



Mary D. Stone

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

LOTTERY 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.
- All Pre-applications MUST be submitted via US Mail to:
Mary D. Stone Apartments, PO Box 281, Doylestown, PA 18901
- Pre-application must be postmarked by 7/17/21 to be entered into the lottery.
- The lottery will be conducted on 8/4/21 via Facebook Live. A link to virtually attend will be available at MaryDStoneApts.com.
- A preference will be given to households who live, work, or have children that go to school in Auburn for 70% of the available apartments.
- The full application and interview process will begin immediately following the lottery with all eligible applicants catalogued into their lottery selection slot.
- The following income restrictions apply: *(Effective 5/2021, subject to change)*

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
Studio	1 person	\$29,370 - \$41,520	60%	\$979
	2 people	\$29,370 - \$47,460		
1 Bedroom	1 person	Up to \$20,650	30%	\$440
	2 people	Up to \$23,600		
	1 person	\$31,320 - \$41,520	60%	\$1,044
	2 people	\$31,320 - \$47,460		
	1-2 people	Minimum \$37,500		
2 Bedroom	2 people	\$37,770 - \$47,460	60%	\$1,259
	3 people	\$37,770 - \$53,400		
	4 people	\$37,770 - \$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



Mary D. Stone

Mail to: PO Box 281
Doylestown, PA 18901
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 Lottery Pre-Applications Must be Sent via U.S. Mail and Addressed to:
Mary D. Stone Apartments, PO BOX 281, Doylestown, PA 18901

HEAD OF HOUSEHOLD

M F

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

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

(City) (State) (Zip Code) WORK #:

EMAIL: D.O.B.:

How did you hear about us? DRIVER LICENSE STATE: DRIVER LICENSE NUMBER:

HOUSEHOLD MEMBERS

Table with 6 columns: Name, DOB, M/F, Relationship, Soc. Sec. Number, DL State & Number

ANNUAL HOUSEHOLD INCOME

Table with 2 columns: Income Source, Amount (\$)



PENNROSE
Bricks & Mortar | Heart & Soul



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%

May 2021

