

*Must be delivered by 2 pm on February 2<sup>nd</sup>, 2016*

# Eagle Brook Village Application

Wrentham, MA

Sales Prices (do not change based on applicant's income):  
\$235,300 for a 4BR Single Family Home  
\$217,700 for a 3BR Single Family Home  
\$194,600 for a 2BR AGE-RESTRICTED Home

**Maximum Household Income Limits:**

\$48,800 (1 person), \$55,800 (2 people), \$62,750 (3 people), \$69,700 (4 people)  
\$75,300 (5 people), \$80,900 (6 people), \$86,450 (7 people), \$92,050 (8 people)

**The Maximum Household Asset Limit for the 3BR and 4BR homes is \$75,000**

**The Maximum Household Asset Limits for the 2BR AGE-RESTRICTED HOMES is \$275,000 (which includes equity in a dwelling to be sold).** At least one household member must be age 55 or older to qualify for an Age-Restricted home.

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 the following sections:

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

The first two sections must be filled out entirely in order for your application to be processed. Every space given to initial must be initialed, even if you answer "N/A". If a question does not apply to you, check "N/A". LEAVE NOTHING BLANK.

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

Send or drop off all applications and documentation by the date at the top of this page to:

SEB  
Re: Eagle Brook Village  
165 Chestnut Hill Ave, Unit #2  
Brighton, MA 02135  
Fax: 617.782.4500  
Email: seb.housing@gmail.com

If you fax or email, please be sure you send both sides of double sided pages!!!



# Section 1

## The Program Application and Definitions

**Please provide all the following contact information for the Head of Household:**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_\_) \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

Email address: \_\_\_\_\_@\_\_\_\_\_

*Please note: We will only use your email address to contact you about this application. Providing your email should facilitate the process of completing your application as you will be notified of missing documentation faster than if we can only send notifications via postal mail. We will not contact you about future lotteries unless requested.*

Please fill out the chart below for everyone who will be occupying the unit:

NAME A.	AGE B.	HEAD OF HOUSEHOLD OR DEPENDENT C.	RELATIONSHIP TO APPLICANT LISTED AT THE TOP OF THIS PAGE D.

I certify that my Household Size is (total number of entries in column A) \_\_\_\_\_.

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

As the 2BR homes available at Eagle Brook Village are part of an age-restricted community as detailed in the Information Packet, I am applying for a 2BR home and thereby certify that at least one Head of Household listed above is 55 years old or older (please circle one):

YES

NO

N/A

**HOUSEHOLD TYPE** (please check one, read the Information Packet for more details):

**Type A**

- 8 person household: all types
- 7 person household: all types
- 6 person household: all types
- 5 person household: all types
- 4 person household: any eligible household composition that does NOT include a husband and wife (or those in a similar living arrangement) who shall be required to share a bedroom by DHCD's guidelines (see pg 10 of the info packet)

**Type B**

- 4 person household: 2 heads-of-household plus two members/dependents
- 3 person household: 1 head-of-household plus 2 members/dependents
- 3 person household: 2 heads-of-household under criteria c (described above) plus 1 member/dependent

**Type C**

- 3 person household: 2 heads-of-household plus 1 dependent
- 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 dependent

**Type D**

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

**PREFERENCE INFORMATION**

**Do you or any member of your household qualify for Local Preference?** An applicant qualifies for local preference if the applicant or a member of their household fit into one of the following categories (A) a current resident of Wrentham, (B) an employee of the Town of Wrentham (including Wrentham Public Schools, or the King Philip regional School District) or (C) an employee of a business located within the Town of Wrentham

- Yes
- No

*If yes, in Section 2: Preferences, you will be required to attach proof of local preference.*

**RACE (OPTIONAL)**

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 boxes that apply):

- Alaskan Native and Native American
- Black or African American (not of Hispanic origin)
- Hispanic or Latino
- White (not of Hispanic origin)
- Asian
- Native Hawaiian or Pacific Islander
- Other (please specify)\_\_\_\_\_

**HOMEOWNERSHIP (CIRCLE "YES" OR "NO")**

**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 the next page.  
If you answered YES, please answer all the following questions.

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

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

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**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 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 must finalize your separation and/or sell your home before you can be placed on the Waiting List. **Please read the Information Packet for more details.**

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

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

If you answered NO to the last two questions, you must finalize your separation and/or sell your home before you can be placed on the Waiting List. **Please read the Information Packet for more details.**

**MORTGAGE QUALIFICATIONS**

1. Please **circle** the homes you are interested in. You can circle more than one as long as your pre-approval will cover both sale prices:

**2BR Homes for \$194,600 (must have one household member age 55 or older)**

**3BR Homes for \$217,700**

**4BR homes for \$235,300**

2. What is the *estimated* total net value of your assets?  
(Please see the Asset Table in the Application Below)

\$

Box 2

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

\$

Box 3

4. What is the total of Box 1 + Box 2?

\$

Box 4

If Box 4 is less than the sales price of any of the units you circled above, you will not be allowed to move forward in this application process for that unit. Please speak to your lender for more details.

**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)

**REASONABLE MODIFICATION OR ACCOMODATION**

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing.

## **INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE**

Please complete the Income Table on the following two pages. You will later be asked to attach supporting documentation in the form of the **five most recent consecutive pay stubs and/or income statements for all sources of income, W-2 statements** and the **THREE most recent federal income tax returns** (including all attachments and amendments) for each member of the household.

For the purpose of **income determination**, **“Household”** shall mean all persons who intend to occupy the housing unit as their permanent primary residence, even if they are not included on the mortgage. Legally married couples shall both be considered part of the household, even if separated. The incomes of *all* household members will be included, with the exception of income from employment for household members under the age of 18 or any income over \$480/year of full-time students who are dependents (but please note that documentation of income for those dependents still needs to be supplied).

**Please note:**

1. Gross income from current wages, salaries, tips, etc. is the full amount, before any deductions, and is the amount used to determine estimated current annualized income.
2. For self-employed applicants- include the contract or job name in the space provided. You will be directed to all the additional documentation you will need to submit in **Section 2**.
3. “Interest Income” refers to any amount that you receive from any asset except for amounts drawn down from a retirement account or 401K as those go on the lines for “pension” or “retirement funds”.





Household Member Name	Source of Income	Current GROSS Monthly Income
	Unemployment Compensation	
	Workman's Compensation	
	Severance Pay	
	Title IV/TANF	
	Full-Time Student Income (18 & Over Only)	
	Full-Time Student Income (18 & Over Only)	
	<b>Periodic payments from family/friends &amp; Recurring Gifts</b> <i>(i.e. monthly/weekly money from family/friends)</i>	
	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)	
	<b>Gross Monthly Household Income (GMHI)</b>	\$ /month
<b>GMHI x 12 =</b>		
	<b>Gross Annual Household Income</b>	\$ /year

# ASSETS

If a section doesn't apply, cross out or write NA. In the next section you will be directed to submit detailed bank/balance statements for EVERY ASSET listed here. If any household member has divested themselves of an asset for less than full and fair present cash value of the asset within two years prior to this application, the full and fair cash value of the asset at the time of its disposition must be listed below.

Checking Accounts	Bank Name	Last 4 Digits of Acct Number	Amount	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Trust Account			Balance \$	
Certificates (or CDs)			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Bonds	Maturity Date:		Value \$	
	Maturity Date:		Value \$	
401k, IRA, Retirement Accounts (Net Cash Value)	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
Mutual Funds	Name:	# of Shares:	Interest/Dividends	Value
			\$	\$
			\$	\$
			\$	\$
Stocks			\$	\$
			\$	\$
			\$	\$
Bonds			\$	\$
			\$	\$
Investment Property			Appraised Value \$	
<b>Down-Payment Assistance</b> <i>(An anticipated one-time gift from family/friends to help with the mortgage down-payment)</i>			\$	

## 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, or anyone on this application, own any property or have owned property in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to either question, type of property:</i>	
Location of property:	\$
Appraised Market Value:	\$
Mortgage or outstanding loans balance due:	\$

# Section 2

## Required Documentation

**Please note: the following questions are applicable to every single person who will be occupying the unit. Therefore, the use of “I” or “my” in the following questions includes all household members.**

**You MUST initial every question in Section 2 and, where provided, check “N/A” or “Yes”.**

**Every time you answer “Yes”, you must submit all documentation as directed in that question.**

**MORTGAGE PRE-APPROVAL:**

The following question is only applicable to age-qualified households applying for the 2BR homes: If you currently own real estate to be sold for eligibility for this opportunity and plan on using the equity from the sale of the home along with your other assets to cover the ENTIRE cost of the affordable home, please initial here:

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

1. I have attached a mortgage pre-approval that meets each and everyone of the following standards for this affordable housing program:

- 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, (617) 854-1000 or www.masshousing.com)
- The loan can have no more than two points.
- The loan cannot be an FHA loan (as FHA will not accept the terms of the Deed Restriction)
- The buyer must provide a down payment of at least 3% - half of which must come from buyer’s own funds.

I understand that I can go to any lender of my choosing as long as the pre-approvals abide by the above standards but it is strongly recommended that I talk to a lender that has familiarity with affordable housing in Massachusetts as they will be more familiar with the process, mortgage requirements, and Deed Restrictions than a lender with no experience in affordable housing. A list of recommended lenders is in the Mortgage Pre-Approval section in the Information Packet:

I understand that the mortgage pre-approval process should be my first step in documentation gathering as this entire process and program depends on my ability to eventually get a mortgage so I can purchase a home.

I also understand that I should make copies of all the documentation I give to my bank as I may need copies to submit with this application.

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

2. **Down Payment Assistance:** If I am going to receive any down payment assistance from family members or friends, I have attached a signed and dated letter from the source of assistance that includes **ALL** of the following:

- (A) The Name and contact information of the person(s) providing the gift AND
- (B) The total amount of money that will be gifted AND
- (C) The statement “This will be a bona-fide gift, and there will be no obligation, expressed or implied either in the form of cash or future reserves, to repay this gift.”
- (D) The letter has me or one of my household members listed as the recipient of the gift AND
- (E) The letter is signed by the donors and the recipient

- N/A
- Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

3. **Earnings/Wages (CURRENT EMPLOYMENT):** I have attached copies of the **five (5)** most recent consecutive pay stubs or five most recent statements for every source of income for every household member 18 years or older as listed on the Income Tables in Section 1. All attached pay-stubs or statements have the name of the employer, date, wages, and name of the household member and cover the 5 most recent consecutive pay periods (*which will be a 5 week period if paid every week, or a 10 week period if paid every 2 weeks, or a 5 month period if paid only once each month*).

N/A

Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

4. **Earnings (FORMER EMPLOYMENT):** For EACH AND EVERY source of income reported on the most recent tax return where a household member is no longer receiving income (e.g., no longer working for a particular employer), I have attached **ONE** of the following:

(A) A letter signed by that household member **and** a letter signed and dated from the former employer verifying the last day of income and the Year-To-Date income at time of separation OR

(B) Only for jobs where my last day of employment was in the previous calendar year, I have attached the last paystub from the job that shows a Year-To-Date income that matches the Wages on the W-2 for that job OR

(C) The Initial determination of unemployment benefit statement that lists former employers, length of employment, gross income by quarter, and EIN Number OR

(D) I have completed only the top portion of the Verification of Terminated Employment form attached in Section 3 of this application and understand that SEB will submit this to the contact provided by me on the form in hopes of having it returned in the next 1-2 weeks but in the event that the former employer does not return the form I will submit the materials listed in part A, B, C of this section

I understand proof of termination is required for every single job on my previous years tax returns (no matter how small), that this is to verify my current income and that being terminated from one or multiple jobs will in no way affect my affordable housing program eligibility.

N/A

Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

5. **Earnings (Social Security, SSDI, Pension, Retirement, Public Assistance, TANF):** I have attached copies of the most recent statements for every source of income listed on the line above for every household member 18 years or older. I understand that for Social Security and/or SSDI payments I need to submit the yearly benefit letter I receive from the Social Security Administration Office detailing my payments for the next 12 months.

N/A

Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

6. **Earnings (SELF EMPLOYED ONLY):** For every self-employed household member 18 years or older, I have attached copies ALL of the following:
- (A) The most recent **two years' federal income tax returns** (including any attachments and amendments) AND
  - (B) A **year-to-date profit and loss statement** AND
  - (C) A **projected profit and loss statement** for the next 12 months AND
  - (D) All supporting documentation including current financial statements, accountant statements, quarterly tax returns (if I file quarterly), and income and expense receipts AND
  - (E) **A statement signed, dated and notarized by the self-employed household member summarizing the enclosed materials.**

- N/A
- Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

7. **Earnings (Unemployment)** I have attached copies of the **three (3)** most recent consecutive unemployment statements for every household member 18 years or older who is currently receiving unemployment and understand that it must be assumed that the household member will continue to receive unemployment over the next 12 months. **For every household member who reported unemployment on their most recent tax return but who no longer receives it,** I have attached a copy of my current unemployment benefit statement or balance that was obtained online or at my unemployment office. The statement shows the last two unemployment payments received, my current benefit rate, and my current total benefit balance. I understand that if this documentation indicates that I have current benefits and have received recent payments, my unemployment will be calculated as part of my income, regardless of my current employment status.

- N/A
- Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

8. **Earnings (Workman's Comp, Severance pay)** I have attached copies of the **three (3)** most recent consecutive pay stubs or three most recent statements for payments I am receiving through Workman's Compensation or Severance settlement and if my current compensation or pay is not going to continue for the next 12 months, I have attached the legal document stating the monthly, yearly or total amount to which I am entitled in addition to the timeline and/or termination of such pay.

- N/A
- Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

9. **Household member with NO EARNINGS:** If a member of my household is 18 years or older and is not employed and not receiving any income, I have attached a letter from him/her attesting to this fact AND this letter has been signed and dated by that household member AND the letter has been notarized.

- N/A
- Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

**10. Divorce and/or Separation:** I understand that legally married couples shall both be considered part of the household, even if separated, and that children can only be considered part of the household if a head of household has at least joint physical custody of the child and so I have attached a copy of my divorce decree AND the divorce agreement to verify my household size claims. I understand that if no legal action has been taken for filing for divorce or separation, my partner's income and asset must be included in my application.

- N/A
- Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

**11. Child Support and/or Alimony:** If I am entitled to receive Child Support and/or alimony (even if I am not receiving it), I have attached **ONE** of the following:

- (A) A copy of my divorce decree or settlement agreement OR
- (B) A statement from the Department of Revenue (DOR) that shows my payments for the past 3 months OR
- (C) In the event that I am not receiving the child support or alimony I am entitled to receive, I have attached a copy of my divorce decree AND proof of a legal claim filed against the person that owes me money and, if applicable, DOR statements and/or legal claims showing payments made and/or owed.

- N/A
- Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

**12. Periodic Payments:** If I am receiving any periodic payments, or listed anything under "Other Income", I have attached a signed and dated letter from the source of income that includes **ALL** of the following:

- (A) The Year-To-Date income received AND
- (B) The anticipated monthly income for the next 12 months AND
- (C) The letter has me listed as the recipient of the payments AND
- (D) The letter is notarized.

- N/A
- Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

**13. Households with Students:** I have attached proof for every household member 18 years or older who is a full-time student of his/her full-time student status in the form of: Letter from the Registrar, Transcript or other enrollment verification.

- N/A
- Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

**HOUSEHOLD ASSETS:**

Assets include, but are not limited to, all the categories listed in the above Asset table. All accounts must include complete statements with all pages and list dividend and interest information if applicable *regardless of how little money may currently be in the account*. If a household member divests themselves of an asset for less than full and fair present cash value of the asset within two years prior to application, the full and fair cash value of the asset at the time of its disposition must be declared and shall be included for purposes of calculating eligibility.

14. I have completed the Asset Table in Section 1 and read the above paragraph on Household Assets and have attached every page of complete, detailed statements for the 3 most recent months or most recent complete quarterly statement on **all** assets held by **each** household member and all statements include information on interest, dividends, and gains or losses, if any. I understand that if I am going to receive any down-payment assistance, that letter must be attached as addressed by question 2 above.

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

15. For **EACH and EVERY DEPOSIT into EACH and EVERY checking and savings account, I have provided documentation from the source of the money deposited**. If a deposit is from earnings of any kind, I have followed all the directions in the applicable paragraphs on Earnings on the previous pages (i.e. submitted 5 most recent pay-stubs, verification from source of earnings etc). If a deposit is from child support and/or alimony, I have followed all the directions in the paragraphs on Child Support/Alimony on the previous pages. If a deposit is a periodic payment, repayment, gift, reimbursement, I have followed all the directions in the paragraph on the previous page titled "Periodic Payments". If a deposit is from a loan of any kind (including student loans), I have provided documentation showing the terms of the loan and the disbursement schedule. For any other deposit types, I have provided sufficient documentation of the purpose, frequency, amount and current status of these deposits from the source of payment. All written statements from third sources must be signed, dated and notarized.

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

16. For every household member claiming to have **NO ASSETS**, I have included a signed, dated, and notarized affidavit stating that the household member has no assets or accounts of any kind, including checking, savings, money market, trust, 401k, retirement, IRA, stocks, or any other type of account. If the household or household member has assets of any kind, they have followed the directions given in the two questions above.

N/A

Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

17. For every household member who no longer owns an asset that generated income on the most recent **tax return** (e.g., if a bank account was closed), I have attached a signed letter by the household member who formerly held that account AND either the final bank statement showing a zero balance or a signed and dated statement from the asset source attesting to this fact. **And for every household member who divested themselves of an asset for less than full and fair present cash value of the asset within two years prior to this application**, I have listed the full and fair cash value of the asset at the time of its disposition in the Asset Table AND provided the last statement for that asset showing its full market value AND attached a signed letter by the household member detailing the transaction in which they divested themselves of the asset.

N/A

Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_



**REAL ESTATE:**

**If you do not currently own real estate or did not own real estate in the last year you filed taxes, please check off "N/A" and move on to the next page.**

18. I have completed all of the questions on page 5 of this Application and I qualify as an Age-Qualified Household, A Displaced Homemaker or a Single Parent.

I understand that *for homes being sold*, my current home must be under Purchase and Sale Agreement (P&S) before I can be given the opportunity to sign a P&S for an affordable home at Eagle Brook Village. I understand that if the home is not under P&S Agreement before reaching the top of a Waiting List, I will be dropped from all Waiting Lists and I cannot be re-added to the bottom of the Waiting Lists until my current home is under P&S Agreement. I understand that if given the opportunity to sign a P&S for an affordable home at Eagle Brook Village, my current home under agreement will need to be sold and a HUD-1 Settlement Statement provided by the closing date in the P&S for Eagle Brook Village. **I have attached documentation showing my debt on the property** (such as mortgage statements or foreclosure notices). **I have also attached documentation showing the value of the property** (such as a recent broker's opinion or appraisal or, if my home is already under P&S, the new Purchase and Sales Agreement).

I understand that *for homes being lost through separation/divorce*, the court order/divorce/separation must be finalized so that my name is no longer on the deed of my current home before I can be given the opportunity to sign a P&S for an affordable home at Eagle Brook Village. I understand that if the court order/divorce/separation is not finalized before reaching the top of a Waiting List, I will be dropped from all Waiting Lists and I cannot be re-added to the bottom of the Waiting Lists until the court order/divorce/separation is finalized. **I have attached documentation showing the value of the property** (either a recent broker's opinion or appraisal or tax assessment or value as stated in the divorce decree/settlement statement) **AND I have attached documentation showing my debt on the property** (such as mortgage statements or foreclosure notices). **Additionally, if my divorce/separation has been finalized, I have attached the divorce decree/settlement statement.**

*For homes sold in the last calendar year in which taxes were filed*, I have attached the HUD-1 Settlement statement for that sale.

