



Thank you for your interest in residing at The Pryde.  
**Studio, 1- & 2-Bedroom Senior (62+) Apartment Homes**

## JOIN THE WAITLIST:

- The lottery application period is now closed. However, you may submit a Pre-application to be added to the waitlist to be considered for future occupancy.
- 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 at lease signing.
- All Pre-applications MUST be submitted via US Mail to:  
**The Pryde, 55 Harvard Ave, Attn: MGMT OFFICE, Hyde Park, MA 02136**
- The following income restrictions apply: *(Effective 4/2024, subject to change)*

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
Studio	1 person	\$36,690 - \$57,100	50%	\$1,223
	2 people	\$36,690 - \$65,300		
	1 person	\$44,490 - \$68,520	60%	\$1,483
	2 people	\$44,490 - \$78,360		
	1 person	\$48,300 - \$91,200	80%	\$1,610
	2 people	\$48,300 - \$104,200		
	1 person	\$66,660 - \$114,200	100%	\$2,222
	2 people	\$66,660 - \$130,600		
1 Bedroom	1 person	\$39,210 - \$57,100	50%	\$1,307
	2 people	\$39,210 - \$65,300		
	1 person	\$44,460 - \$68,520	60%	\$1,482
	2 people	\$44,460 - \$78,360		
	1 person	\$57,960 - \$91,200	80%	\$1,932
	2 people	\$57,960 - \$104,200		
	1 person	\$70,350 - \$114,200	100%	\$2,345
	2 people	\$70,350 - \$130,600		
2 Bedroom	2 people	\$53,310 - \$78,360	60%	\$1,777
	3 people	\$53,310 - \$88,140		
	4 people	\$53,310 - \$97,920		
	2 people	\$73,350 - \$104,200	80%	\$2,445
	3 people	\$73,350 - \$117,250		
	4 people	\$73,350 - \$130,250		
	2 people	\$84,060 - \$130,600	100%	\$2,802
	3 people	\$84,060 - \$146,900		
4 people	\$84,060 - \$163,200			

### FOR MORE INFORMATION:

ThePryde.com | ThePryde@Pennrose.com  
 T: 781.558.9273 | TTY: 711

**PENNRose**  
 Bricks & Mortar | Heart & Soul



MAIL TO: 55 Harvard Avenue  
 Attn: MGMT OFFICE  
 Hyde Park, MA 02136

Phone: 781.558.9273  
 Fax: 617.850.8682  
 Email: ThePryde@pennrose.com  
 TTY: 711



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:  
 The Pryde, 55 Harvard Ave, Attn: MGMT OFFICE, Hyde Park, MA 01236**

**HEAD OF HOUSEHOLD**

Pronoun(s): \_\_\_\_\_

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

GENDER IDENTITY OR EXPRESSION:  Male  Female  Non-Binary  Other: \_\_\_\_\_  Choose Not to Share

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: \_\_\_\_\_

*Google/Newspaper/LGBTQ Senior Housing/Metrolist/Signage/Etc.*

DRIVER LICENSE NUMBER: \_\_\_\_\_

**HOUSEHOLD MEMBERS**

Name	DOB	Gender	Relationship	Soc. Sec. Number	DL State & Number

**ANNUAL HOUSEHOLD INCOME**

*(Gross Income Before Deductions)*

*(Circle One)*

Gross Employment/Wages	\$	per	Year / Month
Social Security Income	\$	per	Year / Month
Social Security Disability Income	\$	per	Year / Month
Public Assistance (Welfare/TANF)	\$	per	Year / Month
Child Support	\$	per	Year / Month
Pension	\$	per	Year / Month
Payments from Gig Income (Uber, Lyft, Instacart, Venmo, Cash App, etc)	\$	per	Year / Month
Assets (Approximate Total Balance of Checking, Savings, 401(k), IRA, etc.)	\$	per	Year / Month
Other Income (Please Specify):	\$	per	Year / Month



**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
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 <sup>st</sup> Preference:	2 <sup>nd</sup> 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: \_\_\_\_\_

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Important: You must notify us promptly should any information on this application change**

July 2024

