Affordable Housing Program Application

Edgewood Apartments

North Reading, MA

Applicants must first complete a Lease Application at the Leasing Office and be found Lease Eligible before completing the following Affordable Housing Program Application

MAXIMUM Household Income Limits (please see the Information Packet for more details): $46,300 (1 person), $52,950 (2 people), $59,550 (3 people), and $66,150 (4 people)

Rents are $1,156* (1 BR) and $1,264* (2 BR) and DO NOT include utilities.

***This is not subsidized housing.** Rents do not change based on applicant's income and tenants will be responsible for paying the full rent themselves. Rents are subject to change based on changes in Area Median Income and Utility Allowances. Applicants with Section 8 Voucher should contact their local housing authorities before applying as the rents at Edgewood are above Fair Market Rents.

Households who currently own homes must sell them (or they must be foreclosed) before moving into an affordable rental unit. Please read the Information Packet for more details.

Directions:

This application consists of three sections:

1) The Program Application
2) The Required Forms and Documentation Workbook
3) Additional Forms *(if applicable)*

The first two sections must be filled out entirely in order for your application to be processed. If a question does not apply to you, write "N/A" or cross it out. LEAVE NOTHING BLANK.

You must include all income and asset documentation with this application.

You must include all *applicable* forms from Section 3.

Send all applications to:

SEB
Re: Edgewood Apartments
165 Chestnut Hill Ave, Unit 2
Brighton, MA 02135

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

Section 1

The Program Application

Edgewood Apartments
Program Application

Name ______________________________ Home Tel. # _______________

Address_____________________________ Work Tel. #________________

City ___________________________State _________ Zip ____________

Email (if available) ____

Unit size(s) for which you are applying (please circle):

1-Bedroom 2-Bedroom

HOUSEHOLD MEMBERS:

Please list **ALL** household members who will occupy the affordable apartment:

Name	Date of Birth	Sex	SS#	Relationship

HOUSEHOLD TYPE (please check one):

☐ 4 person household: 1 head-of-household plus 3 members
☐ 4 person household: 2 heads-of-household plus 2 members
☐ 3 person household: 1 head-of-household plus 2 members
☐ 3 person household: 2 heads-of-household plus one member

☐ 2 person household: 1 head-of-household plus one member

☐ 2 person household: 2 heads-of-household
☐ 1 person household: all types

Section 8 (circle yes or no):

Do you currently have a Section 8 Voucher (or similar housing subsidy)? **YES** **NO**
*If you answered **YES**, please contact your Voucher provider before continuing with this application as the rent levels are above Section 8 Fair Market Rents and you may not be able to use your voucher.*

Homeowners (circle one):

Do you currently own a home? **YES** **NO**

This includes property to be sold through an upcoming divorce, any property that you plan to sell in the near future or a home that is going under foreclosure.

Disabled-Accessible Preference (circle one):

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 need of an accessible unit must be provided in the form of a doctor's note or equivalent if applicant is selected to rent one of the affordable accessible units.***

PREFERENCE INFORMATION

You are requested to complete the following **optional** section in order to assist in determining preference. (Please check all boxes that apply):

	APPLICANT	CO-APPLICANT	DEPENDENT
Black			
Hispanic			
Cape Verdean			
Asian/Pacific Islander			
Eskimo/Aleut			
Native American			
White/Non-Minority			

Instructions for Completing the Following Income Table

- List ALL CURRENT sources of income as requested below for ALL household members over 18 years old.
- Please note that **the Income Table is 2 pages long** 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.
- "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.
- **For any section that doesn't apply, cross out or write NA.**

In Section 2 of this application, you will be asked multiple questions about your information in the following Income and Asset tables.

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 *(i.e. Rental Assistance, allowances etc.)*	
	Periodic payments from family/friends *(i.e. Rental Assistance, allowances etc.)*	
	Full-Time Student Income (18 & Over Only)	

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	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Other Income (name/source)	
	Other Income (name/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
1. Is your Anticipated Gross Yearly Household Income (written in the last box at the end of the above Income Table) ***greater than the Allowable Income Limits*** for a household of your size as specified on the cover page of this Program Application**?** If **YES**, please explain why you think your household is still eligible for entrance into this Lottery *(ex: upcoming maternity leave, planned change in employment etc.):* *All claims made above must be supported with documentation submitted with this application.*		
2. Are there any planned changes in income over the next 12 months? If **YES**, please explain*:* *All claims made above must be supported with documentation submitted with this application.*		

ASSETS

If a section doesn't apply, cross out or write NA. You will need to submit detailed bank/balance statements for EVERY ASSET listed here.

