



# Affordable Homes For Rent in the City of Acton

One-bedroom, and two-bedroom  
rentals available through the affordable housing  
program for qualifying future residents at  
Avalon Acton

Avalon Acton residents are responsible  
for electric, gas and water utilities. Additional monthly  
fees apply for premium parking and pets. An increased  
security deposit will be required for households with pets.



AVALON  
Acton

1000 AVALON DRIVE, ACTON, MA 01720  
AVALONACTON@AVALONBAY.COM

HOUSEHOLDS MUST BE WITHIN THE  
INCOME LEVELS BELOW TO QUALIFY  
Monthly rent is based on the Area Median Income (AMI)

## 50% PROGRAM

### Acton

#### ONE-BEDROOM:

Garden Style: \$992 PER MONTH

Mid-rise Style: \$998 PER MONTH

1 person household \$ 23,808 - \$ 44,800

2 person household \$ 23,808 - \$ 51,200

3 person household \$ 23,808 - \$ 57,600

\*mid-rise minimum household income \$23,952

### Acton

#### TWO-BEDROOM:

Garden Style: \$1,168 PER MONTH

Mid-rise Style: \$1,176 PER MONTH

2 person household \$ 28,032 - \$ 51,200

3 person household \$ 28,032 - \$ 57,600

4 person household \$ 28,032 - \$ 63,950

5 person household \$ 28,032 - \$ 69,100

\*mid-rise minimum household income \$28,224

### Westford

#### ONE-BEDROOM:

Garden Style: \$890 PER MONTH

1 person household \$ 21,360 - \$ 37,800

2 person household \$ 21,360 - \$ 43,200

3 person household \$ 21,360 - \$ 48,600

### Westford

#### TWO-BEDROOM:

Garden Style: \$1,046 PER MONTH

2 person household \$ 25,104 - \$ 43,200

3 person household \$ 25,104 - \$ 48,600

4 person household \$ 25,104 - \$54,000

5 person household \$ 25,104 - \$58,350

TO INQUIRE ABOUT CURRENT AVAILABILITY PLEASE  
EMAIL: AVALONACTON@AVALONBAY.COM

\*Rents subject to change at anytime without notice. Apartments  
contain FHA compliant features for persons with disabilities.





## Avalon Acton Affordable Housing Pre-Application

*Free Translation/Language Assistance Available Upon Request*

Applicants with disabilities may request modifications to the rental unit and/or accommodations to our rules, policies, practices or services, if such modifications or accommodations are necessary to afford an equal opportunity to use and enjoy the premises

NAME OF PRIMARY APPLICANT: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

*Street Number & Name*

*City  
Zip*

*St*

1. What size apartment home(s)\* are you interested in? **One** **Two**

**\*Note: A husband and wife, 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. Minimum occupancy requirement one person per bedroom.**

2. Are you an employee of AvalonBay? **Yes** **No**

3. Are you either a spouse, sibling, child, grandparent (natural, step, half or in-law) or significant other of an AvalonBay employee? **Yes** **No**

4. Do you have a voucher? (circle one) **Yes** **No**

If Yes, Housing Authority Name: \_\_\_\_\_

5. Does your household need a fully accessible apartment? (circle one): **Yes** **No**

**\*Note: Fully accessible apartments are those specifically designed for the physically handicapped according to the applicable building standards of Section 504 of the Federal Rehabilitation Act of 1973. Such features include but are not limited to wider doorways, lower countertops, hand railings, and roll-in showers. Some apartments may also include features specifically designed for those with hearing or visual impairments.**

6. If you do not need a fully accessible apartment, do you have a disability need for a reasonable accommodation or modification? **Yes** **No** If yes, please explain:

\_\_\_\_\_

7. Family Composition- List all those who will occupy the apartment, including yourself:

HOUSEHOLD MEMBER NAME	Date of Birth	Age	Relationship*	Full Time Student (Y/N)
1 PRIMARY APPLICANT			Head	
2				
3				
4				
5				
6				
7				

INTERNAL USE ONLY:

Received Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Complete ☐

Incomplete ☐

8. **Race & Ethnicity:** Requesting this information is required by state law; your response is voluntary. There is no penalty for not providing this information. *Please select (✓) any applicable categories in the chart below for the head of household and any other adult household members. You may select more than one category.*

	White	Black or African American	Asian	Hispanic or Latino	American Indian or Alaskan Native	Native Hawaiian or other Pacific Islander	Other (specify)
Head							
Other Adult Members							

☐ Decline to answer

9. **Household Income-** what is the income received and assets held by each member of your household? Include income from employment, SSA/SSI, TANF, Child Support, Alimony, Retirement, pension, unemployment, Military Pay, and gift income.

Household Member Name	Income Type	Gross Earnings (before taxes)

10. What is your combined total gross annual household income from all sources? \$ \_\_\_\_\_

*\* You must meet the income guidelines to qualify!*

11. **Household Assets-** include the household assets held may each household member. Includes all Checking and Savings accounts, Money Markets, Stocks, Bonds, Life Insurance Policies.

Household Member Name	Asset Type	Cash Value

I certify that the information furnished in this application is true and complete, to the best of my knowledge and belief. ***Signed under the pains and penalties of perjury.***

**Head of Household Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return to: Avalon Acton, 1000 Avalon Drive, Acton, MA 01740 or fax to 978-263-3433. Please call 978-263-3400 with any questions or requests for additional applications or consent forms.





# *Affordable Homes For Rent in Acton, Massachusetts*

One, two and three-bedroom rentals offered through the affordable housing program for qualifying future residents at Avalon Acton II.

Avalon Acton II residents are responsible for gas, electric, water, sewer, phone, and cable utilities. Additional monthly fees apply for premium parking and pets. An increased security deposit will be required for households with pets.



## AVALON

Avalon Acton II

1000 AVALON DRIVE, ACTON, MA 01720

AVALONACTON@AVALONBAY.COM

### HOUSEHOLDS MUST BE WITHIN THE INCOME LEVELS BELOW TO QUALIFY

Monthly rent is based on the Area Median Income (AMI).  
Occupancy beginning September 2020.

### 80% PROGRAM

#### ONE-BEDROOM: \$1,666 PER MONTH

1 person household \$ 39,984 - \$ 67,400  
2 person household \$ 39,984- \$ 77,000  
3 person household \$ 39,984- \$ 86,650

#### TWO-BEDROOM: \$1,842 PER MONTH

2 person household \$ 44,208 - \$ 77,000  
3 person household \$ 44,208 - \$ 86,650  
4 person household \$ 44,208 - \$ 96,250  
5 person household \$ 44,208 - \$ 103,950

#### THREE-BEDROOM: \$2,031 PER MONTH

3 person household \$ 48,744 - \$ 86,650  
4 person household \$ 48,744 - \$ 96,250  
5 person household \$ 48,744 - \$ 103,950  
6 person household \$ 48,744 - \$ 111,650  
7 person household \$ 48,744 - \$ 119,350

Minimum income limits don't apply to those applying with

\*Rents subject to change at anytime without notice. Apartments contain FHA compliant features for persons with disabilities.





## Avalon Acton II Affordable Housing Pre-Application

*Free Translation/Language Assistance Available Upon Request*

Applicants with disabilities may request modifications to the rental unit and/or accommodations to our rules, policies, practices or services, if such modifications or accommodations are necessary to afford an equal opportunity to use and enjoy the premises

NAME OF PRIMARY APPLICANT: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

*Street Number & Name*

*City  
Zip*

*St*

1. What size apartment home(s)\* are you interested in? **One** **Two** **Three**

**\*Note: A husband and wife, 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. Minimum occupancy requirement one person per bedroom.**

2. Are you an employee of AvalonBay? **Yes** **No**

3. Are you either a spouse, sibling, child, grandparent (natural, step, half or in-law) or significant other of an AvalonBay employee? **Yes** **No**

4. Do you have a voucher? (circle one) **Yes** **No**

If Yes, Housing Authority Name: \_\_\_\_\_

5. Does your household need a fully accessible apartment? (circle one): **Yes** **No**

**\*Note: Fully accessible apartments are those specifically designed for the physically handicapped according to the applicable building standards of Section 504 of the Federal Rehabilitation Act of 1973. Such features include but are not limited to wider doorways, lower countertops, hand railings, and roll-in showers. Some apartments may also include features specifically designed for those with hearing or visual impairments.**

6. If you do not need a fully accessible apartment, do you have a disability need for a reasonable accommodation or modification? **Yes** **No** If yes, please explain:

\_\_\_\_\_

7. Family Composition- List all those who will occupy the apartment, including yourself:

HOUSEHOLD MEMBER NAME	Date of Birth	Age	Relationship*	Full Time Student (Y/N)
1 PRIMARY APPLICANT			Head	
2				
3				
4				
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7				

INTERNAL USE ONLY:

Received Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Complete ☐

Incomplete ☐

8. **Race & Ethnicity:** Requesting this information is required by state law; your response is voluntary. There is no penalty for not providing this information. *Please select (✓) any applicable categories in the chart below for the head of household and any other adult household members. You may select more than one category.*

	White	Black or African American	Asian	Hispanic or Latino	American Indian or Alaskan Native	Native Hawaiian or other Pacific Islander	Other (specify)
Head							
Other Adult Members							

☐ Decline to answer

9. **Household Income-** what is the income received and assets held by each member of your household? Include income from employment, SSA/SSI, TANF, Child Support, Alimony, Retirement, pension, unemployment, Military Pay, and gift income.

Household Member Name	Income Type	Gross Earnings (before taxes)

10. What is your combined total gross annual household income from all sources? \$ \_\_\_\_\_

*\* You must meet the income guidelines to qualify!*

11. **Household Assets-** include the household assets held may each household member. Includes all Checking and Savings accounts, Money Markets, Stocks, Bonds, Life Insurance Policies.

Household Member Name	Asset Type	Cash Value

I certify that the information furnished in this application is true and complete, to the best of my knowledge and belief. ***Signed under the pains and penalties of perjury.***

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: [avalonacton@avalonbay.com](mailto:avalonacton@avalonbay.com); Avalon Acton, 1000 Avalon Drive, Acton, MA 01740 or fax to 978-263-3433.

Please call 978-263-3400 with any questions or requests for additional applications or consent forms.