N/A

Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

**TAX DOCUMENTATION:**

19. For the most recent year I filed taxes, I have attached all **W-2s, 1099s and all other tax documentation for all sources of income and assets**. I understand that W-2s are the tax documents that are given by employers to show wages, salaries and tips and 1099s are the tax documents that are given by other sources of income (ex: interest on savings accounts, income from retirement accounts, income from unemployment etc). These are the tax documents used so that 1040 taxes can properly be filed as detailed in the next question below. *(You will have a W-2 for every job worked in the most recent year you filed taxes. Please be sure that the wages in the W-2s you submit add up to the wages you filed on your 1040 tax form. If you are not currently working at any of the jobs for which you have received a W-2, please see Question 4: "Earnings (Former Employment)" on the first page of Section 2 for directions.)*

N/A

Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

20. **Three Years of 1040 Tax Transcripts:** I have attached a computerized print out of the **THREE (3) most recent federal income tax returns (i.e. 1040 tax transcripts) including any and all schedules, attachments and amendments** for every household member 18 years or older. **Every page of the tax transcript must be sent** (including, if applicable, Schedules A, B, C etc ). I understand I can obtain these transcripts from the tax professional who filed my taxes last year or I can download these transcripts immediately for free by going to [www.irs.gov/Individuals/Get-Transcript](http://www.irs.gov/Individuals/Get-Transcript) or by calling the IRS at [1.800.829.1040](tel:18008291040) and they will mail or fax the transcripts in 7-10 days. **For every household member who has not filed in the past 3 years**, I have attached a statement from the IRS showing "No Filing" for that household member **for each and every year** in the past three years when taxes were not filed. I understand I can call 1.800.829.1040 and the IRS will mail it or fax it to me in 7-10 days. I understand that statements for 3 different years must be submitted for a household who has not filed taxes in the past 3 years. I understand I can download these statements of no filing for the applicable years immediately for free by going to [www.irs.gov/Individuals/Get-Transcript](http://www.irs.gov/Individuals/Get-Transcript) or by calling the IRS at 1.800.829.1040 and they will mail or fax the statements in 7-10 days. I understand that when I visit [www.irs.gov/Individuals/Get-Transcript](http://www.irs.gov/Individuals/Get-Transcript) I will need to sign up for an account by providing an email address where the IRS can email me a verification code that can then be used to access my records, that I will need to answer a few security questions, and then my tax transcripts or statements of "No Filing" for the past 5 years will be available.

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

**FINAL CERTIFICATION OF HOUSEHOLD INCOME:**

21. I certify that my combined **Gross Annual Household Income** is \$ \_\_\_\_\_  
(total on the bottom of the Income Table)

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

22. My **Gross Annual Household Income** listed above is greater than the Allowable Income Limits for our household size as specified on the cover page of this Program Application and I have therefore attached a signed and dated statement detailing why my income to above does not reflect my income over the next 12 months AND have attached supporting documentation.

N/A

Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

23. There are planned changes in my household income over the next 12 months and I have therefore attached verification of these planned changes in income.

N/A

Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

**PREFERENCES:**

**24. For Local Preference:** I certify that I/we qualify for local preference and have provided the required documentation. A household qualifies for Local Preference if the applicant or a member of their household fit into one of the following categories (A) a current resident of Wrentham, (B) an employee of the Town of Wrentham (including Wrentham Public Schools, or the King Philip regional School District) or (C) an employee of a business located within the Town of Wrentham

**Required Documentation:**

If qualifying under definition (A) as detailed above: I have submitted a Copy of two (2) utility bills 1 from each utility company in my name dated within the last 60 days, e.g., (1) electric, (1) oil, (1) cable, (1) gas, or (1) telephone **landline (not cell phone)**. If utility bills cannot be provided the following documentation **must** be provided: current signed lease **AND** proof of voter registration from the Town Election Department OR proof that you have been registered as a Wrentham resident with the Wrentham Town Clerk

If qualifying under definition (B) as detailed above: I have submitted copies of pay-stubs from the Town of Wrentham or Wrentham Public Schools or King Philip regional schools (these should already be submitted as directed in the **Earnings** section above)

If qualifying under definition (C) as detailed above: I have submitted copies of pay-stubs (these should already be submitted as directed in the **Earnings** section above) **AND IF THE PAY STUBS DO NOT SHOW THE ADDRESS OF THE JOB** I have submitted a **signed statement** from my employer on company letterhead the states the address of the job and the employees name.

- N/A
- Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

**25. Household Type:** On page 4 for Household Type I stated that we have two household members 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 and have attached supporting documentation. Supporting documentation can be verification from a doctor or other medical professional.

- N/A
- Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

**AGE QUALIFIED HOUSEHOLD (FOR AGE RESTRICTED COMMUNITY):**

**26.** The 2BR homes are part of the age-restricted community and at least one member of the household must be 55 years old or older. **I am applying for a 2BR home** and therefore have submitted copies of the Drivers License or Passport or Birth Certificate for the household member who is 55 years old or older

- N/A
- Yes

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

**You must now read, sign and date the following question AND read, sign and date the following page.**

**DEED RIDER SIGNATURE OF UNDERSTANDING:**

I/We have read the resale restrictions for Eagle Brook Village and agree to the restrictions. I/We understand that the Deed Rider Summary in the Information Packet is not the actual Deed Rider and it is only intended to provide general information about Property Restrictions in typical Affordable Housing Programs. I/We understand that a full copy of the example Deed Rider is available under the listing on the seb website: [www.s-e-b.com/lottery/forsale](http://www.s-e-b.com/lottery/forsale) and that if requested, a copy of this example Deed Rider can be mailed to me. I/We also understand that, if selected to purchase this unit, a full copy of the Deed Rider will be provided.

Full Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Full Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please be sure to fully sign the lines above and not just initial them.**

**Please read each item below carefully before you sign.**

1. I hereby declare under pain and penalty of perjury that the information provided on every page of this application is true and correct.
2. I understand that this application will be incomplete if I do not sign and date this page and initial at all indicated points in the application.
3. I understand that if any of the information provided above is not true and accurate, this application may be removed at any point in the process.
4. The undersigned certify that the affordable unit will be undersigned's principal residence and the undersigned cannot own a home elsewhere or in trust while living in an affordable unit. I understand that while previous years' tax transcripts and documentation are required, SEB LLC does not use income reported on the previous years' tax documentation to calculate current annualized income.
5. I understand that the Purchase and Sale Agreement for the units to be occupied through this affordable housing program may be subject to cancellation if any of the information above is not true and accurate.
6. I understand that this is a preliminary application and the information provided **does not** guarantee housing.
7. I understand that any material change in the income or assets of my household that occurs after the submission of this application may make me ineligible for affordable housing.
8. Mortgage Co-signers **are not** permitted unless they are co-tenants who will reside in the unit.
9. I acknowledge that if my email address is provided in this application, SEB will correspond with me by email instead of postal mail unless I make a written request otherwise.
10. The undersigned give consent to the Town of Wrentham, SEB LLC, MassHousing and Metropolitan Boston Housing Partnership, INC to verify the information provided in this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Attach all documentation as directed. All applications and documentation must be delivered by:**

**FEBRUARY 2<sup>nd</sup>, 2016**

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

**Affordable Housing Lottery**

**Re: Eagle Brook Village**

**165 Chestnut Hill Ave #2**

**Brighton, MA 02135**

**Fax: 617.782-4500**

**Email: [seb.housing@gmail.com](mailto:seb.housing@gmail.com)**

**For Questions call (617) 782-2300 x204**

This development does not discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.

# 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: \_\_\_\_\_

**Contact Info of previous employer:**

<b>Name of Contact</b>					
<b>Company Name</b>					
<b>Street Address</b>					
<b>Town, State, Zip</b>					
<b>Tel. #</b>		<b>Fax</b>		<b>email</b>	

**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: Eagle Brook Village  
 165 Chestnut Hill Ave #2  
 Brighton, MA 02135**

--OFFICE USE ONLY--

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

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

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