

# Application



This application can be used for any of the affordable and workforce units currently being sold and rented in SouthField. For details on rents, home prices, development and unit amenities, as well as application deadlines, lottery details and/or first-come, first-served process, please read the corresponding information packets.

<u>HOUSEHOLD SIZE</u>	<u>80% AMI INCOME LIMIT</u>	<u>120% AMI INCOME LIMIT</u>
1	\$ 44,950	\$81,060
2	\$ 51,400	\$92,640
3	\$ 57,800	\$104,220
4	\$ 64,200	\$115,800
5	\$ 69,350	\$125,060
6	\$ 74,500	\$134,320

**There is no asset limit for workforce for-sale homes to households below the 120% AMI Income Limits (and above the 80% AMI Income Limits) or ANY of the affordable or workforce rental units. Maximum Household Assets are \$75,000 for affordable for-sale homes available to households below the 80% AMI Income Limits. Please see the Information Packets for definitions of assets and income.**

Please read the Information Packet for more details. For Questions call (617) 782 6900.

## Directions:

**All households must submit ALL documentation as directed by this Application.**

This application consists of three sections: The first two sections must be filled out entirely in order for your application to be processed. LEAVE NOTHING BLANK. Applicant eligibility shall not be based on race, color, religion, national origin, gender, age, disability, ancestry, marital status, family status, veteran or military status, sexual orientation, genetic characteristics, or status as a person who is a recipient of federal, state or public assistance

Send Completed Applications to: SEB, 165 Chestnut Hill Ave #2, Brighton, MA 02135



# **Section 1**

## **The Program Application**

# SouthField Application

Name \_\_\_\_\_ Home Tel. # \_\_\_\_\_

Address \_\_\_\_\_ Work Tel. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email (if available) \_\_\_\_\_

## HOUSEHOLD MEMBERS:

List **ALL** household members who will occupy the affordable home:

Name	Date of Birth	Sex	SS#	Relationship

## HOUSEHOLD TYPE (please check one):

- 6 person household: all types
- 5 person household: all types
  
- 4 person household: all types
- 3 person household: 1 head-of-household plus 2 members
- 3 person household: 2 heads-of-household plus one member, where heads of household *cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health*
  
- 3 person household: 2 heads-of-household plus 1 member
- 2 person household: 2 heads-of-household *who cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health*
- 2 person household: 1 head-of-household plus one member
  
- 2 person household: 2 heads-of-household
- 1 person household: all types

## DATABASE INFORMATION

How did you find out about this affordable housing opportunity?  
 (please be as specific as possible, if found "online" please provide web address)

## PREFERENCE INFORMATION

You are requested to complete the following *optional* section in order to assist in determining preference. Completing this section may qualify you for additional lottery pools. (Please check all the boxes that apply):

	APPLICANT	CO-APPLICANT	DEPENDENT
<b>Black or African American</b>			
<b>Hispanic or Latino</b>			
<b>Asian</b>			
<b>Native Hawaiian or Pacific Islander</b>			
<b>Native American or Alaska Native</b>			
<b>Other (not White)</b>			
<b>White/Non-Minority</b>			

For **Local Preference**, circle the appropriate answer for the following 2 questions:

Are you or any member of your household a current resident of Abington, Rockland, Weymouth, including the former Naval Air Station (NAS) South Weymouth YES NO

Are you or any member of your household a current employee of the towns of Abington, Rockland, or Weymouth or an employee of the South Shore Tri-Town Development Corporation? YES NO

Are you or any member of your household the current employee of a facility within the Central Redevelopment Area? YES NO

For **Preference for a disabled-accessible unit**, circle the appropriate answer for the following question:

Are you, or any member of your household, in need of an accessible unit? YES NO  
 (This is defined as persons with a physical or mental disability that meet standards established by the Department of Housing and Community Development and state laws for disabled housing)

*Verification of the need for an accessible unit can be provided through documentation from a health care provider. Documentation should only identify you (or the member of your household) as a person with a disability. It should not indicate the nature or the severity of the disability. All documentation will be maintained as confidential by the Lottery Agent.*

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you? If yes, please explain: YES NO

## UNIT AND DEVELOPMENT INFORMATION

Please **circle** ALL the units for which you are applying:

### For Sale:

*(Your household income must be below 120% of AMI and above 80% AMI, please see the coverpage)*

The Meadows

3BR units sold for \$318,400

*(units currently available on a first-come, first-served basis)*

The Townhomes at Parkview Village

3BR unit sold for \$304,900

*(Applications due Nov 1<sup>st</sup>, units ready in March 2012, if more than one household applies there will be a lottery in November, 2011)*

What is the *estimated* total net value of your assets?

*(Please see page 11 for what counts as assets)*

Box 1

What is the size of the loan in your mortgage pre-approval?

*(Households who have enough net assets to cover the cost of a home do not need a mortgage pre-approval)*

Box 2

What is the total of Box 1 + Box 2?

Box 3

**(If Box 3 is less than the purchase price for any of the units you circled above, your application will not be accepted for that particular development.)**

If there are any other Units in SouthField not listed above that you wish to apply for, please list them below:

Development Name:

Bedroom Sizes:

Sales Prices or Rents:

Development Name:

Bedroom Sizes:

Sales Prices or Rents:

## HOMEOWNERSHIP

**(please complete this is applying for a for-sale home):**

Has anyone listed on this application owned a home in the past 3 years or does anyone on this application currently own a home? **YES NO**

**If you answered NO, please move on to Preference Information on the next page.  
If you answered YES, please answer all the following questions.**

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To qualify as an **age-qualified household**, please answer the following question about the person that has owned a home in the past 3 years or who currently owns a home:

Are they age 55 or older? **YES NO**

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If you believe you may qualify as a **displaced homemaker**, please answer the following questions about the person that has owned a home in the past 3 years or currently owns a home:

Are they are an adult? **YES NO**  
Have they owned a home only with a partner or spouse? **YES NO**  
While married did they not work full-time, full year in the labor force but worked primarily without remuneration to care for the home or family? **YES NO**  
Are they currently legally separated from a spouse? **YES NO**  
Has the home in question already been sold? **YES NO**

**If you answered NO to the last two questions you are still eligible for the lottery but you must finalize your separation and/or sell your home before you will be given an opportunity to purchase an affordable unit.** Please read the Information Packet for more details.

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To qualify as a **single parent**, please answer the following questions:

Do you have 1 or more child of whom you have custody or joint custody, or are you pregnant? **YES NO**  
Did you own a home with your partner or reside in a home owned by your partner? **YES NO**  
Has the home in question already been sold? **YES NO**  
Are you unmarried or legally separated from your spouse? **YES NO**

**If you answered NO to the last two questions you are still eligible for the lottery but you must finalize your separation and/or sell your home before you will be given an opportunity to purchase an affordable unit.** Please read the Information Packet for more details.

## Instructions for Completing the Following Income Table

- In Section 3 of this application, you will be asked multiple questions about your information in the following Income and Asset tables.
- List ALL CURRENT sources of income as requested below for ALL household members over 18 years old. Income from a household member who is 22 years of age or younger and who is a fully matriculated college student will not count toward your income limit **but their income must still be listed here and documentation must be sent in.**
- Please note that the Income Table is 2 pages and **income from Social Security, Pension, interest etc. is all on the second page of the table.**
- If you have left a job since January 1, 2010 and are no longer receiving income, do NOT list it in this table.
- For self-employed applicants- include the employer, contract or job name in the space provided.
- For periodic payments (like Social Security and child support) please include the amount received per week or per month (*ex: \$100/mo*) in the space provided under "Source of Income". Then provide the appropriate amount under "Current GROSS Monthly Income" (*ex: \$1,200*).
- "Interest Income" refers to any amount that you receive from any asset including amounts that you may be drawing down from a retirement account or 401K.
- You must provide Net Cash Value of all Retirement Accounts (i.e. the cash value of your retirement if you were to withdraw the entire amount and pay all the penalties and charges for early withdrawal.)
- For any section that doesn't apply, cross out or write NA.

## INCOME

Household Member Name	Source of Income	Current GROSS Monthly Income
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Self-Employed (source name)	
	Self-Employed (source name)	
	Self-Employed (source name)	
	Self-Employed (source name)	
	Child Support/Alimony	
	Child Support/Alimony	
	Periodic payments from family/friends	
	Periodic payments from family/friends	
	Other Income (name/source)	
	Other Income (name/source)	

Household Member Name	Source of Income	Current GROSS Monthly Income
	Social Security	
	Social Security	
	Social Security	
	Social Security	
	SSDI	
	SSDI	
	Unemployment Compensation	
	Workman's Compensation	
	Severance Pay	
	Pension (list source)	
	Pension (list source)	
	Retirement Funds	
	Title IV/TANF	
	Full-Time Student Income (18 & Over Only)	
	Full-Time Student Income (18 & Over Only)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Total Gross Monthly Household Income (TGMHI)	\$ /month
TGMHI x 12 =	Anticipated Gross Yearly Household Income	\$ /year

ANTICIPATED CHANGES IN INCOME (please check one)	YES	NO
<p>1. Is your Anticipated Gross Yearly Household Income (written in the last box at the end of the income tables on the previous pages) <b>greater than the Allowable Income Limits</b> for a household of your size as specified on the cover page of this Program Application?</p> <p>If <b>YES</b>, please explain why you think your household is still eligible for entrance into this Lottery (<i>ex: upcoming maternity leave, planned change in employment etc.</i>):</p> <p><i>All claims made above must be supported with documentation submitted with this application.</i></p>		
<p>2. Are there any planned changes in income over the next 12 months?</p> <p>If <b>YES</b>, please explain:</p> <p><i>All claims made above must be supported with documentation submitted with this application.</i></p>		

## ASSETS

This table needs to be completed for applicants of EVERY type of unit. If a section doesn't apply, cross out or write NA. You need to submit detailed statements for EVERY ASSET listed.

	Name on Account	Bank	Amount	
Checking Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Trust Account			Balance \$	
Certificates (or CDs)			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Bonds	Maturity Date:		Value \$	
	Maturity Date:		Value \$	
401k, IRA, Retirement Accounts (Net Cash Value)	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
Mutual Funds	Name:	# of Shares:	Interest/Dividends	Value
			\$	\$
			\$	\$
			\$	\$
Stocks			\$	\$
			\$	\$
			\$	\$
Bonds			\$	\$
			\$	\$
Investment Property			Appraised Value \$	
<b>Anticipated Money Gifted to you by friends or family for Down Payment Assistance</b>			\$	

## REAL ESTATE

Do you currently own a home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location of property:	\$	
Appraised Market Value:	\$	
Mortgage or outstanding loans balance due:	\$	

# Section 2

# The Required Forms and Documentation Worksheet

Please answer each of the following questions, attach all requested documentation, complete all applicable forms, and check all applicable boxes.

**Every time you answer “YES”, you MUST submit the requested documentation.**

Only send copies of income/asset documentation.  
We do not want originals.

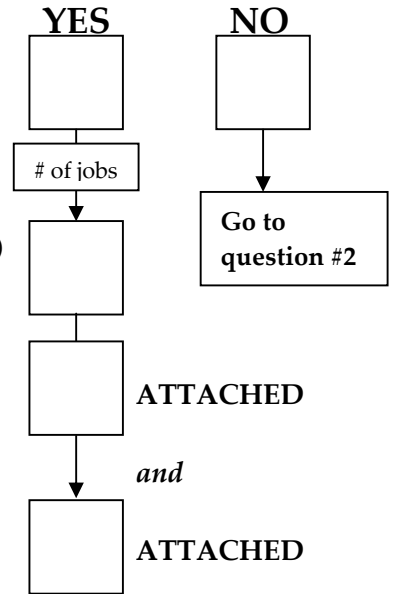
## Current Employment Questions

1. Is anyone in your household currently employed?  
(NOT including self-employment)

How many of the jobs on page 8 of the Program Application are currently being worked? (NOT including self-employment)

For **every** job listed here you need attach BOTH:  
Copies of the 5 most recent pay-stubs  
(If you do not receive pay-stubs you will need to attach a note from the employer on company letterhead stating your tenure and Year To Date amount)

- a) Attach copies of your 2010 W-2s  
(if a job was started after January 1, 2010, write NA)



Example of a pay-stub:

Employee Name		SS#	Period End	Check Date	Check No.	Check Amount
Bbbbbb,Bbbbb B		111-66-7777	10/23/99	11/03/99	208	*****515.40
Description	Hours	Rate of Pay	Earnings	Deductions	Current	Y-T-D
Reg Pay	6.00	13.65	81.90	Fed Tax	66.39	1,830.67
Vacation	28.00	13.65	382.20	FICA SS	40.32	985.59
Ben Bank	1.00	90.08	90.08	FICA Med	9.43	230.50
Misc	7.00	13.65	95.55	PA ST TX	18.19	445.06
				Swat Tax	.00	10.00
						VACATION 41.24
						Leave Balance As of 10/23/99
Description	Current	Y-T-D				
GROSS PAY	649.73	15,895.44				
TOTAL DEDUCTIONS	134.33					
NET PAY	515.40					

SWARTHMORE COLLEGE - Swarthmore, PA. 19081

Example of a blank W-2 (these are provided by your employer for your taxes):

a Control number		22222	Void <input type="checkbox"/>		For Official Use Only -> OMB No. 1545-0046	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Employer's social security number			9 Advance EIC payment		10 Dependent care benefits	
e Employer's first name and initial		Last name	11 Nonqualified plans		12a See instructions for box 12	
			13 State income tax		12b	
			14 Other		12c	
					12d	
f Employer's address and ZIP code			15 State		16 State wages, tips, etc.	
			17 State income tax		18 Local wages, tips, etc.	
			19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2006** Department of the Treasury—Internal Revenue Service  
Copy A For Social Security Administration — Send this entire page with Form W-2 to the Social Security Administration; photocopies are not acceptable. Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page

## Income Questions

2. Did you list any sources of Income on page 9 of this application?  
*(ie: Social Security, SSDI, Pensions, Unemployment, Public Assistance, TANF, Veteran's Benefits, Retirement, Student Income, Interest Income etc.)*

YES

NO



# of sources

How many sources of Income did you list on page 9?

Go to question #3

For **every** source of income listed, regardless of the amount of income received (even just \$1), you need to:

- Attach copies of your most recent statements from the source of income.
- Attach copies of your most recent 1099s from the source of income *(if received)*.

*If you do not receive statements* (i.e. the amounts are direct deposited), please submit 3 months checking account statements and highlight the appropriate deposits.

ATTACHED

Example of a blank 1099:

9595		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-0115	
PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	\$	2006 Form 1099-MISC	
		2 Royalties	\$	Miscellaneous Income	
		3 Other income	\$	4 Federal income tax withheld	
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	\$	6 Medical and health care payments	
RECIPIENT'S name		7 Nonemployee compensation	\$	8 Substitute payments in lieu of dividends or interest	
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	\$	10 Crop insurance proceeds	
City, state, and ZIP code		11	\$	12	
Account number (see instructions)	2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments	\$	14 Gross proceeds paid to an attorney	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	\$	17 State/Payer's state no.	18 State income
\$	\$	\$	\$	\$	\$

Form 1099-MISC -41-0952411 Department of the Treasury - Internal Revenue Service  
**Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page**