	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 $	

REAL ESTATE

You may currently own a home BUT IT MUST BE SOLD OR YOU MUST BE OFF THE DEED OR MORTGAGE PRIOR TO MOVING INTO AN AFFORDABLE UNIT.

Do you currently own a home? ☐ Yes ☐ 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 13 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.

If you have not filed your 2009 taxes, you must ALSO provide all tax documentation from 2008 (1040s, 1099s, W-2s etc.)

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

Current Employment Questions

YES NO

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

→ NO: **Go to question #2**

How many of the jobs on page 6 of the Program Application are currently being worked? (NOT including self-employment)

→ YES: # of jobs

For **every** job listed here you need attach BOTH:

a) 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 weekly gross income, tenure and Year To Date amount)

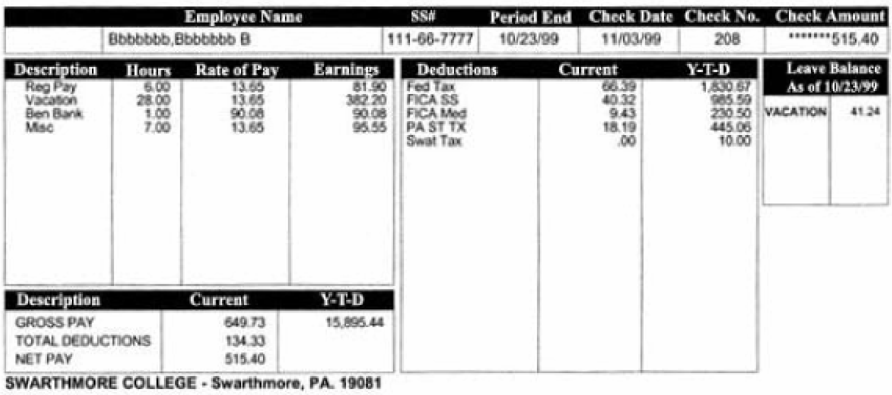
ATTACHED

and

b) Attach copies of your 2009 W-2s
(if a job was started after January 1, 2010, write NA)

ATTACHED

Example of a pay-stub:



	Employee Name	SS#	Period End	Check Date	Check No.	Check Amount
	Bbbbbbb,Bbbbbbb B	111-66-7777	10/23/99	11/03/99	208	*******515.40

Description	Hours	Rate of Pay	Earnings
Reg Pay	6.00	13.65	81.90
Vacation	28.00	13.65	382.20
Ben Bank	1.00	90.08	90.08
Misc	7.00	13.65	95.55

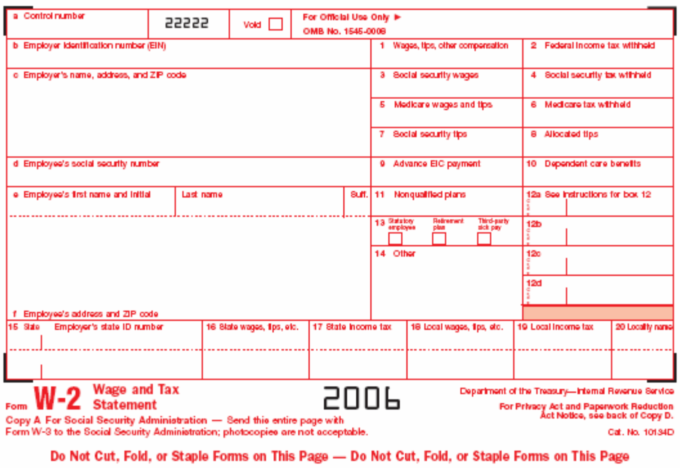
Deductions	Current	Y-T-D
Fed Tax	66.39	1,830.67
FICA SS	40.32	985.59
FICA Med	9.43	230.50
PA ST TX	18.19	445.06
Swat Tax	.00	10.00

Leave Balance As of 10/23/99	
VACATION	41.24

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 ☐ | For Official Use Only ▶ OMB No. 1545-0008

b Employer identification number (EIN)

c Employer's name, address, and ZIP code

d Employee's social security number

e Employee's first name and initial | Last name | Suff.

f Employee's address and ZIP code

1 Wages, tips, other compensation | 2 Federal income tax withheld

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

9 Advance EIC payment | 10 Dependent care benefits

11 Nonqualified plans | 12a See instructions for box 12

13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ | 12b

14 Other | 12c | 12d

15 State | Employer's state ID number | 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

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Copy A For Social Security Administration — Send this entire page with Form W-3 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

YES | NO

2. Did you list any sources of Income on page 7 of this application?
(ie: Social Security, SSDI, Pensions, Unemployment, Public Assistance, TANF, Veteran's Benefits, Retirement, Student Income, Interest Income etc.)

# of sources

How many sources of Income did you list on page 7?

Go to question #3

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

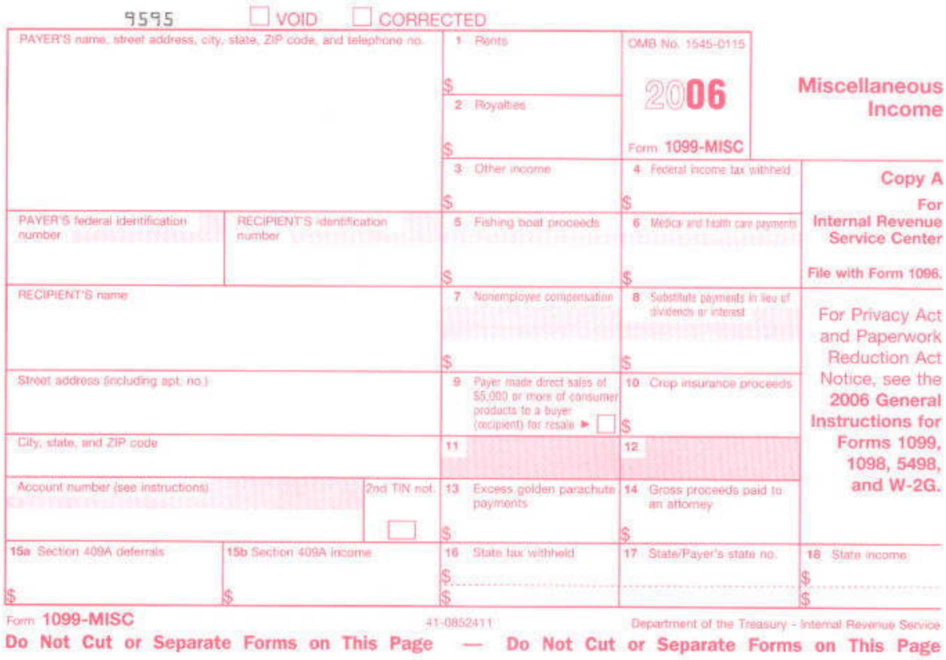
a) Attach copies of your most recent statements from the source of income.

b) Attach copies of all 2009 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 VOID CORRECTED
PAYER'S name, street address, city, state, ZIP code, and telephone no.
1 Rents $
2 Royalties $
3 Other income $
OMB No. 1545-0115
2006
Form 1099-MISC
Miscellaneous Income
4 Federal income tax withheld $
Copy A For Internal Revenue Service Center
File with Form 1096.
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 $
For Privacy Act and Paperwork Reduction Act Notice, see the 2006 General Instructions for Forms 1099, 1098, 5498, and W-2G.
Street address (including apt. no.)
9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ►
10 Crop insurance proceeds $
City, state, and ZIP code
11
12
Account number (see instructions)
2nd TIN not.
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
41-0852411
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

YES **NO**

3. Did anyone in your household leave a job between **January 1, 2009 and today's date**?

# of jobs left

Go to question #4

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. **ATTACHED**

OR

or

b) Attach a copy of the last pay-stub from 2009 along with the matching 2009 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 1st, 2009)* **ATTACHED**

OR

or

c) Complete the "Verification of Terminated Employment" attached on the back of this application in Section 3. Once we have received the form, we will send this form to the previous employer. Verification normally takes an additional 1-2 weeks. Employers may not send these forms back- in which case, you will need to submit 3a or 3b (from above). If you choose to use the attached form, ***only fill in the top section! The bottom section must be completed and signed by an authorized company official.*** **ATTACHED**

Self-Employment Questions

YES NO

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

# of members

How many household members are self-employed?

Go to question #5

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 2009 1099s *(or most recent)*
b) A Copy of Schedule C of your 2009 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.

ATTACHED

Household Members with No Income

YES NO

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

# of members

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

Go to question #6

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

ATTACHED

Child Support/Alimony Questions

YES NO

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

Go to question #7

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 **ATTACHED**

OR *or*

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

OR *or*

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

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

d) A copy of your divorce decree, proof 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)* **ATTACHED**

Divorce/Separation Questions

YES NO

7. Have you been divorced/separated since January 1st, 2009 or are you currently in the process of getting divorced/separated?

If you answered YES, you will need to attach:

Go to question #8

a) A copy of your divorce decree/separation agreement OR Proof that you have filed for divorce/separation. **ATTACHED**

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.

Periodic Payment Questions

YES NO

8. Did you list any sources under "Periodic Payments" on page 6? (i.e. rental assistance from family members or recurring gifts)

# of sources

How many sources did you list?

Go to question #9

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

ATTACHED OR MAILED

"Other Income" Questions

YES NO

9. Did you list any sources under "Other Income" on page 7 of Section1?

# of sources

How many sources did you list?

Go to question #10

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

Asset Questions

# of Assets

10. How many different Assets did you list on page 9?
(This includes **Net Cash Value of Retirement Accounts**, *i.e. the value of your Retirement Account after penalties if you were to withdraw all funds today*, Checking Accounts, Savings Accounts, Stocks, Bonds etc.)

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

a) Attach copies of any of your most recent statements from the source of income (for checking accounts, attach **3** detailed statements)

b) Attach any copies of 2009 1099s or end-of-year statements you may have received from the asset source.

ATTACHED

Households with Students

YES **NO**

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

\# of students

How many?

Go to the question #12

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

ATTACHED

Real Estate Questions

YES NO

12. Do you currently own a home or property?

# of properties

How many different properties/homes do you currently own?

Go to question #13

For property you plan on selling you must submit all of the following:

a) Attach a copy of the signed Purchase and Sale Agreement
b) Attach a statement from your lender showing your current balance on your mortgage or outstanding loans

For property you will lose through a divorce:

a) Attach legal divorce or separation documentation showing that you will no longer be on the mortgage or deed to your house.

A note from your lawyer is not a sufficient replacement for the above.

For property that will be lost through foreclosure:

a) Attach your notice of foreclosure along with the date on which the home will be foreclosed.
b) Attach statements from your lender showing your delinquent payments

ATTACHED

1040 Tax Transcripts for 2009 (or most recent)

# of members

13. How many members are in your Household? ☐

EVERY one of your household members should be listed on a 1040 Tax Transcript for **2009 (unless they were not yet born).** You need to submit all 1040 Tax Transcripts from 2009 that a household member is on. **SEND IN EVERY PAGE.**

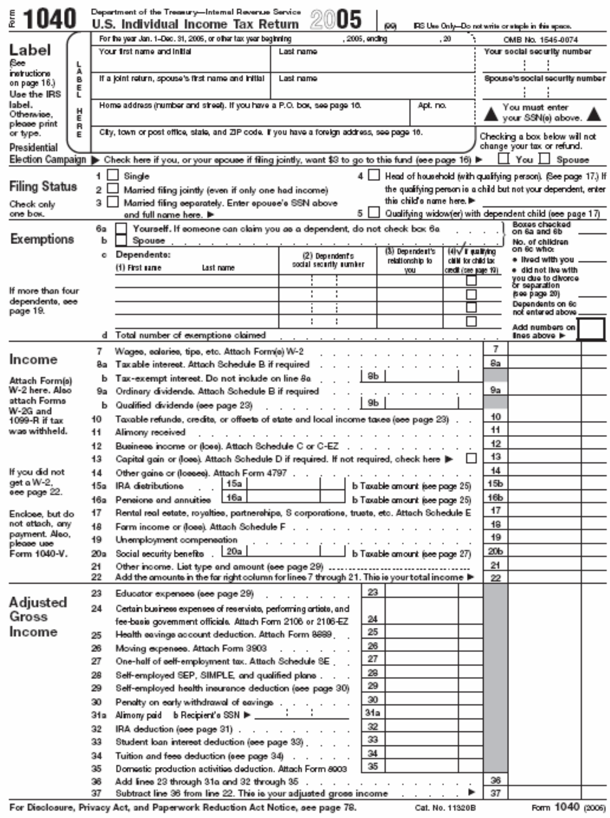
Do NOT send in a copy filled out by hand. If you had a professional prepare your taxes, they will have the transcripts you need. You can also call the IRS at (800) 829-1040 and they can mail or fax you a copy of any of these transcripts.

For each household member that has not filed Taxes nor been on a Tax Transcript in 2009, 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 few years and does not have 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!*



Form 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 2005 (99) IRS Use Only—Do not write or staple in this space.
For the year Jan. 1–Dec. 31, 2005, or other tax year beginning , 2005, ending , 20 OMB No. 1545-0074

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type. LABEL HERE
Your first name and initial | Last name | Your social security number
If a joint return, spouse's first name and initial | Last name | Spouse's social security number
Home address (number and street). If you have a P.O. box, see page 16. | Apt. no. | You must enter your SSN(s) above.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. | Checking a box below will not change your tax or refund.
Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 16) ▶ ☐ You ☐ Spouse

Filing Status — Check only one box.
1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ 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. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions
6a ☐ Yourself. If someone can claim you as a dependent, do not check box 6a
b ☐ Spouse
c Dependents: (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if qualifying child for child tax credit (see page 19)
If more than four dependents, see page 19.
d Total number of exemptions claimed
Boxes checked on 6a and 6b; No. of children on 6c who: • lived with you; • did not live with you due to divorce or separation (see page 20); Dependents on 6c not entered above; Add numbers on lines above ▶

Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a W-2, see page 22.
Enclose, but do not attach, any payment. Also, please use Form 1040-V.
7 Wages, salaries, tips, etc. Attach Form(s) W-2 — 7
8a Taxable interest. Attach Schedule B if required — 8a
b Tax-exempt interest. Do not include on line 8a — 8b
9a Ordinary dividends. Attach Schedule B if required — 9a
b Qualified dividends (see page 23) — 9b
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) — 10
11 Alimony received — 11
12 Business income or (loss). Attach Schedule C or C-EZ — 12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ — 13
14 Other gains or (losses). Attach Form 4797 — 14
15a IRA distributions 15a | b Taxable amount (see page 25) — 15b
16a Pensions and annuities 16a | b Taxable amount (see page 25) — 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E — 17
18 Farm income or (loss). Attach Schedule F — 18
19 Unemployment compensation — 19
20a Social security benefits 20a | b Taxable amount (see page 27) — 20b
21 Other income. List type and amount (see page 29) — 21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ — 22

Adjusted Gross Income
23 Educator expenses (see page 29) — 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ — 24
25 Health savings account deduction. Attach Form 8889 — 25
26 Moving expenses. Attach Form 3903 — 26
27 One-half of self-employment tax. Attach Schedule SE — 27
28 Self-employed SEP, SIMPLE, and qualified plans — 28
29 Self-employed health insurance deduction (see page 30) — 29
30 Penalty on early withdrawal of savings — 30
31a Alimony paid b Recipient's SSN ▶ — 31a
32 IRA deduction (see page 31) — 32
33 Student loan interest deduction (see page 33) — 33
34 Tuition and fees deduction (see page 34) — 34
35 Domestic production activities deduction. Attach Form 8903 — 35
36 Add lines 23 through 31a and 32 through 35 — 36
37 Subtract line 36 from line 22. This is your adjusted gross income ▶ — 37

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

You and Your Co-Applicant Must Sign and Date the Following Page

And again, if you have not filed your 2009 taxes, you must ALSO provide all tax documentation from 2008 (1040s, 1099s, W-2s etc.)

The information given in this application will be used to check that you are income qualified to be given an *opportunity* to lease an affordable unit in the Town of North Reading 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).

THIS IS NOT A LEASE APPLICATION.

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 LEASE OR 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 DHCD, THE TOWN OF NORTH READING AND STOCKARD ENGLER BRIGHAM, LLC TO VERIFY ALL INFORMATION PROVIDED IN THIS APPLICATION.

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

______________________________________ ______________________
Applicant Signature Date

______________________________________ ______________________
Co-Applicant Signature Date

Send applications with ALL required documentation to:

Affordable Housing Lottery
Re: Edgewood Apartments
165 Chestnut Hill Ave, Unit 2
Brighton, MA 02135

Applications are processed on a first-come, first-served basis.
For Questions call (617) 782 6900 and leave a message.

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					
Town, 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) 782-4500 or mail to:

Affordable Housing Lottery
Re: Edgewood Apartments
165 Chestnut Hill Ave #2
Brighton, MA 02135

--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	$

Please attach a current financial statement, accountant's statement of Net Business Income for this calendar year, income receipts, or any documentation you can provide to corroborate the income and earnings stated above.

Also attach a copy of last year's executed tax return including Schedule C.

CERTIFICATION

I certify that the above listed income amounts are accurate and I have provided all of the above requested information.

Signature:	
Print Name:	
Date:	

Certification of Zero Income

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

Household Name:__________________________Development Name:____________________

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: Edgewood Apartments

Address: 100 Lowell St.

North Reading, MA

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	$________	**NOTE:Food is excluded**	

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: Edgewood Apartments
165 Chestnut Hill Ave, Unit 2
Brighton, MA 02135

--OFFICE USE ONLY--

Date Sent: Date Received:

Comments: