



# Mary D. Stone

Thank you for your interest in residing at Mary D. Stone Apartments.  
**Studio, 1- & 2-Bedroom Senior (62+) Apartment Homes**

## PRE-APPLICATION INSTRUCTIONS:

- Pre-application MUST be filled out in its entirety to be eligible for housing (one pre-application per household). Applicants must be 62 years of age or older.
- Pre-applications can be dropped off at the on-site management office with prior notice, or submitted via email, fax or US Mail addressed to:  
**Mary D. Stone Apartments, 10 Church Street, Auburn, MA 01501**
- If you would like to view the apartments, please call to schedule a tour.
- The following income restrictions apply: *(Effective 4/2022, subject to change)*

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
Studio	1 person	\$33,240 - \$46,440	60%	\$1,108
	2 people	\$33,240 - \$53,040		
1 Bedroom	1 person	\$35,460 - \$46,440	60%	\$1,182
	2 people	\$35,460 - \$53,040		
	1-2 people	Minimum \$45,429	Market	\$1,325
2 Bedroom	2 people	\$42,750 - \$53,040	60%	\$1,425
	3 people	\$42,750 - \$59,700		
	4 people	\$42,750 - \$66,300		
	1-4 people	Minimum \$50,571	Market	\$1,475

### FOR MORE INFORMATION:

MaryDStoneApts.com | MaryDStone@Pennrose.com  
T: 508.659.2871 | F: 774.272.9342 | TTY: 711



Address: 10 Church Street  
Auburn, MA 01501  
Phone: 508.659.2871  
Fax: 774.272.9342  
Email: MaryDStone@pennrose.com  
TTY: 711

To be completed by office staff:  
Application Number \_\_\_\_\_  
Date Application Rec'd \_\_\_\_\_  
Time Application Rec'd \_\_\_\_\_  
Initials of Staff Member \_\_\_\_\_

**HEAD OF HOUSEHOLD**

M	F
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NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
(First) (Middle Initial) (Last)

CURRENT ADDRESS: \_\_\_\_\_ HOME #: \_\_\_\_\_  
(House #) (Street Name) (Apt. #)

(City) (State) (Zip Code) CELL #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WORK #: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ D.O.B: \_\_\_\_\_  
DRIVER LICENSE STATE: \_\_\_\_\_  
DRIVER LICENSE NUMBER: \_\_\_\_\_

**HOUSEHOLD MEMBERS**

Name	DOB	M/F	Relationship	Soc. Sec. Number	DL State & Number

**ANNUAL HOUSEHOLD INCOME**  
(Gross Income Before Deductions)

(Circle One)

Gross Employment/Wages	\$	per	Year / Month
Social Security Income	\$	per	Year / Month
Social Security Disability Income	\$	per	Year / Month
Public Assistance (Welfare/TANF)	\$	per	Year / Month
Child Support	\$	per	Year / Month
Pension	\$	per	Year / Month
Assets (Approximate Total Balance of Checking, Savings, 401(k), IRA, etc.)	\$	per	Year / Month
Other Income (Please Specify):	\$	per	Year / Month



**Preferences for Determining Waiting List Position (if applicable)**

Do you or any member of your household have a DISABILITY?	Y	N
Is the Head of Household or Spouse 62 years of age or older?	Y	N
Do you or a member of your household live, work or have children that go to school in Auburn, MA?	Y	N
Are you currently employed?	Y	N
What year did you last file taxes?		
Are you a student or recent graduate of an educational or training program?	Y	N
Do you have a portable section 8 voucher (HCVP)?	Y	N
If yes above, through what agency?		
Are you homeless?	Y	N
Do you require a unit with special features? (e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)	Y	N
If yes above, please circle features required:		
Unit for mobility impaired	Unit for visually impaired	Unit for hearing impaired
Grab bars	No steps	Other:
Describe:		

Do you have any pets that will be residing with you? <i>Pet policy: 2 pet maximum, 35 lb. limit each. Breed restrictions apply. Additional security deposit required.</i>	Y	N
If yes to above, how many?		
How many bedrooms are you interested in?	1 <sup>st</sup> Preference:	2 <sup>nd</sup> Preference:

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

I, \_\_\_\_\_, hereby give my permission for a credit and criminal background check, which is part of the application process.

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Types of Program Assistance (For Office Use ONLY)**

**\*\*Important: You must notify us promptly should any information on this application change**

Tax Credit  60%  Market   
 PBV  30%

August 2022

