Affordable Housing Application

Beaver Pond Commons

Milford, MA

Sales Prices: All 22 affordable units will be sold @ $157,000. Sale Prices do not change based on an applicant's income.

Maximum Household Income Limits: $46,300 (1 person), $52,950 (2 people), $59,550 (3 people), and $66,150 (4 people)

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.

Send all completed applications **due May 12th** to:

SEB
Re: Beaver Pond Commons
165 Chestnut Hill Ave #2.
Brighton, MA 02135

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

EQUAL HOUSING OPPORTUNITY

Section 1

The Program Application

Beaver Ponds 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):

☐ 4 person household: all types

☐ 3 person household: all types

☐ 2 person household: 2 heads-of-household under criteria c *(see pg. 10 of the **Info Packet**)*

☐ 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?
(write your answer in the space provided and please be as specific as possible)

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.

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**, check the appropriate box for the following 2 questions:

	YES	NO
Are you or any member of your household a current resident of Milford?		
Are you or any member of your household a current employee of a business within the town limits of Milford?		

Instructions for Completing the Following Income Table

- List ALL sources of income as requested below for ALL household members over 18 years old.
- List the Gross income for *both* 2009 and the anticipated gross income for 2010.
- EVERY AND ANY job that you have a 2009 W-2, 2009 1099 or have received income from since January 1st, 2009 must be listed.
- 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 "Total Gross for 2009" and the "Anticipated Gross Amount for 2010" ***(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.
- If you worked a job in 2009 and no longer work there, write NA for "Anticipated Gross Amount for 2010" on the line for that particular job.
- If you just started a job in 2010, write NA under "Total Gross for 2006" on the line for that particular job.
- **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	Total Gross Income for 2009	Anticipated Gross Income for entire 2010
	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		
	Full-Time Student Income (18 & Over Only)		
	Full-Time Student Income (18 & Over Only)		

Household Member Name	Source of Income	Total Gross Income for 2009	Anticipated Gross Income for entire 2010
	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		
	Other Income (name/source)		
	Other Income (name/source)		
	Interest Income (source)		
	Interest Income (source)		
	Interest Income (source)		
	Interest Income (source)		
	Interest Income (source)		
	Interest Income (source)		
TOTALS	Please calculate your 2009 Total Gross Income AND your Anticipated Gross Income for the entire 2010 Calendar Year		
		(Box 1)	*(Box 2)*

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	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

Do you, or anyone on this application, own any property or have owned property since January 1, 2006?	☐ Yes ☐ No
Are you, or anyone on this application, entitled to receive any amount of money from the sale of any property? (currently or thru an upcoming court settlement)	☐ Yes ☐ No
If yes to either question, type of property:	
Location of property:	$
Appraised Market Value:	$
Mortgage or outstanding loans balance due:	$

INCOME/ASSET ELIGIBILITY QUESTIONS (please check one)	YES	NO
1. Are the yearly income amounts listed in *either* Box 1 or Box 2 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: recent change in employment etc.):* *All claims made above must be supported with documentation submitted with this application.*		
2. Is the sum total of all your assets (including equity in a home) listed in the Asset Table on the previous page more than $75,000? If **YES**, please explain why you think your household is still eligible for entrance into this Lottery*:* *All claims made above must be supported with documentation submitted with this application.*		

Section 2
The Required Forms and Documentation Worksheet

Please answer all 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 2009 taxes we still need to see your 2009 W-2s, 2009 1099s etc. You will also need to send in all these documents from 2008 plus your 2006 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)

YES / NO

If NO: **Go to question #2**

If YES: # of jobs

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

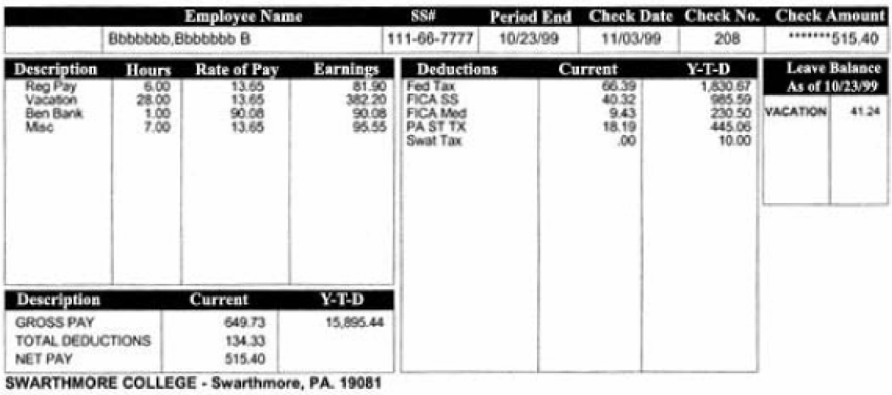
For **every** job listed here you need attach BOTH:

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) — **ATTACHED**

and

a) Attach copies of your 2008 and 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

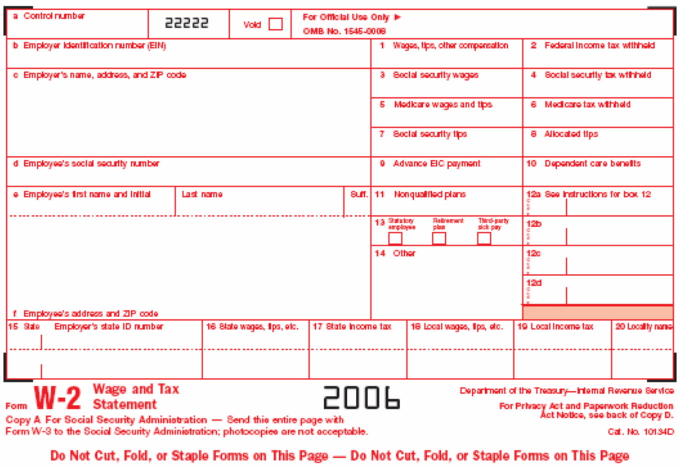
Deductions	Current	Y-T-D
Fed Tax	66.39	1,830.67
FICA SS	40.32	985.59
FICA Med	9.43	230.50
PA ST TX	18.19	445.06
Swat Tax	.00	10.00

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)
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 Employee's social security number
9 Advance EIC payment
10 Dependent care benefits
e Employee's first name and initial | Last name | Suff.
11 Nonqualified plans
12a See instructions for box 12
13 Statutory employee | Retirement plan | Third-party sick pay
12b
14 Other
12c
12d
f Employee's address and ZIP code
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.)

NO → **Go to question #3**

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

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

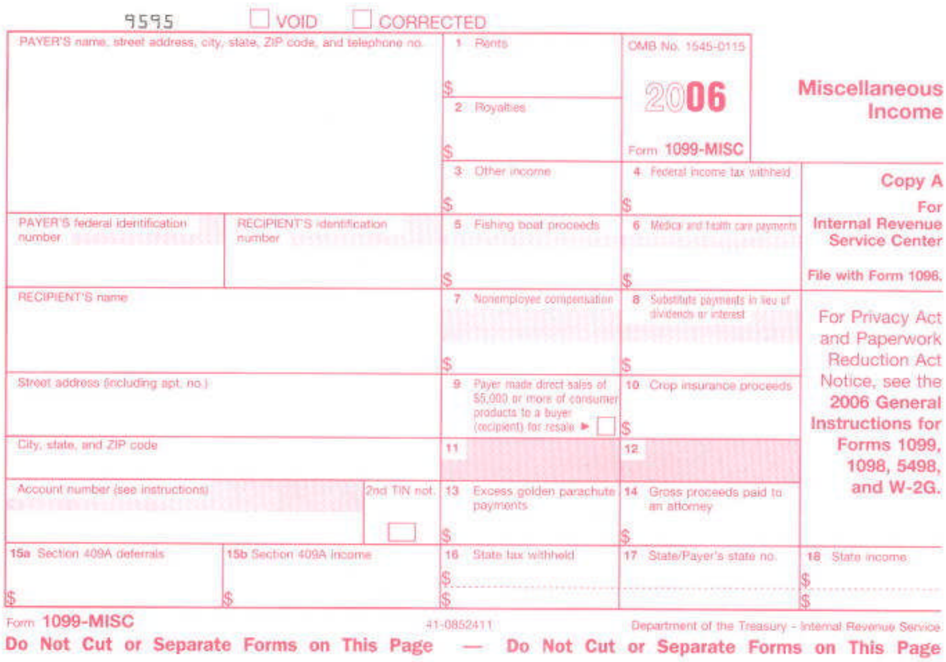
a) Attach copies of your most recent statements from the source of income.

b) Attach copies of 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 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 **today's date and January 1st 2009?**

YES: # of jobs that were left

NO: **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

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**

If you have not filed your 2009 Taxes, you will need to provide the above documentation for any job left since January 1st, 2008!!!

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 Section 3 in the back of this application. Be sure to include (all that apply):

a) Copies of all most recent 1099s (should be 2009)
b) A Copy of Schedule C for your most recent 1040s (should be 2009)
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 Section 3 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 of a legal claim filed against the person that owes you money and, if applicable, statements from the DOR showing payments made ☐ **CHED**
(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

	YES	NO
7. Have you been divorced/separated since January 1st, 2006 or are you currently in the process of getting divorced/separated?	☐	☐ → **Go to question #8**

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. ☐ **ATTACHED**

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 6? (i.e. payments from family members or recurring gifts)

YES **NO**

# of sources

Go to question #9

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.

ATTACHED OR MAILED

"Other Income" or Down Payment Assistance Questions

9. Did you list any sources under "Other Income" on page 6 of Section1 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 8.**

YES **NO**

# of sources

Go to question #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

of Assets

10. How many different Assets did you list on page 8?
(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:

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**

Real Estate Questions

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

YES **NO**

11. Do you currently own a home or property? ☐ ☐

How many different properties/homes do you currently own? # of properties ☐ — **Go to question #12**

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

a) 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
b) Attach a statement from your lender showing your current balance on your mortgage or outstanding loans

☐ **ATTACHED**

Please note, if you are allowed to currently own a home (see Information Packet) you will be entered into the lottery but you will not be able to purchase a new affordable home until your current home is sold or under a P&S Agreement with another buyer or your name is removed from the deed.

Households with Students

	YES	NO
12. Are any household members over 18 years old currently students or have been students in the past 12 months?	☐	☐
How many?	# of students ☐	Go to the question #13
For each student you need to attach **School Transcripts** for the past 12 months.	☐ ATTACHED	

Local Preference Households

	YES	NO
13. Are you applying as a Local Preference Household?	☐	☐
		Go to the question #14

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

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

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

☐ ATTACHED

1040 Tax Transcripts for 2006, 2007 & 2008 (& 2009 if available)

# of members

14. How many members are in your Household?

EVERY one of your household members should be listed on EVERY 1040 Tax Transcript submitted (unless they were not yet born). You need to submit all these 1040 Tax Transcripts from the past 3 years. Send in every page!

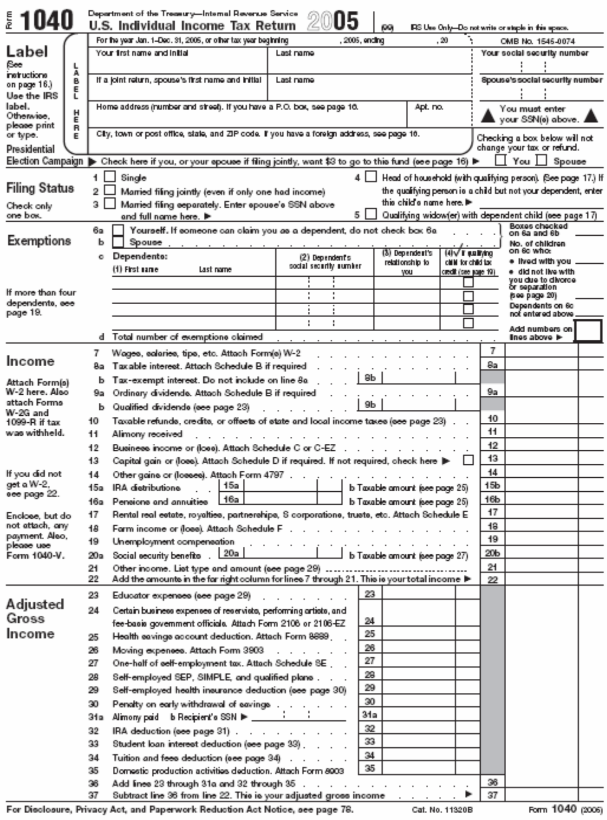
Do NOT send in a copy filled out by hand. If you had a professional prepare your taxes, they will have the transcripts you need. You can also call the IRS at (800) 829-1040 and they can mail or fax you a copy of any of these transcripts.

For each household member that has not filed Taxes nor been on a Tax Transcript 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
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
Boxes checked on 6a and 6b
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)
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
If more than four dependents, see page 19.
d Total number of exemptions claimed
Add numbers on lines above ▶
Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required
b Tax-exempt interest. Do not include on line 8a | 8b
9a Ordinary dividends. Attach Schedule B if required
b Qualified dividends (see page 23) | 9b
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 ▶
If you did not get a W-2, see page 22.
14 Other gains or (losses). Attach Form 4797
15a IRA distributions | 15a | b Taxable amount (see page 25) | 15b
16a Pensions and annuities | 16a | b Taxable amount (see page 25) | 16b
Enclose, but do not attach, any payment. Also, please use Form 1040-V.
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 | 20a | b Taxable amount (see page 27) | 20b
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 expenses (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 3903
27 One-half of 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 b 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 8903
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

# 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.**

- Jennifer Grivers from Sovereign Bank (508.431.0210)
- Sandra Gouveia from Citizens Bank (508.491.6488)

PRE-APPROVAL ATTACHED

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

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 purchase an affordable unit in the Town of Milford 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 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 CHAPA, THE TOWN OF MILFORD AND SEB, LLC TO VERIFY ALL INFORMATION PROVIDED IN THIS APPLICATION.

____________________________________ ______________________

Applicant Signature Date

____________________________________ ______________________

Co-Applicant Signature Date

Send applications with ALL required documentation to:

SEB
Re: Beaver Pond Commons
165 Chestnut Hill Ave #2
BRIGHTON, MA 02135

All applications are due (not postmarked) by May 12th, 2010. SEB is not responsible for lost or late applications so take all necessary measures to ensure that it is derived by the deadline.

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

Deed Rider Signature of Understanding

Beaver Ponds
Milford, MA

Deed Rider
Affordability and Resale Restrictions

I/We have read the Deed Rider Summary and Property Restrictions as provided in the Information Packet 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.php

The Beaver Ponds sales office

I/We also understand that, if selected in the lottery to purchase a unit, a full copy of the Deed Rider will be provided.

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) 782-4500 or mail to: SEB
Re: Beaver Pond Commons
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: **Beaver Pond Commons**

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: Beaver Pond Commons

Address: Not Yet Determined

Milford, 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: Beaver Pond Commons
165 Chestnut Hill Ave #2
Brighton, MA 02318

--OFFICE USE ONLY--

Date Sent: Date Received:

Comments: