

Application

(completed applications accepted on a first-come first-served basis)

Barrows Brook Village Kingston, MA

For information on the development please visit www.barrowsbrookvillage.com

Sales Prices for the Three-Bedroom Affordable Homes: \$207,700

Maximum Household Income Limits: \$45,000 (1 person), \$52,000 (2 people), \$58,500 (3 people)
\$65,000 (4 people), \$70,200 (5 people), \$75,400 (6 people)

Maximum Household Asset Limits are \$75,000

There are no MINIMUM Household Income Requirements but households must submit mortgage pre-approvals.

Please read the Information Packet for more details.

Directions:

This application consists of three sections:

- Section 1: The Program Application
- Section 2: The Required Forms and Documentation Workbook
- Section 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 mortgage pre-approval with this application.

You must include all *applicable* forms from Section 3 with this application.

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



Section 1

The Program Application

Barrows Brook Village Program 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
Black or African American			
Hispanic or Latino			
Asian			
Native Hawaiian or Pacific Islander			
Native American or Alaska Native			
Other (not White)			
White/Non-Minority			

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

Do you or any member of your household currently live in Kingston? YES NO

Are you or any member of your household currently employed by the Town of Kingston? YES NO

HOMEOWNERSHIP:

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.**

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

To 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?	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.

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.
- 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, 2012 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.
- **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 above Income Table) <i>greater than the Allowable Income Limits</i> for a household of your size as specified on the cover page of this Program Application?</p> <p>If YES, 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 YES, please explain:</p> <p><i>All claims made above must be supported with documentation submitted with this application.</i></p>		

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.

Checking Accounts	Name on Account	Bank	Amount	
				Balance \$
			Balance \$	
			Balance \$	
			Balance \$	
Savings Accounts			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 \$	
Anticipated Money Gifted to you by friends or family for Down Payment Assistance			\$	

REAL ESTATE

You may only currently own a home if one of your household members is over the age of 55 or if you qualify as a displaced homemaker or single parent. Please read the Info Packet for more details.

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.

If you have not yet filed your 2011 taxes we still need to see your 2010 W-2s, 2010 1099s etc in addition to your 2011 W-2s, 2011 1099s etc. You will also need to send in all your 2008 1040s.

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

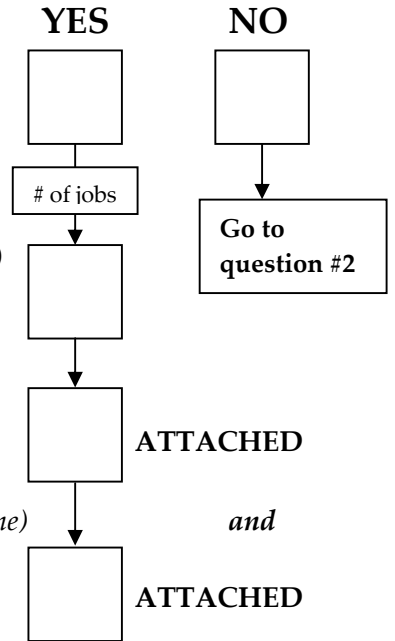
Current Employment Questions

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

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

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

- a) Copies of the 5 most recent pay-stubs
(If your employer does not issue pay stubs/statements, you need to attach a note from the employer on company letterhead stating your tenure, your Year To Date income and your projected monthly income)
- b) Attach copies of all your 2011 W-2s
(please see note on page 11)



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	Deductions	Current	Y-T-D	Leave Balance
Reg Pay	8.00	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	VACATION 41.24
Misc	7.00	13.65	95.55	PA ST TX	18.19	445.06	
				Sweat Tax	.00	10.00	
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			
		12b			
		12c			
		12d			
f Employer's address and ZIP code		13 State wages, tips, etc.		14 Other	
15 State		16 State wages, tips, etc.		17 State income tax	
Employer's state ID number		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-3 to the Social Security Administration; photocopies are not acceptable. Copy D For Privacy Act and Paperwork Reduction Act Notices, see back of Copy D. Ca. 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 8 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 8?

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 all 2011 1099s from the source of income *(see note on pg 11)*.

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	Miscellaneous Income
		2 Royalties	\$	Form 1099-MISC	
		3 Other income	\$	4 Federal income tax withheld	Copy A
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	\$	6 Medical and health care payments	For Internal Revenue Service Center
RECIPIENT'S name		7 Nonemployee compensation	\$	8 Substitute payments in lieu of dividends or interest	File with Form 1096.
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	For Privacy Act and Paperwork Reduction Act Notice, see the 2006 General Instructions for Forms 1099, 1098, 5498, and W-2G.
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 41-0852411 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

- 3.** Did anyone in your household leave a job between **January 1 of the year you most recently filed taxes (should be 2011) and today's date?**

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

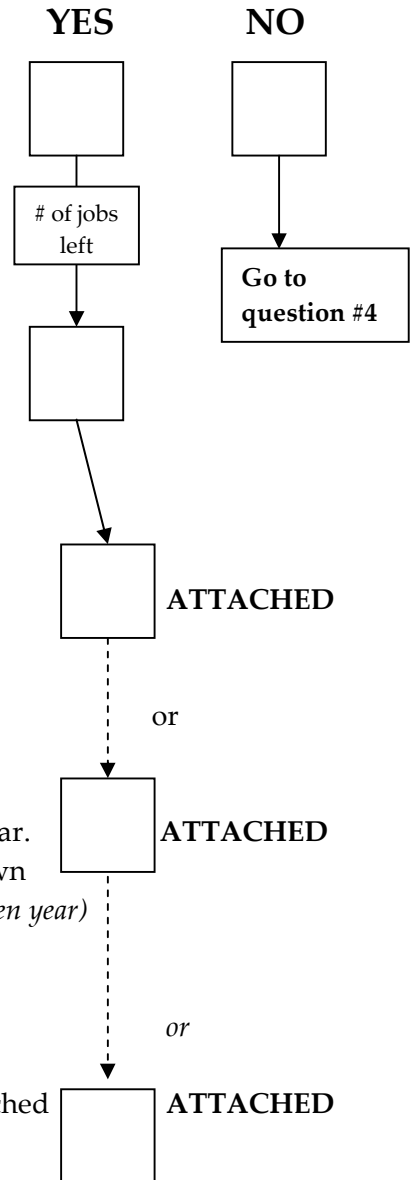
- a) Attach a letter from the employer on company letterhead Verifying your last day of employment.

OR

- b) Attach a copy of the last pay-stub from the year you most recently filed taxes along with the matching W-2 from that year. The YTD amount on the pay-stub must match the wages shown on the W-2. *(Only valid for jobs left before December 1st of the given year)*

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.**



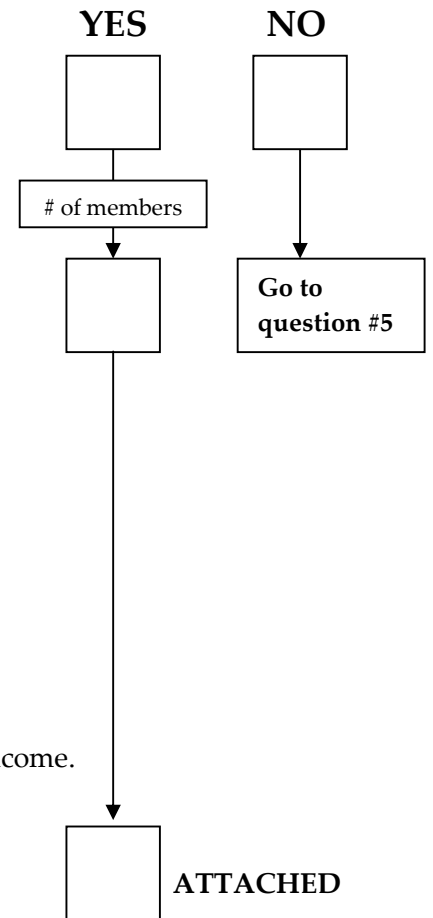
Self-Employment Questions

- 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 2011 1099s (*or most recent*)
- b) A Copy of Schedule C of your 2011 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.

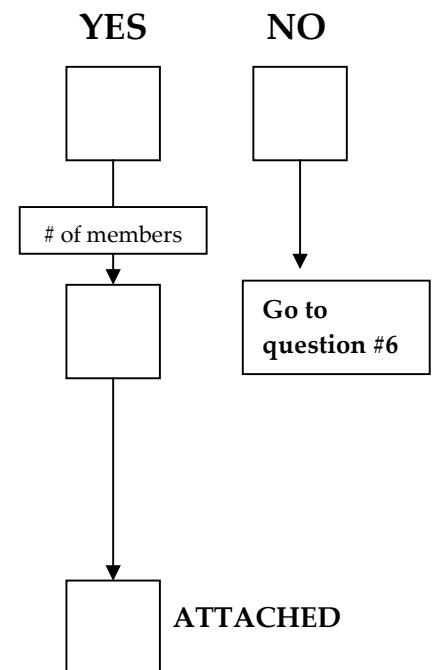


Household Members with No Income

- 5.** 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 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

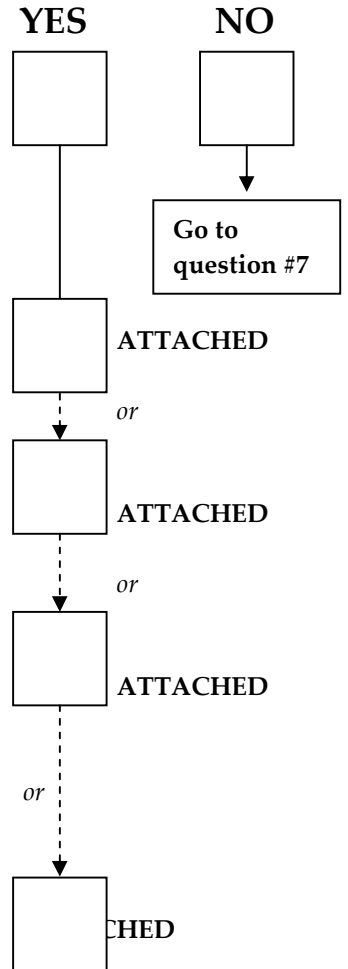
- b) A statement of payments from the Department of Revenue (DOR)
(if they have your payments on record)

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)*

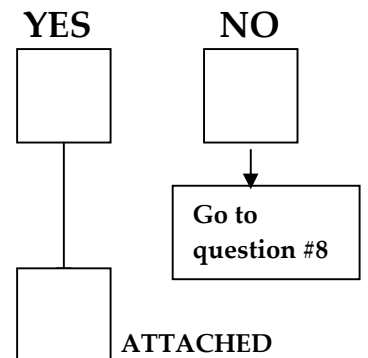


Divorce/Separation Questions

- 7.** Have you been divorced/separated since January 1st, 2010 or
are you currently in the process of getting divorced/separated?

If you answered YES, you will need to attach:

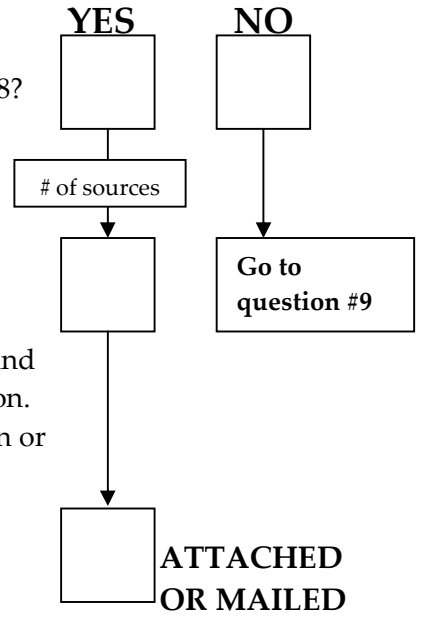
- a) A copy of your divorce decree/separation agreement OR IF YOUR
DIVORCE/SEPARATION HASN'T BEEN FINALIZED,
Proof that you have filed for divorce/separation.



If you have only filed for divorce or separation at this point, please note that your application will be accepted but you will not be able to purchase a home until your divorce/separation is finalized. You should take all possible steps to expedite a hearing. 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

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

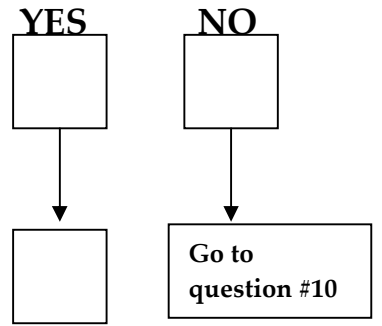


How many sources did you list?

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 7 or Down Payment Assistance on page 10?



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 10?
(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 all copies of statements that cover the **3 most recent months**
- 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

(Current Homeownership is only allowed for Age-Qualified Households, Displaced Homemakers and Single Parents)

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

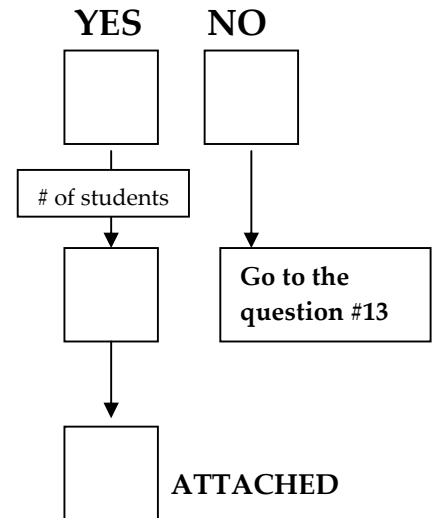
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Households with Students

- 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?

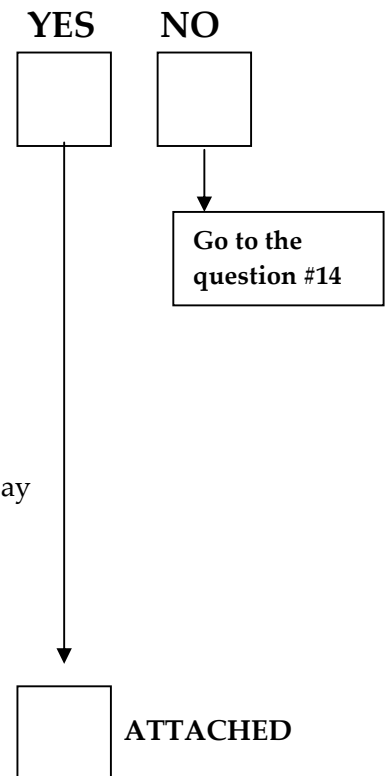
Provide proof of Local Preference. The following documentation is acceptable for the following Preference categories:

Current Kingston Resident

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

A household member who works for the town of Kingston

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



1040 Tax Transcripts for 2009, 2010 & 2011

of members

14.

How many members are in your Household?

EVERY one of your household members should be listed on a 1040 Tax Transcript for 2009, 2010 AND 2011. You need to submit ALL these 1040 Tax Transcripts from the past 3 years. Be sure to send in every page! If you have not filed your 2010 taxes you need to submit your 2008 1040s.

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!

Form 1040 Department of the Treasury—Internal Revenue Service **2005**
U.S. Individual Income Tax Return 2005 ending 20
 OMB No. 1545-0047
 For the year Jan. 1-Dec. 31, 2005, or other tax year beginning 2005, ending 20
 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 10, 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 10. 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 \$2 to go to this fund (see page 15) You Spouse
Filing Status
 1 Single 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.
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here.
 5 Qualifying widow(er) with dependent child (see page 17)
Check only one box.
Exemptions
 a Yourself. If someone can claim you as a dependent, do not check box 9a.
 b Spouse
 c Dependents:
 (1) First name Last name (2) dependent's social security number (3) dependent's relationship to you (4) V or M (see page 19) (5)
 If more than four dependents, see page 19.
 d Total number of exemptions claimed Add numbers on lines above
Income
 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 29) 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 32) 33
 34 Tuition and fees deduction (see page 34) 34
 35 Domestic production activities deduction. Attach Form 8803 35
 36 Add line 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 76. Cat. No. 11200B Form 1040 (2005)

Mortgage Pre-Approval

of HOH

15. How many Heads-Of-Household (HOH) does your household have?

You must submit a mortgage pre-approval that follows the following standards.

- The loan must have a fixed interest rate through the full term of the mortgage.
- The loan must have a current fair market interest rate.
(No more than 2 percentage points above the current MassHousing rate)*
- The loan can have no more than two points.
- The buyer must provide a down payment of at least 3% - half of which must come from the buyer's own funds.

*MassHousing: (617) 854-1000 or www.masshousing.com

You can go to any lender of your choosing as long as the pre-approvals abide by the above standards.

The following lenders are familiar with the process and the mortgage requirements and should be happy to help you with questions or pre-approvals. **Again, we strongly recommend that you inquire about a soft-second mortgages as they currently offer the best rates.**

- Ann Forsyth at Eastern Bank (508.747.1700, a.forsyth@easternbank.com)
- John Doyle at Sovereign Bank (508.370.0687, jdoyle@sovereignbank.com)
- Robert Orlando, South Coastal Bank (781.789.2866, robert.orlando@southcoastalbank.com)
- Any lenders found here: www.mhp.net/homeownership/banks.php

**PRE-APPROVAL
ATTACHED**

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

And again, if you have not yet filed your 2011 taxes we still need to see your 2011 W-2s, 2011 1099s etc. You will also need to send in your 2010 W-2s, 2010 1099s plus your 2010, 2009 and 2008 1040s.

The information given in this application will be used to check that you are income qualified to be given an opportunity to purchase an affordable unit in the Town of Kingston 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, THE TOWN OF KINGSTON AND SEB, 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.

THE UNDERSIGNED ACKNOWLEDGE THAT IF THEIR EMAIL ADDRESS IS PROVIDED IN THIS APPLICATION, SEB WILL CORRESPOND WITH THEM BY EMAIL INSTEAD OF POSTAL MAIL.

Applicant Signature

Date

Co-Applicant Signature

Date

Send applications with ALL required documentation to:

**SEB
Re: Barrows Brook Village
165 Chestnut Hill Ave, Unit 2
Brighton, MA 02135**

Applications received 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					
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: Barrows Brook Village
165 Chestnut Hill Ave, Unit 2
Brighton, MA 02135-9998

--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: **Barrows Brook Village**

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: Barrows Brook Village
Address: _____
Kingston, 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: Barrows Brook Village
165 Chestnut Hill Ave, Unit 2
Brighton, MA 02135

--OFFICE USE ONLY--

Date Sent: _____ Date Received: _____

Comments: