

Phase 2  
Coming Summer 2026



## AFFORDABLE HOUSING LOTTERY FOR 35 BRAND NEW APARTMENT HOMES

62+ Community • Sandwich, MA

One- and Two-bedroom apartment homes. On-site amenities include:

On-Site Laundry, Community Room, On-Site Management and 24-Hour Emergency Maintenance

AMI	RENT AMOUNT		MINIMUM INCOME		MAXIMUM INCOME			
	Number of Bedrooms		Number of Bedrooms		Number of Persons			
	1 BD	2 BD	1 BD	2BD	1P	2P	3P	4P
30%*	N/A	N/A	N/A	N/A	\$28,710	\$32,820	\$36,930	\$41,010
60%	\$1,538	\$1,846	\$46,140	\$55,380	\$57,420	\$65,640	\$73,860	\$82,020

IRS Section 42 Low-Income Housing Tax Credit (LIHTC) effective 4/1/25. Barnstable County, Sandwich, MA HUD Metro FMR Area. Rents and income limits are subject to change.

\*There are 8 units set aside for applicants that are at or below 30% of the median income. Rent for these units will be 30% of household adjusted gross income.

### VIRTUAL INFORMATIONAL SESSION:

Thursday, February 19th

### APPLICANTS WILL BE CHOSEN THROUGH A VIRTUAL LOTTERY:

Tuesday, April 7th

Please visit our website for lottery information and updates:

[www.HenryTWing.com](http://www.HenryTWing.com)

#### For more information on the lottery:

Visit [www.HenryTWing.com](http://www.HenryTWing.com) | Call: (781) 915-3055

#### Applications are also available for pick-up at:

- Sandwich Town Hall - 100 MA-6A Sandwich, MA
- Sandwich Public Library - 142 Main St. Sandwich, MA
- Sandwich Housing Authority, 20 Toms Way Sandwich, MA
- Sandwich Council on Aging, 70 Quaker Meetinghouse Rd, Sandwich, MA
- Henry T. Wing Residences, 33 Water St. Sandwich, MA

#### Apply Online:



**APPLICATIONS FOR THE LOTTERY MUST BE FULLY COMPLETED AND POSTMARKED BY MARCH 27TH**  
COMPLETED APPLICATIONS CAN BE RETURNED IN-PERSON TO THE LEASING OFFICE, ONLINE, or SEND TO:  
Henry T. Wing Residences (Phase II), C/O HousingWorks, Inc., P.O. Box 231104, Boston, MA 02123-1104.

*Applications received after the lottery deadline will be placed on a waiting list.*

*All applicants must meet the community's Resident Selection Plan Criteria*

**To request a reasonable accommodation, please call (781) 915-3055**

Este documento es importante. Por favor tradúcelo. Este documento é importante. Por favor, traduza. **TRANSLATION SERVICES AVAILABLE**

**EQUAL HOUSING OPPORTUNITY.** HallKeen Management does not discriminate on the basis of age, race, color, national origin, sex, sexual orientation, gender identity, religion, ancestry, marital or familial status, disability, genetic information, status as a veteran, or member of armed forces, or public assistance reciprocity in any phase of tenant selection, property management or resident policies and procedures. "Discrimination" shall mean any conduct that violates any state or federal anti-discrimination laws.



\_\_\_\_\_  
← Your Full Name  
\_\_\_\_\_  
← Address Line 1  
\_\_\_\_\_  
← City State Zip  
\_\_\_\_\_  
← Your Email



**Henry T Wing Phase II Lottery c/o HousingWorks.net**  
**P.O. Box 231104**  
**Boston, MA 02123-1104**

Fold on this line \_\_\_\_\_

## Four Ways to Apply: Only Pick One!

**You can apply using your cell phone (this is the fastest way).**



- **Open the camera on phone.**
- Aim the camera at the QR code at left.
- Open with your browser.
- Select your language at top right
- It's secure, safe and fast.

**... or, you can apply on your computer.**

- Go to this URL - <https://form.jotform.com/waitlistupdate/hallkeen-henry-t-wing-lottery>

**... or, you can mail this paper application to the address below.**

- Henry Wing Lottery Phase II c/o HousingWorks, P.O. Box 231104, Boston, MA 02123-1104

**...or, you walk this completed application to:**

- Address: 33 Water Street, Sandwich MA 02563 Phone: (781) 915-3055

*Staff: Enter Date/Time Stamp Below*

If you need to update the information you submitted, you'll need to mail HWs at the PO Box you see above left, or email [support@housingworks.net](mailto:support@housingworks.net).

**State your full name, your birthdate, the name of the lottery you applied to, and what you need changed. We will make the changes for you.**



Este documento es importante, por favor tradúzcalo | Este documento é importante, por favor, tê-lo traduzido | Questo documento é importante, si prega di farlo tradurre. Translation Services Available

**PRELIMINARY LOTTERY APPLICATION**

**THIS IS A PRELIMINARY APPLICATION TO ENTER THE LOTTERY.  
If selected, applicants will go through a secondary screening process, which may include checks on criminal history (CORI), income, credit, etc.  
ADDITIONAL DOCUMENTATION WILL BE REQUIRED.**

**Application Date:** \_\_\_\_\_

Property Name: **Henry T. Wing Residences (Phase II)**  
 Address: **33 Water Street**  
 City, State, Zip: **Sandwich, MA 02563**  
 Telephone Number: **(781) 915-3055**  
 TDD#: **Call 7-1-1**

**Return Completed Application To:**

**Henry T. Wing Residences (Phase II)**  
**C/O HousingWorks, Inc.**  
**P.O. Box 231104**  
**Boston, MA 02123-1104**

**APPLICATION FOR ADMISSION**

**Note: Please fill in all sections completely. If a section does not apply, please draw a line through or write "N/A". Failure to do so will result in processing delays or rejection of your application.** If you need help completing this application, please contact the Rental Office.

**Applicant:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Current Address:**

Street	_____	Apt. #	_____
City, State	_____	Zip Code	_____

**Mailing Address:**

Name	_____	Telephone	_____
Street	_____	Apt. #	_____
City, State	_____	Zip Code	_____

**RACE** (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- American Indian/Alaskan Native       Asian       Other (not white or Hispanic)  
 Black or African American (not of Hispanic origin)       Native Hawaiian or Pacific Islander  
 White (not of Hispanic origin)

**ETHNICITY**

- Hispanic or Latino       Non-Hispanic or Latino

**PREFERRED APARTMENT SIZE:** 1<sup>ST</sup> Choice

- 1 BR       2 BR

**PREFERRED APARTMENT SIZE:** 2<sup>ND</sup> Choice

- 1 BR       2 BR

**ADDITIONAL INFORMATION:**

- Do you currently have permanent mobile rental assistance? **You must select one option:**

I do not have mobile rental assistance

I have the following rental assistance:

- MRVP     AHVP     VASH or similar     HCVP or similar Mobile Section 8 Voucher

Which agency or local housing authority administers your assistance? \_\_\_\_\_

- Are you requesting a Hearing/Visual Adapted Unit?       Yes       No

- Are you requesting a Mobility Adapted Unit?       Yes       No

- Do any members of the household have any accessibility or reasonable accommodation requests, changes in a unit or development or alternate ways we need to communicate with you?

Yes       No

If yes, please explain/provide details: \_\_\_\_\_

- Do you or a member of your household consider yourself to be homeless or at-risk of being homeless? (See next page for definition of Homelessness.)       Yes       No

If yes, please explain/provide details: \_\_\_\_\_

**You must submit proof with this application** such as a letter from a shelter or an eviction notice from a landlord.

- Do you currently live in **Sandwich, MA**?       Yes       No

If yes, which household member(s) does this apply to? \_\_\_\_\_?

**You must submit proof with this application** such as a utility bill indicating you name and current address, a current lease, etc.

- Do you currently work in **Sandwich, MA**?       Yes       No

If yes, which household member(s) does this apply to? \_\_\_\_\_?

**You must submit proof with this application** such as a copy of your pay-stub.

- Does any member of the household attend school in **Sandwich, MA**?       Yes       No

**You must submit proof with this application** such as a copy of a current report card.

**Homelessness or At-risk of homelessness and/or homeless is defined as:**

- *Persons living in places not meant for human habitation*
- *in an emergency shelter*
- *in transitional housing*
- *persons who ordinarily sleep on the street or in emergency transitional housing but are spending a short time (30 consecutive days or less) in a hospital or other institution*
- *person being evicted - for reasons not in their control - within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing*
- *being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing*

**FAMILY COMPOSITION:** List all who will occupy the apartment.  
*YOU MUST INCLUDE YOURSELF (Any person not listed will not be allowed to move in)*

<b>FULL NAME OF EACH PERSON IN HOUSEHOLD</b>	<b>RELATIONSHIP TO HEAD OF HOUSEHOLD</b>	<b>DATE OF BIRTH</b>	<b>SEX</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>FULL TIME STUDENT (check one)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
1 _____	Head of Household	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

What is the total annual gross income for the entire household?

- Have you ever been evicted from your home for any reason?  Yes  No  
*An applicant for housing or credit with a sealed record on file with the court pursuant to section 16 of chapter 239 of the General Laws may answer 'no record' to an inquiry relative to that sealed court record.*

• Do You Own Any Pets?  Yes  No  
 If yes, what type: \_\_\_\_\_ Weight: \_\_\_\_\_

• How did you hear about this property? \_\_\_\_\_

**EMPLOYMENT:**

**IS ANY MEMBER OF THE HOUSEHOLD EMPLOYED?**  Yes  No

**If yes, please indicate the income received by each member of your household. List each member by the corresponding number from Page 2.**

**Member #** \_\_\_\_\_

Job Type:  Full-Time  Part-Time  Permanent  Seasonal  Temporary  
 If hourly, rate per hour: \$ \_\_\_\_\_/hr. \_\_\_\_\_ hrs. per wk. # of wks. per year \_\_\_\_\_  
 Do you receive tips?  Yes  No If yes, how much do you average per week? \_\_\_\_\_  
 Gross Earnings (*Before Taxes*): \$ \_\_\_\_\_  Weekly  Bi-weekly  Monthly  Annually

**Member #** \_\_\_\_\_

Job Type:  Full-Time  Part-Time  Permanent  Seasonal  Temporary  
 If hourly, rate per hour: \$ \_\_\_\_\_/hr. \_\_\_\_\_ hrs. per wk. # of wks. per year \_\_\_\_\_  
 Do you receive tips?  Yes  No If yes, how much do you average per week? \_\_\_\_\_  
 Gross Earnings (*Before Taxes*): \$ \_\_\_\_\_  Weekly  Bi-weekly  Monthly  Annually

**Member #** \_\_\_\_\_

Job Type:  Full-Time  Part-Time  Permanent  Seasonal  Temporary  
 If hourly, rate per hour: \$ \_\_\_\_\_/hr. \_\_\_\_\_ hrs. per wk. # of wks. per year \_\_\_\_\_  
 Do you receive tips?  Yes  No If yes, how much do you average per week? \_\_\_\_\_  
 Gross Earnings (*Before Taxes*): \$ \_\_\_\_\_  Weekly  Bi-weekly  Monthly  Annually

**Member #** \_\_\_\_\_

Job Type:  Full-Time  Part-Time  Permanent  Seasonal  Temporary  
 If hourly, rate per hour: \$ \_\_\_\_\_/hr. \_\_\_\_\_ hrs. per wk. # of wks. per year \_\_\_\_\_  
 Do you receive tips?  Yes  No If yes, how much do you average per week? \_\_\_\_\_  
 Gross Earnings (*Before Taxes*): \$ \_\_\_\_\_  Weekly  Bi-weekly  Monthly  Annually

**DOES ANYONE IN THE HOUSEHOLD HAVE OTHER SOURCES OF INCOME** (Other income is income such as *Self-employment (including Ride Share, Uber, Lyft, Door Dash) Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or Grants*)?

Yes  No If yes, list below by household member and income type:

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	\$ _____ per _____ (week, month, year)
_____	_____	\$ _____ per _____ (week, month, year)
_____	_____	\$ _____ per _____ (week, month, year)
_____	_____	\$ _____ per _____ (week, month, year)

**LIST ALL ASSETS**

(Assets include Checking Accounts, Savings Accounts, Venmo, Cash App, Direct Express Cards, EBT, DOR Cards, Pay Cards, 401K Accounts, IRA Accounts, Term Certificates, Money Markets, Stocks, Bonds and Mutual Funds)

**Member #** \_\_\_\_\_

Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ % If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**Member #** \_\_\_\_\_

Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ % If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**Member #** \_\_\_\_\_

Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ % If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**Member #** \_\_\_\_\_

Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ % If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**Member #** \_\_\_\_\_

Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ % If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**DOES ANY HOUSEHOLD MEMBER HAVE OTHER ASSETS such as Real Estate, Cash Value of Life Insurance, Treasury Bills, etc?**

Yes  No If yes, list below:

Household Member	Type of Asset	Value of Asset
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**HAS ANY HOUSEHOLD MEMBER DISPOSED OR GIVEN AWAY ANY ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE LAST TWO YEARS?**

Yes  No If yes, list below:

Household Member	Type of Asset	Value of Asset
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**ADDITIONAL INFORMATION:**

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law?  Yes  No

*If yes*, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).

---

Will *all* of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?  Yes  No

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?  Yes  No

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?  Yes  No

Are any full-time student(s) an AFDC or a title IV recipient?  Yes  No

Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?  Yes  No

Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?  Yes  No

---

***Conflicts Prohibited***

**Stratford Capital Group, CHOICE, Inc.** and HallKeen as its Agent, agree that no HOME, HSF, or AHT assisted unit will be rented to an individual or immediate family member who is an employee, agent, developer, or sponsor of either HallKeen (when acting as the Agent).

This policy addresses HOME Rule at 24 CFR Part 92.356 provisions to provide guidelines and prevent conflict of interest when conducting management activities at properties with HOME funds. These provisions apply to any individual or any member of an individual's immediate family who may have decision making functions or responsibilities at properties with HOME funds.

**POLICY**

Management must implement the necessary procedures to ensure that no HOME assisted affordable housing units are leased to any individual or any member of an individual’s immediate family including those by blood, marriage or adoption, the spouse, parent (including a stepparent), child (including stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, or in-laws, who is an officer, employee, agent, elected or appointed official, or consultant of the owner, developer, or sponsor of a project assisted with HOME funds whether private for profit or non-profit.

Are any members of your household related, employed, acting as agent, developer or sponsor of either **Stratford Capital Group, CHOICE, Inc.** or HallKeen? Yes No

I / We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature. I hereby authorize the Landlord to obtain a consumer credit report and a criminal background report. I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

I / We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

***Signed under the pains and penalties of perjury:***

_____	_____	_____	_____
Head of Household/Applicant	Date	Co-Applicant	Date
_____	_____	_____	_____
Other Adult Household Member	Date	Other Adult Household Member	Date

HallKeen does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in the access or admission to its programs or employment, or in its programs, activities, functions or services.



**Professionally Managed by: HallKeen  
1400 Providence Highway, Suite 1000  
Norwood, MA 02062  
(781) 762-4800**

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

NAME: \_\_\_\_\_

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

\_\_\_\_\_

I, the above-named individual, have authorized HallKeen to verify the accuracy of the information which I have provided to them, from the following sources (specify):

- |                                  |  |
|----------------------------------|--|
| Child Care Expenses              | Veteran’s Benefits   |
| Criminal Activity (CORI)         | Federal, State, or Local Benefits                            |
| Courts                           | Banks, Credit Unions   |
| Family Composition               | IRAs, CDs, 401k, 403b  |
| Law Enforcement Agency           | Interest, Dividends  |
| Credit Bureau                    | Financial Institutions, Brokerages                           |
| Employment                       | Mutual funds   |
| Self-Employment                  | Alimony, Child Support                                       |
| Unemployment Compensation        | Other income-regular Gifts or allowances from another person |
| Pensions                         | Commissions, Tips, Bonus                                     |
| Annuities                        | Landlords, Rental History                                    |
| Social Security                  | Identity & Marital Status                                    |
| Supplemental Security Income     | Handicapped Assistance Expenses                              |
| State Welfare Agencies           | Medical Insurance Premiums                                   |
| State Employment Security Agency | Un-reimbursed Medical Expenses                               |
| Workman’s Compensation           | School & College Tuition Fees                                |
| Health & Accident Insurance      |  |

**I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO:**

HallKeen subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to HallKeen within five (5) days of receipt of this request. I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation.

*Signed under pain and penalty of perjury.*

\_\_\_\_\_  
Head of Household                      Date                      Spouse                      Date

\_\_\_\_\_  
Other Adult Member                      Date                      Other Adult Member                      Date

To: HallKeen

Re: **Release to Obtain Information**

In consideration for being permitted to apply for this apartment at **Henry T. Wing Residences II**, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager employee/agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing, including, but not limited to, credit and criminal background reports.

I, Applicant authorize any person or credit/criminal background checking agency having any information on me, to release any and all such information to the owner/manager employee/agent or credit checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

**All applicants over 18 must sign:**

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Pursuant to fair housing laws, advertising/marketing must not indicate any preference or limitation, or otherwise discriminate based on race, color, disability, religion, sex, familial status, sexual orientation, gender identity, national origin, genetic information, ancestry, children, marital status, or public assistance recipient. This prohibition includes phrases such as “active adult community” and “empty nesters”. Exceptions may apply if the preference or limitation is pursuant to a lawful eligibility requirement.

## NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer time frame. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

**HallKeen**  
**1400 Providence Highway, Suite 1000**  
**Norwood, MA**  
**(781) 762-4800**