SKYVIEW DOWNTOWN

10 Chestnut Street, Springfield, MA 01103

We offer homes through three affordable programs; each designed for a different income range. Review all sections in their entirety. Our team is available if you have any questions!

The Programs We Offer

SECTION 8	TAX CREDIT	WORKFORCE
For households with the **lowest incomes.** You pay about **30% of your income** for rent.	For **lower-income** households. Rent is a **fixed, affordable** amount.	For moderate-income household. Rent is **fixed.**

Step 1 · Check your income

Find your household size in the first column. This includes ***all*** household members. To qualify for a program, your household's **gross total yearly income (before taxes)** must **meet the minimum income and not exceed the maximum income shown below.**

Household size	Section 8 Minimum Income: $0	Tax Credit Minimum Income: 2.5x the rent	Workforce Minimum Income: 61% AMI
1 person	$46,000	$55,200	$78,200
2 people	$52,550	$63,060	$89,335
3 people	$59,200	$71,040	$100,640
4 people	$65,750	$78,900	$111,775
5 people	$71,050	$85,260	$120,785
6 people	$76,300	$91,560	$129,710
7 people	$81,550	$97,860	$135,635
8 people	$86,800	$104,160	$147,560

Step 2 · Monthly Rent (subject to change)

Apartment	Section 8	Tax Credit	Workforce
1 Bedroom	~30% of household income	$1,478	$1,450
2 Bedroom		$1,776	$1,750
3 Bedroom		$2,052	$2,100

ALL Utilities are included.

A few things to know

Section 8 — No minimum income. If you qualify, you can apply and join our waitlist!

Tax Credit — If you don't have a housing voucher, you'll need to earn at least about 2.5 times the monthly rent. (With a voucher, this doesn't apply.) We're accepting applications for our waitlist for this program!

Workforce — Your income needs to be at least 61% AMI — we may have move-in ready apartments available for this program! Contact our office for current availability.

Ready to apply?

1. Use the charts above to see which program(s) fit your household size and income.
2. Fill out an application to be added to our waitlist or start the approval process for an apartment home, if available.
3. Connect with our Leasing Team!

Questions? We're happy to help.

Call or Email the Skyview Downtown leasing office:

413.731.0900 or SkyviewDowntown@Related.com

Equal Housing Opportunity.

This is a general guide. Income limits and rents are set each year and may change; final eligibility is confirmed once income is verified. Income limits effective May 1, 2026.

Application For Occupancy

Skyview Downtown
10 Chestnut Street
Springfield, MA 01103
Phone: (413) 731-0900
Fax: (413) 731-0905
TTY: 1-800-439-2370

For Related Affordable Office Use Only:

Date Received: _____

Application #: _____

Skyview Downtown is a Smoke-Free Community

This application is to be completed by the head of household. All questions must be answered. If any questions are left blank, the application will be returned. If a question does not apply, please write "N/A." Head of household and all adult family members must sign the last page.

Head of Household Full Name:		
Street Address/Apartment Number:	City, State:	Zip Code:
Home Phone: ( ) -	Secondary Phone: ( ) -	Email Address:
Check which size units you would like to be considered for: ☐ One Bedroom ☐ Three Bedroom ☐ Two Bedroom ☐ Four Bedroom	Are you are requesting a unit with special accommodations for any member of your household due to the following disabilities? ☐ Mobility ☐ Visual ☐ Hearing	
Check "Yes" if you have been displaced by one of the following state declared disasters: a) Urban Renewal Area; b) Disaster such as fire or flood; c) Government or state action; or d) Presidential-declared disaster: ☐ Yes ☐ No		

Housing Status

Complete each category as applicable, or write "N/A."

Current Landlord Name/Address:		Landlord Phone: ( ) -
Current Managing Agent Name/Address:		Managing Agent Phone: ( ) -
Check the size of your current residence: ☐ One Bedroom ☐ Three Bedroom ☐ Two Bedrooms ☐ Other:	How long have you lived at this address? ____Years ____Months	Is the lease in your name? ☐ Yes ☐ No
Are you sharing your apartment? ☐ Yes ☐ No	Total monthly rent for your apartment: $	Your portion of monthly rent: $
Does your current rent include utilities? ☐ Yes ☐ No	Average monthly utility expenses: $	Is your landlord a relative? ☐ Yes ☐ No
Do you pay your own rent? ☐ Yes ☐ No	If not, who does?	Reason for wanting to move:
Do you currently have a portable Section 8 voucher? ☐ Yes ☐ No	Is your current rent subsidized through Section 8? ☐ Yes ☐ No	
Are you currently without a regular nighttime residence? ☐ Yes ☐ No	Are you relocating due to violent or unsafe conditions? ☐ Yes ☐ No	
Previous Landlord Name/Address:		Previous Landlord Phone: ( ) -
Previous Managing Agent Name/Address:		Previous Managing Agent Phone: ( ) -
Previous monthly rent: $	Reason for moving:	
Please list **all states** in which any household member has previously resided:		
If you or a member of your household was 62 years of age or older as of January 31, 2010 and do not have a social security number, state if you were receiving HUD rental assistance at another location on January 31, 2010:		

Household Information

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, live-in aides, etc.).

Household Member Full Name:	Relationship to Head of Household:	Sex: (Male, Female, or Decline to Answer)	Date of Birth:	Last 4 digits of SSN:
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				
7.				
Please list all household members who have served in the **U.S. military**:				

Income from Employment

*List all **current** full-time and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) If you do not currently receive income from employment, please write "N/A." See next page for non-employment sources of income.*

Household Member Full Name:	Occupation:	Employer Name/Address/Phone:	Start Date:	Gross Earnings (Before Deductions and Taxes):
1		_____ _____ ( ) -		$_____ ☐ Weekly ☐ Monthly ☐ Yearly
2.		_____ _____ ( ) -		$_____ ☐ Weekly ☐ Monthly ☐ Yearly
3.		_____ _____ ( ) -		$_____ ☐ Weekly ☐ Monthly ☐ Yearly
4.		_____ _____ ( ) -		$_____ ☐ Weekly ☐ Monthly ☐ Yearly
5.		_____ _____ ( ) -		$_____ ☐ Weekly ☐ Monthly ☐ Yearly
6.		_____ _____ ( ) -		$_____ ☐ Weekly ☐ Monthly ☐ Yearly
7.		_____ _____ ( ) -		$_____ ☐ Weekly ☐ Monthly ☐ Yearly

Income from Other Sources

List any and all other income sources not previously reported, including but not limited to: Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, etc. If you do not have any sources of additional income, please write "N/A."

Household Member Full Name:	Type of Income:	Income Amount:
1.		$ ☐ Weekly ☐ Monthly ☐ Yearly
2.		$ ☐ Weekly ☐ Monthly ☐ Yearly
3.		$ ☐ Weekly ☐ Monthly ☐ Yearly
4.		$ ☐ Weekly ☐ Monthly ☐ Yearly
5.		$ ☐ Weekly ☐ Monthly ☐ Yearly
6.		$ ☐ Weekly ☐ Monthly ☐ Yearly
7.		$ ☐ Weekly ☐ Monthly ☐ Yearly

Assets

Complete each category as applicable, or write "N/A."

Checking Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: $ as of / /
Name/Address of Bank		
Additional Checking Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date $ as of / /
Name/Address of Bank		
Savings Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date $ as of / /
Name/Address of Bank		
Money Market Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date $ as of / /
Name/Address of Bank		
Certificate of Deposit Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date $ as of / /
Name/Address of Bank		
401K/Other Retirement Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date $ as of / /
Name/Address of Bank		
Do you receive income in the form of a **pre-paid debt card** (e.g. Direct Express, EBT, etc.)? ☐ Yes ☐ No		Current Balance as of Last Statement Date $ as of / /

Do you own any **stocks/bonds**? ☐ Yes ☐ No	If yes, what is the current value? $
Do you own any **savings bonds**? ☐ Yes ☐ No	If yes, what is the current value? $
Do you own any **real estate**? ☐ Yes ☐ No	If yes, what is the current value? $
Have you ever owned any real estate? ☐ Yes ☐ No	If yes, when? _____ When was it sold? _____ For how much? $ _____
Has any adult family member sold, given away, or otherwise disposed of any assets for less than fair market value during the past two years? ☐ Yes ☐ No	If yes, list each asset and the amount received for each asset:: Type of Asset _____ Amount $ _____ Type of Asset _____ Amount $ _____ Type of Asset _____ Amount $ _____

Student Status

List all household members that are currently enrolled in an educational program, or write "N/A."

Full Name of Student:	School Name/Address/Phone:	Enrollment Status:
1.	_____ _____ ( ) -	☐ Full-Time ☐ Part-Time
2.	_____ _____ ( ) -	☐ Full-Time ☐ Part-Time
3.	_____ _____ ( ) -	☐ Full-Time ☐ Part-Time
4.	_____ _____ ( ) -	☐ Full-Time ☐ Part-Time
5.	_____ _____ ( ) -	☐ Full-Time ☐ Part-Time
6.	_____ _____ ( ) -	☐ Full-Time ☐ Part-Time
7.	_____ _____ ( ) -	☐ Full-Time ☐ Part-Time

Child Care and Medical Expenses

Complete each question as applicable, or write "N/A."

Do you pay for child care expenses for any household member under the age of 13? ☐ Yes ☐ No Names of children requiring child care:	If yes, name/address/phone of child care provider: _____ _____ ( ) -		Estimate of monthly child care costs: $
If you are 62 or older or disabled, do you anticipate any medical and/or health related expenses for the next 12 months that are not reimbursed by any medical plan/insurance? ☐ Yes ☐ No ☐ N/A	If yes, please indicate the estimated yearly expense amount: $	Amount of monthly Medicare premium: $	Amount of other medical insurance monthly costs: $

Reasonable Accommodation or Modification Requests

If you or any member of your household has a disability, as defined in Section 223 of the Social Security Act, please note below as to how your needs may be accommodated. If applicable, please include any special unit features which may be required. A Reasonable Accommodation may include a wheelchair accessible unit, grab bars, a service animal or etc.
Do you or any member of your household have a disability as defined in Section 223 of the Social Security Act? ☐ Yes ☐ No If so, do you or any member of your household require a reasonable accommodation, i.e. a wheelchair accessible unit, grab bars, a service animal or etc.? If so, please indicate: _____

Program Information

Complete each category as applicable, or write "N/A."

Do you presently reside in a development where your rent is based upon your income? ☐ Yes ☐ No	If yes, explain:
Was any household member, age 62 or older as of January 31, 2010, receiving HUD rental assistance at another location?	
How did you hear about our development?	Why are you applying to our development?
Were you or any member of your household ever convicted of a felony? ☐ Yes ☐ No	If yes, when?
Explain circumstances briefly:	
Have you or any member of your household ever been evicted? ☐ Yes ☐ No	If yes, when?
If yes, was the eviction from federally assisted housing for drug-related criminal activity? ☐ Yes ☐ No	
Explain circumstances briefly:	
Has anyone in your household been convicted of violating any drug-related laws? ☐ Yes ☐ No	If yes, when?
Explain circumstances briefly:	
Is anyone in your household currently engaged in the use of illegal drugs? ☐ Yes ☐ No	
Explain circumstances briefly:	
Is anyone in your household engaged in a pattern of alcohol abuse that could interfere with others' health, safety and right to peaceful enjoyment? ☐ Yes ☐ No	
Explain circumstances briefly:	
Is any member of your household subject to a state sex offender lifetime registration requirement? ☐ Yes ☐ No	

You have certain rights under federal, state, and local laws with respect to your consumer report. In evaluating your application, a consume reporting agency listed below may provide us with information.

Credit Bureaus:

- **Experian (TRW), Attn: NCAC, P.O. Box 2002, Allen, TX 75013 (888) 397-3742**
- **TransUnion, Consumer disclosure center, 2 Baldwin Place, P.O. Box 1000, Chester, PA 19022 (800) 888-4213**
- **Equifax (CBI), PO Box 740241, Atlanta, GA 30374 (800) 685-1111**

Civil Records:

- **First American Registry, Inc., Attn: Consumer Relations, 11140 Rockville Pike, PMB 1200, Rockville, MD 20852 (888) 333-2413**

Additionally, you have a right to (1) inspect and receive one free copy of such report by contacting the consumer reporting agencies listed above; (2) obtain a free copy of the report from each national consumer reporting agency annually, and/or a report from www.annualcreditreport.com; and (3) dispute any inaccurate information in the report with the consumer reporting agency.

By signing, you authorize us to contact any references listed and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information.

_____ _____

Signature of Head of Household **Date**

WARNING: MISLEADING WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT FOR FULL COMPLETION (ONLY ONCE).

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____ _____

Signature of Head of Household **Date**

_____ _____

Signature of Applicant Over Age 18 **Date**

_____ _____

Signature of Applicant Over Age 18 **Date**

Demographic Data

The following information is required only to determine program utilization for statistical purposes. This information will not affect the processing of this application.

Gender: ☐Male ☐Female ☐Decline to Answer	**Ethnicity:** ☐Hispanic or Latino ☐Not Hispanic or Latino
Race: ☐American Indian or Alaskan Native ☐Asian ☐Black or African American ☐Native Hawaiian or Other Pacific Islander ☐White	

Attention

Please do not submit more than one application per household or copies of an application.

The filing of this application in no way guarantees you an apartment.

Positively no pets, large appliances, or waterbeds are permitted without the owner's prior written approval and signed agreement.

We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.

Skyview Downtown *does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federa programs and activities. A senior executive has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). You may address your request for review or reconsideration to: Fair Housing Officer, RA Management, LLC, 30 Hudson Yards, 72nd fl., NY, NY 10001, (212) 801-1000, TTY 771..*

EQUAL HOUSING OPPORTUNITY