



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

PRE-APPLICATION INSTRUCTIONS:

- We are currently processing applicants selected by the recent housing lottery, but you may still submit an application for the waitlist.
- 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.
- All Pre-applications MUST be submitted via US Mail to:
Mary D. Stone Apartments, 10 Church Street, Auburn, MA 01501
- The following income restrictions apply: *(Effective 7/2021, subject to change)*

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
Studio	1 person	\$29,550 - \$41,520	60%	\$985
	2 people	\$29,550 - \$47,460		
1 Bedroom	1 person	Up to \$20,760	30%	\$444
	2 people	Up to \$23,730		
	1 person	\$31,530 - \$41,520	60%	\$1,051
	2 people	\$31,530 - \$47,460		
	1-2 people	Minimum \$37,500	Market	\$1,250
2 Bedroom	2 people	\$38,040 - \$47,460	60%	\$1,268
	3 people	\$38,040 - \$53,400		
	4 people	\$38,040 - \$59,280		
	1-4 people	Minimum \$42,000	Market	\$1,400

FOR MORE INFORMATION:

MaryDStoneApts.com | MaryDStone@Pennrose.com

T: 508.659.2871 | TDD: 800.545.1833 x647

Mail to: 10 Church Street
Auburn, MA 01501
Phone: 508.659.2871
Fax: 774.272.9342
Email: MaryDStone@pennrose.com
TTY: 800.545.1833 x647



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:
Mary D. Stone Apartments, 10 Church Street, Auburn, MA 01501

HEAD OF HOUSEHOLD

M	F
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NAME: _____ SSN: _____
(First) (Middle Initial) (Last)

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: _____
DRIVER LICENSE NUMBER: _____

HOUSEHOLD MEMBERS

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

ANNUAL HOUSEHOLD INCOME

Gross Employment/Wages	\$
Social Security Income	\$
Social Security Disability Income	\$
Public Assistance (Welfare/TANF)	\$
Child Support	\$
Pension	\$
Other Income (Please Specify):	\$



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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 st Preference:	2 nd 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: _____

Applicant Signature: _____ Date: _____

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% ☐

October 2021



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