

# Winchester First Time Home Buyer (FTHB) Program Application

For Participation in the Housing Lottery  
15 Dix Street Condominium / Winchester, MA 01890

## I) Applicant Information

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Stable Inter-dependent Relationship \*  Other: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ Unit / Apartment: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Length of Time at Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Previous Addresses (for 5 years prior to date of this application) / City / State / Zip / Date Range (month/year format e.g. 05/2011-05/2016)

1) \_\_\_\_\_

2) \_\_\_\_\_

Do you currently own a home? \_\_\_\_\_ Have you previously owned a home? \_\_\_\_\_

If yes, provide all Dates of Ownership (month/year format e.g. 05/2011-05/2016) and Locations:

Date of Ownership: \_\_\_\_\_ Location: \_\_\_\_\_

## II) Co-Applicant(s) Information: Attach additional pages if necessary.

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Stable Inter-dependent Relationship \*  Other: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit / Apartment: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Length of Time at Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Previous Addresses (for 5 years prior to date of this application) / City / State / Zip / Date Range (month/year format e.g. 05/2011-05/2016)

1) \_\_\_\_\_

2) \_\_\_\_\_

Do you currently own a home? \_\_\_\_\_ Have you previously owned a home? \_\_\_\_\_

If yes, provide all Dates of Ownership (month/year format e.g. 05/2008-05/2009) and Locations (Street / City / State / Zip):

Dates of Ownership: \_\_\_\_\_ Location: \_\_\_\_\_

## III) Household Members/Size: Please list all persons (including Applicant and Co-Applicant) who will occupy the unit:

Name	Social Security #	Date of Birth	Relationship to Applicant
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1) _____	_____	_____	_____
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2) _____	_____	_____	_____
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3) _____	_____	_____	_____
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4) _____	_____	_____	_____
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5) _____	_____	_____	_____
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Indicate Minimum Number of Bedrooms Needed (lottery will be re-ranked based on bedrooms needed): \_\_\_\_\_

\* If this box is checked, we will ask you to sign a statement. **Stable Inter-Dependent Relationship** must satisfy the following criteria: 1) not related by blood; 2) have been residing together in a common household for at least 6 consecutive months; 3) are sole partners of one another; 4) are financially interdependent.

**IV) Household Income:** Household income means the estimated gross income for all household members 18 years of age or older, for the calendar year 2010 based on current annualized gross amounts of income from any source, both taxable income and non-taxable income, including, but not limited to: earnings, overtime, IRA distributions, part-time employment, bonuses, dividends, interest, annuities, pensions, Veterans Administration Compensation, gross rental or lease income, commissions, deferred income, welfare payments, social security benefits, disability payments, alimony, support payments, public assistance, sick pay, unemployment compensation, and income received from trusts, business activities and investments. Failure to disclose complete earnings can render an applicant disqualified from consideration. Attach additional pages if needed.

Estimated Household Income (2016)	Applicant	Co-Applicant	18+ Household Members
<b>Employer: **</b>	_____	_____	_____
<i>Address (City/State)</i>	_____	_____	_____
<b>I am paid</b> (if <i>Hourly</i> indicate rate): (if <i>Salary</i> , indicate annual amount)	<input type="checkbox"/> Hourly/rate _____ <input type="checkbox"/> Salary _____	<input type="checkbox"/> Hourly/rate _____ <input type="checkbox"/> Salary _____	<input type="checkbox"/> Hourly/rate _____ <input type="checkbox"/> Salary _____
Indicate Pay Cycle & Amount per:	<input type="checkbox"/> Weekly _____ <input type="checkbox"/> Bi-Weekly _____ <input type="checkbox"/> Semi-Monthly _____ <input type="checkbox"/> Monthly _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Weekly _____ <input type="checkbox"/> Bi-Weekly _____ <input type="checkbox"/> Semi-Monthly _____ <input type="checkbox"/> Monthly _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Weekly _____ <input type="checkbox"/> Bi-Weekly _____ <input type="checkbox"/> Semi-Monthly _____ <input type="checkbox"/> Monthly _____ <input type="checkbox"/> Other _____
Overtime total to date (from 1/1/15): **	_____	_____	_____
Bonus total to date (from 1/1/15): **	_____	_____	_____
Commissions to date (from 1/1/15): **	_____	_____	_____
<b>Supplemental 2<sup>nd</sup> Income</b> (monthly)**	_____	_____	_____
<b>Employer: **</b>	_____	_____	_____
<i>Address (City/State)</i>	_____	_____	_____

**Additional Sources of Income:\*\***

*Indicate Applicable Type & Monthly Amount (attach additional pages if necessary):*

1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

**\*\* Three (3) most recent consecutive pay stubs and/or other supporting documentation must be included with application for each earning household member.** Self-employed individuals and those earnings commissions, bonuses and overtime must submit last two years Federal Income Tax Returns and supporting schedules and documentation. Commissions, overtime and bonuses will be averaged over previous two years.

**V) Assets:** Applicants must disclose assets and provide supporting documentation if requested and/or if using a lender other than a Winchester FTHB Participating Lender. Cash value of the following will be considered as assets. Include Information for all 18+ Household Members, attach additional pages if necessary. Failure to disclose total assets may result in disqualification from the lottery.

	Current Balance	Institution	Account #	Owner in Household
Savings Accounts	_____	_____	_____	_____
Savings Accounts	_____	_____	_____	_____
Checking Accounts	_____	_____	_____	_____
IRA/401K	_____	_____	_____	_____
IRA/401K	_____	_____	_____	_____
ROTH IRA	_____	_____	_____	_____
Securities	_____	_____	_____	_____
Real Estate	_____	_____	_____	_____
Other Assets	_____	_____	_____	_____

**VI) Down Payment:** Indicate source & amount. \_\_\_\_\_

