



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

## JOIN THE WAITLIST:

- **The lottery application period is now closed.** However, you may submit a Pre-application to be added to the waitlist to be considered for future occupancy.
- 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 at lease signing.
- All Pre-applications **MUST** be submitted via US Mail to:  
**The Pryde, PO BOX 366341, Hyde Park, MA 02136**
- The following income restrictions apply: *(Effective 6/2023, subject to change)*

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
Studio	1 person	\$36,690 - \$51,950	50%	\$1,223
	2 people	\$36,690 - \$59,400		
	1 person	\$44,490 - \$62,340	60%	\$1,483
	2 people	\$44,490 - \$71,280		
	1 person	\$48,300 - \$87,276	80%	\$1,610
	2 people	\$48,300 - \$99,792		
	1 person	\$66,660 - \$103,900	100%	\$2,222
	2 people	\$66,660 - \$103,900		
1 Bedroom	1 person	\$39,210 - \$51,950	50%	\$1,307
	2 people	\$39,210 - \$59,400		
	1 person	\$44,460 - \$62,340	60%	\$1,482
	2 people	\$44,460 - \$71,280		
	1 person	\$57,960 - \$87,276	80%	\$1,932
	2 people	\$57,960 - \$99,792		
	1 person	\$70,350 - \$103,900	100%	\$2,345
	2 people	\$70,350 - \$103,900		
2 Bedroom	2 people	\$53,310 - \$71,280	60%	\$1,777
	3 people	\$53,310 - \$80,160		
	4 people	\$53,310 - \$89,040		
	2 people	\$73,350 - \$99,792	80%	\$2,445
	3 people	\$73,350 - \$112,224		
	4 people	\$73,350 - \$124,656		
	2 people	\$84,060 - \$118,800	100%	\$2,802
	3 people	\$84,060 - \$133,600		
4 people	\$84,060 - \$148,400			

**FOR MORE INFORMATION:**

ThePryde.com | ThePryde@Pennrose.com  
 T: 781.558.9273 | TTY: 711



MAIL TO: PO Box 366341  
Hyde Park, MA 02136  
Phone: 781.558.9273  
Fax: 617.850.8682  
Email: ThePryde@pennrose.com  
TTY: 711



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

**All Pre-Applications MUST BE Sent via U.S. Mail and Addressed to:  
The Pryde, PO Box 366341, Hyde Park, MA 01236**

**HEAD OF HOUSEHOLD**

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

GENDER IDENTITY OR EXPRESSION:  Male  Female  Non-Binary  Other: \_\_\_\_\_  Choose Not to Share

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

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

EMAIL: \_\_\_\_\_ D.O.B: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ DRIVER LICENSE STATE: \_\_\_\_\_  
*Google/Newspaper/LGBTQ Senior Housing/Metrolist/Signage/Etc.* DRIVER LICENSE NUMBER: \_\_\_\_\_

**HOUSEHOLD MEMBERS**

Name	DOB	GENDER	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
Payments from Gig Income (Uber, Lyft, Instacart, Venmo, Cash App, etc)	\$	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
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**

March 2024

