8 Rental Assistance and Unassisted Units:

There is no limit on the amount of assets households may have.

### MRVP Rental Assistance Units:

At admission a Household's total assets may not exceed one and one-half (1½) times the gross annual household income or \$25,000, whichever is greater. However, there is no asset limitation for continued eligibility. To be eligible for MRVP, an Applicant may not own residential real estate. If an Applicant does own residential real estate, it must be sold prior to being found eligible for MRVP. The proceeds from the sale shall be counted as an asset and must be less than the greater of one and one-half (1½) times the gross household income or \$25,000.

## **Frequently Asked Questions – General Eligibility**

### **Q: Who is eligible to apply for the affordable units?**

**A:** In order to qualify for an affordable unit, households must meet each of the following criteria:

- i) The entire household's income and assets must be below the maximum allowable income limit.
- ii) The household must be of appropriate size.
- iii) The household must meet the minimum income requirement as outlined on Page 5

### **Q: Do I need to be a resident of Sandwich to apply?**

**A:** No.

### **Q: Can I apply if own a home?**

**A:** You may own a home when you apply; however, if you are applying for the Massachusetts Rental Voucher Program, it does have to be sold before you move in. The value of the home will count as an asset and be calculated as such when determining your eligibility. Once it is sold, additional documentation will be needed to update your file and income information.

### **Q: If I cannot qualify for a Lease based on my own income or credit history, can I have a co-signer on my Lease?**

**A:** No. Only people who will live in the apartment can sign the lease. Applying households must be able to meet the income qualifications on their own. If someone outside the household is going to help pay the rent, the amount to be paid must be listed as "Periodic Payments" on the Income Table in the Program Application. These payments will be counted towards the household income.

### **Q: What should I apply for if I have a Section 8 or other mobile voucher already?**

**A:** If you already have a Section 8 or other mobile voucher, you can apply for both lotteries – subsidized and unsubsidized.

- However, if you move into a subsidized unit, you will have to forfeit your voucher—Section 8 and other mobile vouchers cannot be used in combination with project-based assistance.
- If you move into an unsubsidized unit, you will keep your voucher and use it to pay the difference between the actual rent and the program assistance payments.

**Q: How is a household's income determined?**

**A:** We will calculate the income of a household based upon the current income the household is earning including actual or imputed income from assets. In an effort to provide as accurate an income calculation as possible, we must review all current and historical income data.

ALL SOURCES OF INCOME ARE COUNTED. Any monies you receive will be counted as income. This includes, but is not limited to, Employment (Full-Time, Part-Time, Seasonal or Sporadic), Self-Employment, overtime pay, bonuses, commission, severance pay, Unemployment, Social Security, alimony, matured bonds, monies to be received in court settlements and imputed interest and dividends on bank accounts and actual or imputed income from assets. There are some exceptions under which income will not be counted, most notably income from employment of children under the age of 18.

HallKeen Management will calculate the value of your assets pursuant to the formula set by the Department of Housing and Urban Development. This formula takes the greater of the actual income from an asset or the current market value of any asset multiplied by .45%. The amount derived from this calculation is then added to your income.

For example: Mrs. Smith is a mother of three children and earns \$25,000 a year at her job and receives \$12,000 a year in child support. Mrs. Smith also has a checking account valued at \$7,000 earning 1% interest and a CD worth \$20,000 earning 2.3%. Her income would be calculated as follows:

Employment \$25,000

Checking ( $\$7,000 \times 1\%$ ) = \$70

Child Support \$12,000

CD ( $\$20,000 \times 2.3\%$ ) = \$460

Total income = \$37,530

**Q: I have a 401K and am not taking any withdrawals. Do I have to include it when I list my assets?**

**A:** Yes.

**Q: Are there eligibility exceptions for households that are barely over the income limit?**

**A:** No, there are no exceptions to the income limits.

## Frequently Asked Questions – Household Size & Composition

### **Q: How is appropriate household size determined?**

**A:** Within an applicant pool, priority shall be given to households requiring the total number of bedrooms in the unit based on the following criteria:

- a. There is at least one occupant per bedroom.
- b. A couple, 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.
- c. If the applicant is in the process of a divorce or separation, the applicant must provide proof that the divorce or separation has begun or has been finalized.

*Household size shall not exceed state sanitary code requirements for occupancy of a unit. You must qualify for the size of the unit you are requesting consideration for. You can only select one size unit.*

### **Q: I am a full-time student. Am I eligible to apply as a single person?**

**A:** Yes, as long as you meet one of the student exceptions.

- A full time student married and filing a joint tax return?
- A full time student and receives assistance under Title IV of the Social Security Act?
- A full time student enrolled in a job training program under the Job Training Partnership Act/ Workforce Investment Act (federal, state or local)?
- A full time student and AFDC/TANF recipient?
- A full time student and single parent living with his/her minor child who is not a dependent on another's tax return?
- Was a student previously in the foster care system?

## **Lottery Process & Timeline**

The following steps outline the entire process of applying for and renting an affordable unit. For further detail on each step, please refer to the following pages.

### **Step 1: Lottery Application Period**

March 18, 2025 through May 17, 2025

Please note that there will be a virtual Informational Session held on April 8<sup>th</sup> for all interested applicants during Step 1. Attendance at the Informational Session is encouraged, but not required for participation in the lottery.

### **Step 2: Assignment of Lottery Registration Number**

On-going during application period, but by May 26, 2025

### **Step 3: The Lottery**

Wednesday, June 4, 2025

### **Step 4: Notification of Lottery Results**

By June 18, 2025

### **Step 5: Formal Review of Eligibility**

June 25, 2025 through August 31, 2025

## **Lottery Application**

From March 18, 2025 (advertising begin date) through May 17, 2025 HallKeen Management will be advertising and publicizing the availability of this affordable housing opportunity in Sandwich and distributing applications and this Information Packet throughout the community and region.

After reading this Information Packet in its entirety, applicants will need to fill out a lottery application. The applying household must list all income and asset information for every person that will be residing in the unit. The lottery application must be signed and dated by all heads of household.

**APPLICATIONS FOR THE LOTTERY  
MUST BE FULLY COMPLETED & RETURNED  
OR POSTMARKED BY:  
MAY 17, 2025**

Please return your completed application by one of the following methods:

**IN-PERSON OR BY MAIL:**

Henry T. Wing Residences  
C/O HallKeen Management  
1400 Providence Hwy, Suite 1000  
Norwood, MA 02062

**BY EMAIL:**

[HenryTWing@hallkeen.com](mailto:HenryTWing@hallkeen.com)

**BY FAX:**

**(781) 915-3155**

## **Lottery Process**

Ballots with the registration number for applicant households will be placed in all lottery pools for which they qualify. The ballots are randomly drawn and listed in the order drawn, by pool. Because the project has units with different numbers of bedrooms, units are then awarded (largest units first) by proceeding down the list to the first household on the list that is of appropriate size for the largest income-restricted unit available according to the appropriate-unit-size criteria established for the lottery. Once all larger units have been assigned to appropriately sized households in this manner, the lottery administrator returns to the top of the list and selects appropriately sized households for smaller units. This process continues until all available units have been assigned to appropriately sized applicant households.

Applicants are not required to pay a deposit or any type of fee to enter the lottery or be placed on the waiting list.

Subject to applicable law, preference for the rental of up to seventy percent (70%) of the affordable units (21 units) in the initial renting of the Development, will be offered to Sandwich residents. 70% of each unit type will be initially set-aside for the local lottery pool and 30% of each unit type will be initially set-aside for the general lottery pool. The project-based section 8 program (PBS8) does not allow the local preference.

After the lottery has taken place, all applicants will be contacted within 14 days informing them of where their placement is on the lottery list based on bedroom size. Applicants will be asked to notify management if they are no longer interested in Henry T. Wing Residences. Applicants no longer interested in living at Henry T. Wing Residences will be sent a letter and given one week to reconsider and respond in writing. They will also be asked to notify management of any changes to their mailing address or other contact information.

- Management will begin screening applicants, beginning with the applicants with the lowest number placement (highest ranking) for each bedroom size. Once applicants have passed credit and criminal background, they will be contacted to set up an interview with the property manager and/or another member of Management. If an applicant does not pass the credit and criminal background, they will be notified in writing and will have 10 days to appeal. Applicants who pass credit and criminal background screening will proceed through the process as follows:
- Applicants will be asked to provide certain documents and sign documents in order for staff to make sure that the applicants meet the eligibility requirements of the programs.
- Once staff has qualified the household, they will be notified in writing to schedule an appointment with the manager and choose an apartment.



- If a household does not qualify due to exceeding the maximum income limit or not meeting the minimum income restriction, they will be notified in writing immediately and will have 7 days to request a meeting with management.
- If an applicant chooses not to accept an apartment at the time of the application process, they may choose to be removed from the lottery and placed on the waitlist to be called at a later date for an apartment. If they choose to not be added to the waitlist, they will receive written notice stating that they are no longer in the lottery or they have not been added to the waitlist.

The lottery administrator will retain a list of households who are not awarded a unit, in the order that they were drawn. If any of the initial renters do not rent a unit, the unit shall be offered to the highest ranked appropriately sized household on that retained list. Applicants in the lottery who are not processed during the initial lease-up due to the units being leased prior to reaching their placement in the lottery, will be placed on the waiting list for an appropriately sized unit, in order of their lottery number.

