



**Skyline Apartments  
319 Broadway  
Everett, MA 02149**

**Affordable Rental Pre-Lottery Application**

Mailed applications must be Postmarked no later than  
**Monday, June 29<sup>th</sup>, 2026, and mailed to:**

Maloney Properties LLC  
Attention: Skyline Apartments Lottery  
27 Mica Lane, Wellesley MA 02481

**Supporting Documentation (Income, Assets, Taxes, etc.) is NOT required to be submitted with the application.**

Free language assistance and reasonable accommodations available. For assistance and more information, please call Maloney Properties LLC (617) 639-3064 Extension 796 | US Relay 711 or email: [SkylineApartments@MaloneyProperties.com](mailto:SkylineApartments@MaloneyProperties.com)



**IMPORTANT:**

You may only submit one application per household. Duplicate applications will be discarded and only one application per household will be accepted.

Skyline Apartments  
319 Broadway Everett, MA 02149

**Affordable Rental Pre-Lottery Application**

**Head of Household:**

<b>Name:</b>	
<b>Street Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Email Address:</b>	
<b>Phone #:</b>	

**Head of Household (2):**

<b>Name:</b>	
<b>Street Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Email Address:</b>	
<b>Phone #:</b>	

Maloney Properties will contact applicants by email and phone only. If an email address is not provided, we will send notifications through postal mail and follow up by phone.

1. Please complete the chart below for all household members that would be residing in the unit, including yourself:

Full Name	Age	Head of Household or Occupant	Relationship to Head of Household ( <i>i.e. Daughter, Son, Mother, Father, etc.</i> )
		Head of Household	

**Race & Ethnicity (Optional Disclosure):**

This response is for the race and ethnicity of the Head of Household only.

There is no penalty for persons who do not complete this section of the application. This information will only be used in aggregate, for the purposes of reporting and analysis.

**Please check all boxes that apply:**

- Alaskan Native and Native American
- Asian
- Black or African American (not of Hispanic origin)
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White (not of Hispanic origin)
- Other (please specify): \_\_\_\_\_

**2. What is the total number of people in the household applying for the unit?**

*(this number should include all household members who will live in the unit including yourself & any household members under the age of 18)*

My Household Size is: \_\_\_\_\_

**3. Does your household receive housing assistance such as Section 8 / MRVP / VASH / Other?:**

- Yes, household receives housing assistance.
- No

If yes, please list the type of housing assistance/housing authority that issues your assistance:

\_\_\_\_\_

**4. Which Unit Size are you applying for?**

1-Bedroom

**5. Does any member of the household have any accessibility or reasonable accommodation requests or alternative ways we need to communicate with you?**

Yes

No

If yes, please Explain:

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**Income Information:**

The affordable units will all be in the 80% AMI income category.

Household Size	80% AMI Low Income
1	\$92,650
2	\$105,850
3	\$119,100
4	\$132,300
5	\$142,900
6	\$153,500

*\*2025 Area Median Incomes for Boston, Cambridge, Quincy, MA-NH MSA*

**6. Please list all sources of gross income anticipated to be received by any/all household members in the next 12 months, including but not limited to: Employment, Self-employment (net business income), unemployment, Social Security, SSI, SSP, Public Assistance, Pension payments, child support, alimony, regular gift/contributions, etc.**

Full Household Member Name	Source of Income	Estimated Current Annualized Gross Income
		\$
		\$
		\$
		\$
		\$

**Asset Information:**

7. Please list household members' assets, including but not limited to: Checking accounts, Savings accounts, trust accounts, certificate of deposits (CDs), credit unions, saving bonds, life insurance policies, 401K, SSA Direct Express Debit cards, etc.

Full Name	Type of Account	Current Account Balance
		\$
		\$
		\$
		\$
		\$

Please note that Maloney Properties reserves the right to request additional documentation after reviewing the application. Failure to provide any additional documentation requested by Maloney Properties by the given deadline will result in your application not being entered into the lottery.

In carrying out this marketing program and buyer selection process, neither the Owner nor its Lottery Agent, will discriminate based on race, color, creed, religion, sex, familial status, sexual orientation, national or ethnic origin, handicap, citizenship, ancestry or marital status, public assistance, gender identity or any other basis prohibited by law.

Disabled persons are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to affordable person with disabilities an equal opportunity to use and enjoy the housing.

**Application Deadline:**

The deadline for completed applications by mail, postmarked no later than **Monday, June 29<sup>th</sup>, 2026**

**Applications must be mailed to:**

Maloney Properties LLC  
Attention: Skyline Apartments Lottery  
27 Mica Lane, Wellesley MA 02481

**Questions:**

Maloney Properties' staff are available to answer any questions during the process.

Please feel free to contact us:

**Email:** [SkylineApartments@MaloneyProperties.com](mailto:SkylineApartments@MaloneyProperties.com)

**Phone:** (617) 639-3064 Extension 796 | US Relay 711

**Website:** [www.MaloneyAffordable.com/Rental-Properties/Skyline-Apartments](http://www.MaloneyAffordable.com/Rental-Properties/Skyline-Apartments)

**Signature Clause:**

I understand that the Lottery Agent is relying on this information to prove my household's eligibility for Skyline Apartments, 319 Broadway, Everett, MA. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

I authorize my consent to have the Lottery Agent verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my income must be eligible to be entered the lottery.

**All ADULT household members must sign below:**

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**Signature** **Date**

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**Signature** **Date**

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**Signature** **Date**



**Equal Housing Opportunity**