

AFFORDABLE HOUSING APPLICATION

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

Dear Applicant: Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. APPLICANT INFORMATION

Applicant's legal name _____ Email _____ Home Phone _____ Age _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <small>(including, single, divorced, widowed)</small>	Co-applicant's legal name _____ Email _____ Home Phone _____ Age _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <small>(including, single, divorced, widowed)</small>
--	---

Household information

Number of bedrooms needed: _____

Names of all Person to Reside in Dwelling (first, middle initial, last)	Relation to Head of HH	Age	Date of Birth	Gender

Present address (street, city, state, zip) Own Rent Number of years _____

Are you a first-time homebuyer as defined in the information section of this application? Yes No

Property - Do you own or have an interest in any real estate, land and/or mobile home? Yes No

Address: _____ Current Value: _____

Do you currently own or have you sold real estate or other property in the past three years? Yes No

If yes, attach settlement statement or current tax bill

When: _____ Address: _____

2. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Date Received _____	Date of adverse action letter _____
Date of notice of incomplete application letter _____	Date of Purchase and Sale _____

3. INCOME AND ASSETS

List all income of all household members over the age of 18 listed on application to reside in the unit, such as wages, child support, Social Security benefits, all types of pensions, employment, Unemployment Compensation, Workman's Compensation, alimony, disability or death benefits and any other form of income; including rental income from property. Adults with no income are required to submit a notarized statement.

Monthly Income				
Income Source	Applicant	Co-applicant	Others in Household	Total
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 Housing	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

Please note: Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements	Household Members Whose Income is Listed Above				
	Name	Income Source	Monthly Income	Date of Birth	

List all checking savings, and retirement accounts, as well as CD's, stocks, bonds, savings bonds, and any other investments below. If additional space is needed please attach another sheet. Household assets do not include necessary personal property (ie: clothing, furniture, etc)

Assets				
Type of Asset	Name of bank, savings and loan, credit union, etc.	Location of bank, etc.	Account Number	Current Balance
Checking Account				\$
Savings Account				\$
Retirement Account				\$
Other _____				\$
Other _____				\$
Other _____				\$
Other _____				\$
			TOTAL	\$

4. APPLICANT(S) CERTIFICATION

I/We certify that our household size is ____ persons, as documented herein.

I/We certify that our total household income equals \$_____, as documented herein.

I/We certify that our household has assets totaling \$_____, as documented herein.

I/We certify that the information in this application and in support of this application is true and correct to the best of my/our knowledge and belief under full penalty of perjury. I/We understand that false or incomplete information may result in disqualification from further consideration.

I/We understand that it is my/our obligation to secure the necessary mortgage for the purchase of the home and all expenses, including closing costs and down payments, are my/our responsibility.

I/We understand the provisions regarding resale restrictions and agree to the restriction: I/We must notify the Monitoring Agent when I/we wish to sell. The unit can't be refinanced without prior approval the Monitoring Agent, no capital improvements can be made without the Monitoring Agent pre-approval; the unit must be owner's primary residence; the resale price is calculated according to the Deed Rider; and an increase in equity is very minimal to ensure affordability over time; the Deed Rider remains in effect in perpetuity. All prospective buyers are advised to review the Deed Rider with their own attorney to fully understand its provisions.

I/We have been advised that a copy of the Universal Deed Rider is available with the Lottery Agent and on the MassHousing website.

I/We understand that if I/we are selected to purchase a home, I/we must continue to meet all eligibility requirements of the Lottery Agent and any participating lender(s) until the completion of such purchase. I/We understand that I/we must be qualified and eligible under any and all applicable laws, regulations, guidelines, and any other rules and requirements. I/We understand that the Lottery Agent makes no representation on the availability of the unit.

My/our signature(s) below gives consent to the Lottery Agent or its designee to verify information provided in this application. I/we agree to provide additional information upon request to verify the accuracy of all statements in this application. No application will be considered complete unless signed and dated.

Applicant Signature

Date

Co-Applicant Signature

Date

THIS IS APPLICATION IS ONLY FOR THIS SPECIFIC UNIT