Separate waitlists will be maintained by bedroom size for applicants requiring and for those requiring an adapted/accessible unit, though income-eligible applicants may request to be on more than one waitlist.

After the initial lottery, these waiting lists will be analyzed, maintained and updated through additional marketing so they remain consistent with the objectives of the housing program and are adequately representative of the racial, ethnic and other characteristics of potential applicants in the housing market region. No individual having a financial interest in the project or their families can participate in the lottery. The conflict-of-interest provisions of 24 CFR 92.356(f) applies.

## Formal Review of Eligibility

**The household will be required to submit all income and asset documentation for every claim made in the application once they are selected during the lottery process.**

Before a household can move forward if they are selected in the lottery, they must provide complete information of their income and assets. Below is a list of some of the items that **may** be requested:

- All adults in the household, 18 years and older, must complete the Tenant Packet and sign the authorization for release of information. They must also provide proof of any and all assets and income. If the adult is a full-time student, then proof of current **student status** must also be provided.
- Copies of **birth certificates and social security cards** must be provided for each member of the household. A copy of a visa, green card or passport may be acceptable if previous documents are not available.
- **Proof of Disability** – Physicians statement or SSI/SSDI award letter if under the age of 62.

### **Income:**

- **Wages:** Verify gross earnings by submitting two months worth of pay stubs or a letter from the employer stating the number of hours per week and pay rate per hour. Also, include name, address and contact person of employer. **(weekly = 8 paystubs, bi-weekly = 4 paystubs, monthly = 2 paystubs, etc.)**
- **Social Security or Supplemental Income:** A statement letter from the Social Security department less than one month old. This can be obtained online: [www.socialsecurity.gov](http://www.socialsecurity.gov) or by calling 1-800-772-1213.
- **VA Pension or other Retirement Benefits:** Current statement letter from the VA department, or other retirement funds company, less than one month old.
- **VA Compensation or Benefits:** Current statement letter less than one month old.
- **AFDC:** Statement letter less than one month old. TAFDC: 1-800-632-8095
- **Alimony:** You must submit four (4) copies of payment checks.
- **Unemployment Benefits:** Current statement or four(4) check stubs from the unemployment department,

- **No Income:** If an adult family member does not have any income at all then a “**Zero Income Self Affidavit**” must be completed and notarized. Please contact HallKeen Management for this affidavit.

**Assets:**

- **Checking and Savings accounts:** You must submit copies of the most recent six (6) months all checking account statements and savings account passbooks or statements held by any household member (local or foreign). Statements must be less than one month old.
- **Current Value of Assets:** Current statement letter for any stocks, bonds, CD's, IRA's, etc. including current rate of interest and dividends. Including foreign accounts.

**ANY OTHER INCOME AND ASSETS FOR ALL MEMBERS OF HOUSEHOLD 18 YEARS OR OLDER.**

If it is determined that incomplete information was provided in the application, HallKeen Management reserves the right to withdraw the application based upon the applicant's failure to disclose information.

## **DISABLED-ACCESSIBLE UNIT INFORMATION**

### **Q: Who qualifies for a disabled-accessible (DA) apartment?**

**A:** According to Housing Navigator: “units that are barrier-free are accessible to people with disabilities that are wheelchair users, but could also be used by people of different types of disabilities. For example, a person of very short stature, a person with a brain injury or stroke, severe cardiac or respiratory problems, or a person with limited standing, walking, or reaching ability, may use the design features of a wheelchair accessible unit.” Verification from a doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual’s disability may be requested. Proof of receiving Social Security Disability Insurance benefits is also sufficient.

### **Q: How are disabled-accessible apartments awarded?**

**A:** The households with the top positions on the Accessible Waiting Lists will be given the first opportunity to lease the DA apartments.

### **Q: Can households that qualify for a DA apartment also apply for a non-DA apartment?**

**A:** Yes. Households that qualify for a DA apartment will also have positions on the Waiting Lists for non-DA apartments depending on what unit size they are applying for. If they reach the top position on a Waiting List for a non-DA apartment before they reach the top position for a DA apartment, they will have to decide if they want to lease a non-DA apartment or wait until they have a top position on a Waiting List for a DA apartment.

### **Q: What happens if there are fewer disabled-accessible qualified applicants than disabled-accessible apartments at the time of the Lottery?**

**A:** If there are not enough qualified applicants on the Waiting List, the apartments will be made available to the top applicants on the Waiting List that have the same unit sizes (and, if applicable, regional preference).

### **Q: Who is entitled to request a reasonable accommodation?**

**A:** Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing.