### Past Employment Questions

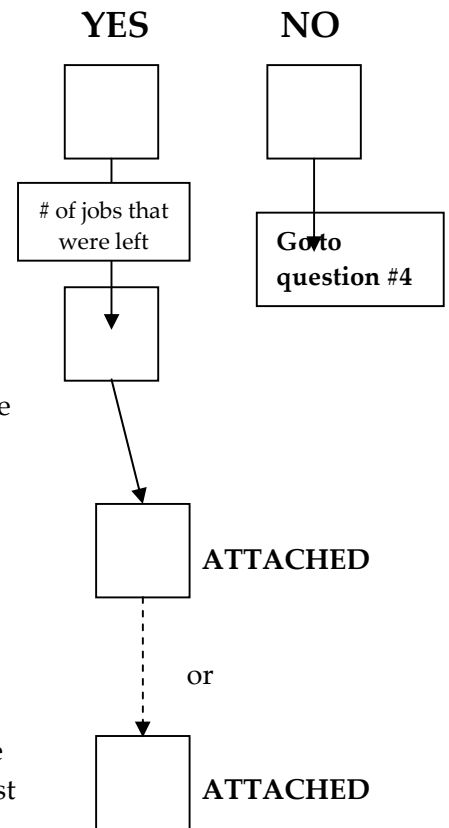
- 3.** Did anyone in your household leave a job between today's date and January 1<sup>st</sup> of 2010?

For **each** job listed here, regardless of the amount of income received, you need to attach **one** of the following:

- a) Attach a letter from the employer on company letterhead Verifying your last day of employment.

OR

- b) Attach a copy of the last pay-stub from 2010 along with the matching 2010 W-2. The YTD amount on the pay-stub must match the wages shown on the W-2. (*Only valid for jobs left before December 1<sup>st</sup>, 2010*)



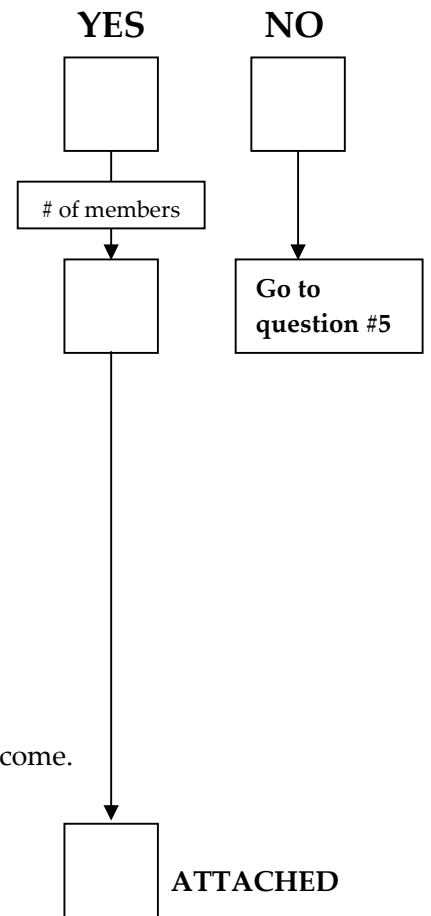
## Self-Employment Questions

4. Is anyone in your household currently self-employed?

How many household members are self-employed?

For each self-employed job, complete the attached "Self-Employment Income Affidavit" in the back of this application. Be sure to include (all that apply):

- a) Copies of all 2010 1099s (*or most recent*)
- b) A Copy of Schedule C of your 2010 1040s (*or most recent*)
- c) Copies of current financial statements,
- d) Accountant's statements of Net Business Income
- e) Copies of income receipts
- f) Any other documentation you can provide to corroborate income.

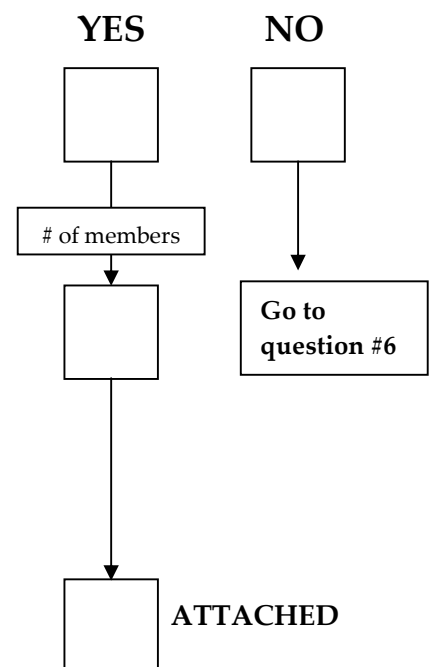


## Household Members with No Income

4. Are there any household member over 18 years old that are claiming to currently make zero income?

How many household members over 18 years old are claiming to currently make zero income?

For each one of these household members, complete the "Certification of Zero Income" form attached in Section 3 in the back of this application.



## Child Support/Alimony Questions

6. Are you currently receiving child support or alimony OR are you *legally* entitled to receive child support or alimony?

If you answered YES *and* you are receiving the amount you are entitled to receive, you will need to attach **one** of the following:

- a) A copy of your divorce decree or settlement agreement

OR

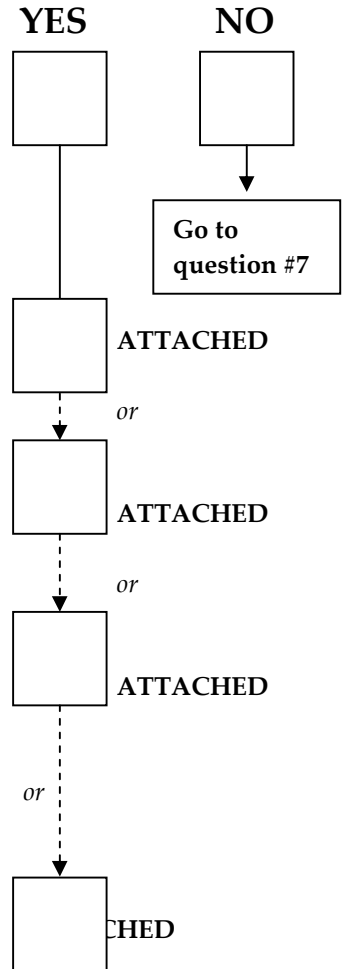
- b) A statement of payments from the Department of Revenue (DOR) (if they have your payments on record)

OR

- c) 3 detailed checking account statements that show Child Support/Alimony deposits

If you answered YES *but* you are NOT receiving the amount you are entitled to receive, you will need to attach:

- d) A copy of your divorce decree, proof of a legal claim filed against the person that owes you money and, if applicable, statements from the DOR showing payments made (If you do not show proof of a legal claim, it will be assumed you are receiving the full amount entitled when determining your eligibility)

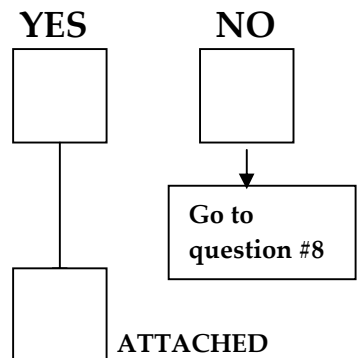


## Divorce/Separation Questions

7. Have you been divorced/separated since January 1<sup>st</sup>, 2008 or are you currently in the process of getting divorced/separated?

If you answered YES, you will need to attach:

- a) A copy of your divorce decree/separation agreement OR IF YOUR DIVORCE/SEPARATION HASN'T BEEN FINALIZED, Proof that you have filed for divorce/separation.



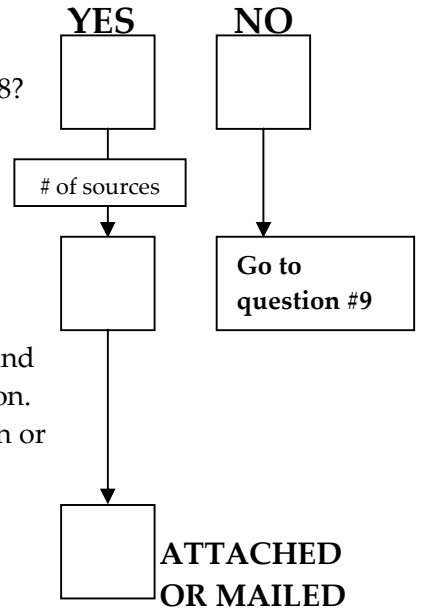
*If you have not taken any legal action in filing for divorce or separation, you cannot apply as a single head-of-household. Your partner's income and assets will need to be included in your application. Additionally, if you have only filed for divorce or separation at this point, please note that you will not be able to purchase an "affordable" home until your divorce/separation is finalized and other currently eligible households will be given this opportunity before you. You should take all possible steps to expedite a hearing.*

## Periodic Payment Questions

8. Did you list any sources under "Periodic Payments" on page 8? (i.e. payments from family members or recurring gifts)

How many sources did you list?

Please have your Contributor complete the "Recurring Gifts and Contributions Verification" form in Section 3 of this application. You can either attach the completed form with this application or have your Contributor mail it in.

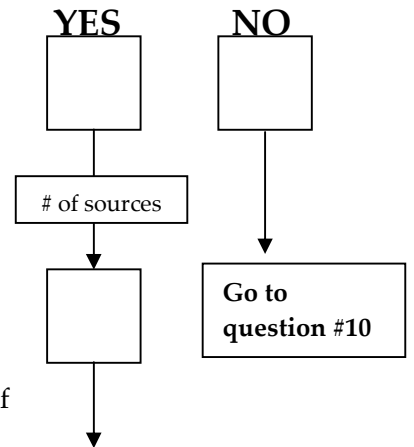


## "Other Income" or Down Payment Assistance Questions

9. Did you list any sources under "Other Income" on page 9 of Section 1 or **any money a friend, family member or other source may use in helping you with your down payment or future housing costs on page 11.**

How many sources did you list?

Please provide all necessary information to verify this source of Income and describe the source here:



## Asset Questions

- 10.** How many different Assets did you list on page 11?  
 (This includes Checking Accounts, Savings Accounts, Stocks, Bonds,  
**Net Cash Value of Retirement Accounts** etc.)

For **every** asset listed, REGARDLESS of the amount of money in the account (even just \$1), you need to:

- Attach copies of any of your most recent statements from the source of income (for checking accounts, attach **3** detailed statements)
- Attach any copies of 2010 1099s or end-of-year statements you may have received from the asset source.

# of Assets




ATTACHED

## Real Estate Questions

*Please note: you may own real estate and still qualify for an affordable and/or workforce unit. In the cases of the for-sale affordable homes, your name must be removed from the deed of your current home (through sale of the property, divorce, or similar legal agreement) prior to closing on the new affordable home. Please see the details in the Information Packet(s) for the development(s) for which you are applying.*

- 11.** Do you currently own a home or property?

YES NO



# of properties

How many different properties/homes do you currently own?

Go to question #12

For every property you need to submit **all** of the following:

- Attach a copy of a broker's opinion of the property or, if you already have a buyer, a copy of the Purchase and Sale Agreement
- Attach a statement from your lender showing your current balance on your mortgage or outstanding loans

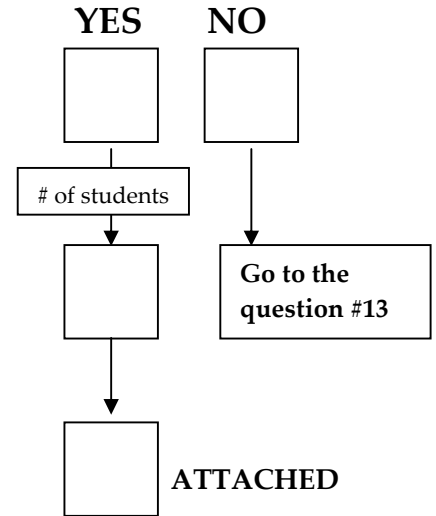
ATTACHED

## Households with Students

- 12.** Are any household members over 18 years old currently students or have been students in the past 12 months?

How many?

For each student you need to attach **School Transcripts** for the past 12 months.



## Local Preference Households

- 13.** Are you applying as a Local Preference Household?

Provide proof of Local Preference. The following documentation is acceptable for the following Preference categories:

***Current Resident of Abington, Rockland, Weymouth, including the former Naval Air Station (NAS) South Weymouth***

-Your Current Utility Bill, current lease or voter registration listing

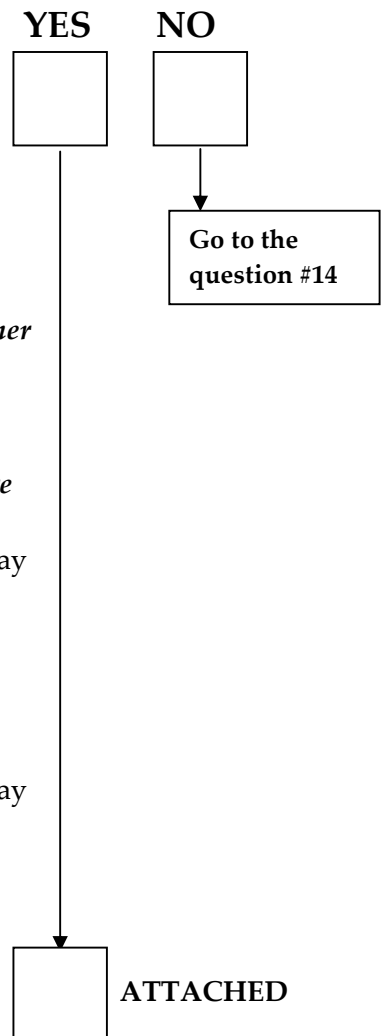
***Current Employee of Abington, Rockland, Weymouth or the South Shore Tri-Town Development Corporation***

-Proof of employer's location (this information may already be on the pay stubs you are already required to provide.)

-Offer letter or contract

***Current Employee of Facilities Within the Central Redevelopment Area of SouthField***

-Proof of employer's location (this information may already be on the pay stubs you are already required to provide.)



# 1040 Tax Transcripts for 2010 (and 2009 + 2008 if applying for for-sale housing)

14.

How many members are in your Household?

# of members

EVERY one of your household members should be listed on your 1040 Tax Transcripts. You need to submit ALL these 1040 Tax Transcripts. If you are applying for for-sale housing, you need to submit your transcripts for 2010, 2009 AND 2008!!!

**Do NOT send in a copy filled out by hand.** If you had a professional prepare your taxes, they will have the transcripts you need. You can also call the IRS at (800) 829-1040 and they can mail or fax you a copy of any of these transcripts.

For each household member that has not filed Taxes nor been on a Tax Transcript for any of the last 3 years, you must submit a Statement from the IRS showing "NO RECORD" of filing (unless they were not yet born). Please call (800) 829-1040 to request a statement. Only if a member has not filed for approx. 5+ years, will the IRS not be able to provide a statement.

If a household member moved to this country in the past 3 years and does not have 3 years of tax transcripts, you need to also submit proof of his date of immigration.

ALL 1040s ATTACHED

Example of a blank 1040. The 1040s you send in must be complete and computer generated. Do not send in the form you filled out by hand!

Department of the Treasury—Internal Revenue Service  
U.S. Individual Income Tax Return 2005  
For the year Jan. 1, Dec. 31, 2006, or other tax year beginning , 2006, ending , 2006.OMB No. 1545-0047

**Label** For instructions on page 16. Use the IRS label. Otherwise, please print or type.

**Filing Status**  
 Single  
 Married filing jointly (even if only one had income)  
 Married filing separately. Enter spouse's SSN above.  
 Head of household (with qualifying person). (See page 17) if the qualifying person is a child but not your dependent, enter this child's name here.  
 Qualifying widow(er) with dependent child (see page 17).

**Exemptions**  
 a  Yourself. If someone can claim you as a dependent, do not check box 6a.  
 b  Spouse.  
 c Dependents:  
 (1) First name Last name (2) Dependents' social security number (3) Dependent's relationship to you (4) If qualifying child to check (see page 17) (5) No. of children on whom you lived with you did not live with you due to divorce or separation (see page 20) (6) Dependents on whom you did not enter above.  
 d Total number of exemptions claimed. Add numbers on lines above.

**Income**  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2.  
 8a Taxable interest. Attach Schedule B if required.  
 8b Tax-exempt interest. Do not include on line 8a.  
 9a Ordinary dividends. Attach Schedule D if required.  
 9b Qualified dividends (see page 23).  
 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23).  
 11 Alimony received.  
 12 Business income or (loss). Attach Schedule C or C-EZ.  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here .  
 14 Other gains or (losses). Attach Form 4797.  
 15a IRA distributions 15b Taxable amount (see page 23).  
 16a Pensions and annuities 16b Taxable amount (see page 23).  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.  
 18 Farm income or (loss). Attach Schedule F.  
 19 Unemployment compensation.  
 20a Social security benefits 20b Taxable amount (see page 27).  
 21 Other income. List type and amount (see page 29).  
 22 Add the amounts in the far right column for lines 7 through 21. This is your total income.

**Adjusted Gross Income**  
 23 Educator expense (see page 29).  
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ.  
 25 Health savings account deduction. Attach Form 8889.  
 26 Moving expenses. Attach Form 9803.  
 27 Charitable self-employment tax. Attach Schedule SE.  
 28 Self-employed SEP, SIMPLE, and qualified plans.  
 29 Self-employed health insurance deduction (see page 30).  
 30 Penalty on early withdrawal of savings.  
 31a Alimony paid 31b Recipient's SSN.  
 32 IRA deduction (see page 31).  
 33 Student loan interest deduction (see page 33).  
 34 Tuition and fees deduction (see page 34).  
 35 Domestic production activities deduction. Attach Form 8803.  
 36 Add lines 23 through 31a and 32 through 35.  
 37 Subtract line 36 from line 22. This is your adjusted gross income.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 78. Cat. No. 11320B Form 1040 (2005)

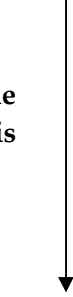
**Mortgage Pre-Approval (for for-sale housing only)**

**15.** Will you need to take out a mortgage in order to purchase a home?

<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>

**Your pre-approval amount plus your assets must be sufficient to purchase the most expensive unit for which you are applying. Please see page 5 on this application.**

You can apply with any institutional lender of your choosing.



**PRE-APPROVAL  
ATTACHED**

**You and Your Co-Applicant  
Must Sign and Date the  
Following TWO Pages**

The information given in this application will be used to check that you are income qualified to be given an opportunity to purchase or rent an affordable or workforce unit in SouthField as part of this program. Entrance into the Lottery does not guarantee you a unit.

This development does not discriminate based on race, color, national origin, religion, sex, familial status, and handicap (disability).

THE UNDERSIGNED HEREBY CERTIFY THAT THE INFORMATION SET FORTH ABOVE IS TRUE AND CORRECT. THE UNDERSIGNED ACKNOWLEDGE THAT IF ANY OF THE INFORMATION ABOVE IS NOT TRUE AND ACCURATE THIS APPLICATION MAY BE REMOVED AT ANY POINT. THE UNDERSIGNED ACKNOWLEDGE THAT THE RESIDENCY AGREEMENT FOR THE UNIT TO BE OCCUPIED BY THE UNDERSIGNED MAY BE SUBJECT TO CANCELLATION IF ANY OF THE INFORMATION ABOVE IS NOT TRUE AND ACCURATE.

THE UNDERSIGNED GIVE CONSENT TO THE MONITORING AGENT, SOUTH SHORE TRI-TOWN DEVELOPMENT CORPORATION AND SEB, LLC TO VERIFY ALL INFORMATION PROVIDED IN THIS APPLICATION. THE UNDERSIGNED ACKNOWLEDGE THAT ALL DOCUMENTATION UPDATES REQUESTED BY SEB AND THE MONITORING AGENT TO VERIFY CONTINUED PROGRAM COMPLIANCE ARE REQUIRED AND IF THE UNDERSIGNED FAILS TO SUBMIT ALL MATERIALS REQUESTED, THEY WILL FORFEIT ANY AND ALL POSITIONS HELD ON ANY AND ALL WAITING LISTS AND WILL FORFEIT ANY AND ALL OPPORTUNITIES FOR HOUSING GRANTED THROUGH THIS PROGRAM.

THE UNDERSIGNED AUTHORIZE THE RELEASE OF INFORMATION NECESSARY IN DETERMINING INCOME AND ASSETS FROM THIRD-PARTY REFERENCES.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Co-Applicant Signature

\_\_\_\_\_

Date

**Send applications with ALL required documentation to:**

**SEB  
Re: SouthField  
165 Chestnut Hill Ave, Unit 2  
Brighton, MA 02135**

**Please check the Info Packet for the development(s) for which you are applying for Application Due Dates. Applications must be delivered by listed due dates (not just postmarked). SEB is not responsible for lost or late applications so take all necessary measures to ensure that it is delivered as soon as possible. We recommend sending your completed application with tracking and delivery confirmation.**

**For Questions call (617) 782-6900 and leave a message.**

# Deed Rider Signature of Understanding

## Deed Rider Affordability and Workforce and Resale Restrictions

I/We have read the Deed Rider and Property Restrictions as provided and agree to the restriction. I/We have been advised that a copy of the Deed Rider is on file at the following locations and available for my/our future review during normal business hours:

[www.s-e-b.com/lottery/forsale](http://www.s-e-b.com/lottery/forsale)

I/We also understand that a full copy of the Deed Rider will be provided at closing.

---

Applicant Signature

Date

---

Co-Applicant Signature

Date

# **Section 3**

## **Additional Forms** *(if applicable)*

**These are the forms that you only need to complete  
if directed to do so in Section 2**

# Verification of Terminated Employment

---

**To Be Completed By Applicant:**

**Applicant/Tenant:** \_\_\_\_\_

**Soc. Security #:** \_\_\_\_\_

Contact Info of previous employer:

Name of Contact					
Company Name					
Street Address					
City, State, Zip					
Tel. #		Fax #		email	

---

**To Be Completed By Previous Employer:**

Date of Termination: \_\_\_\_\_ Last Day Actually Worked: \_\_\_\_\_

Total Gross Income paid to employee over the last calendar year employed: \_\_\_\_\_

Reason for Termination:     Employee Quit     Other \_\_\_\_\_

Do you anticipate rehiring this employee?     Yes     No    If yes, when: \_\_\_\_\_

Will the employee receive additional paychecks for Workman's Compensation?     Yes     No

If yes, provide the name and address of the company through which this can be verified:

\_\_\_\_\_

\_\_\_\_\_

Total severance pay anticipated for the next 12 months: \_\_\_\_\_

Is employee entitled to receive unemployment compensation?     Yes     No

### AUTHORIZED SIGNATURE

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Please Fax form to SEB at (617) 781-4500 or mail to: SEB

Re: SouthField  
165 Chestnut Hill Ave, Unit 2  
Brighton, MA 02135-9998

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**--OFFICE USE ONLY--**

Date Sent: \_\_\_\_\_

Date Received: \_\_\_\_\_

Comments: \_\_\_\_\_

# Self-Employment Income Affidavit

Anticipated Self-Employment earnings for this calendar year	\$
Previous year's Self-Employment income	\$

You must also draft a statement that describes:

1. Your gross income from self-employment for the previous 12 months,
2. Your total expenses from self-employment for the previous 12 months,
3. Your anticipated gross income from self-employment for the next 12 months
4. Your anticipated expenses from self-employment for the next 12 months

**You must then sign this statement and have it notarized.**

**Submit the notarized statement with all the other documentation listed here:**

- current financial statements
- accountant's statement of Net Business Income for this calendar year
- quarterly tax returns (if you file quarterly)
- income receipts
- any documentation you can provide to corroborate the income and earnings stated above
- you need to submit every page of last years tax returns anyway, but make sure to include Schedule C

# Certification of Zero Income

(To be completed by **adult** household members only, if appropriate)

Household Name: \_\_\_\_\_ Development Name: **SouthField**

1. I hereby certify that I have not received income from any of the following sources during the previous 12 months:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Cutco, etc.);
  - j. Any other source not named above.
  
2. I will be using the following sources of funds to pay for rent and other necessities:  
\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant [Tenant]

\_\_\_\_\_  
Printed Name of Applicant [Tenant]

\_\_\_\_\_  
Date

# Recurring Gifts and Contributions Verification

---

**To Be Completed By Applicant:**

Applicant [Tenant]: \_\_\_\_\_  
Soc. Security #: \_\_\_\_\_  
Property Name: SouthField  
Address: \_\_\_\_\_  
\_\_\_\_\_

---

**To Be Completed By Contributor:**

**Please complete the following:**

I, (Contributor's Name) \_\_\_\_\_,  
contribute \$ \_\_\_\_\_ per \_\_\_\_\_ to the above named household  
for the purpose of: \_\_\_\_\_

**Non-Monetary Contributions:**

I, (Contributor's Name) \_\_\_\_\_,

Contribute any of the following on a regular basis:

Gas for the car	\$ _____	Car Payments Directly to Bank	\$ _____
Alcohol	\$ _____	Utility Payments	\$ _____
Cigarettes	\$ _____	Clothing	\$ _____
Diapers	\$ _____	Other	\$ _____
Child Care Payments	\$ _____	<b>NOTE: Food is excluded</b>	

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date: \_\_\_\_\_  
Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**Include this form with the Program Application, fax it to (617) 782-4500 or have the Contributor mail it to:**

The Affordable Housing Lottery  
Re: SouthField  
165 Chestnut Hill Ave, Unit 2  
Brighton, MA 02135

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**--OFFICE USE ONLY--**

Date Sent: \_\_\_\_\_ Date Received: \_\_\_\_\_

Comments: