Must be delivered by 2 pm on June 16th, 2016

Prattown Meadows Application

Bridgewater, MA

Sales Prices (do not change based on applicant's income): \$187,400 for a 3BR Home

Maximum Household Income Limits:

\$46,000 (1 person), \$52,600 (2 people), \$59,150 (3 people), \$65,700 (4 people), \$71,000 (5 people), and \$76,250 (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 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: Prattown Meadows
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

Applicant's Name:			
Address:			
City:		State: Zip	o:
Home Phone:()		Work Phone:()	
Cell Phone:()		Employer:	
Email address:	(@	
process of completing your application a postal mail. We will not contact you about	s you will be notified out future lotteries u	l of missing documentation faster t nless requested.	e. Providing your email should facilitate the than if we can only send notifications via
Please fill out the chart below	for everyone w	no 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 S	Size is (total nu	mber of entries in colum	n A)
Initial(s):	1	Initial(s):	

Type A	
6 person household: all types	
5 person household: all types	
4 person household: all types	
3 person household: 1 head-of-household plus 2 dep	
	dependent, where heads of household cannot be required to severe adverse impact on his or her mental or physical health
Type B	
3 person household: 2 heads-of-household plus 1 de	ependent
2 person household: 2 heads-of-household who cann would be a severe adverse impact on his or her mental or	ot be required to share a bedroom as a consequence of sharing physical health
2 person household: 1 head-of-household plus one of	dependent
Type C	
2 person household: 2 heads-of-household	
1 person household: all types	
reconnection, an types	
PREFERENCE INFORMATION	
Do you or any member of your household qualify for preference if the applicant or a member of their househoresident of Bridgewater, (B) an employee of the Town of Bridgewater/Raynham School district working at school	old fit into one of the following categories (A) a current f Bridgewater (including employees of the
□ 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 se Completing this section may qualify you for additional	9.1
☐ Alaskan Native and Native American	☐ Asian
\square Black or African American (not of Hispanic origin)	\square Native Hawaiian or Pacific Islander
☐ Hispanic or Latino☐ White (not of Hispanic origin)	Other (please specify)
- write (not of thispanic origin)	□Other (please specify)

 $\underline{HOUSEHOLD\ TYPE}$ (please check one, read the Information Packet for more details):

HOMEOWNERSHIP (CIRCLE "YES" OR "NO")

Has anyone	listed on	this appli	cation ow	ned a hoi	me in the j	past 3 year	s or does
anyone on t	his applic	cation curr	ently 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.

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 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.**

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. What is the <i>estimated</i> total net value of your assets? (Please see the Asset Table in the Application Below)	\$	Box 1
2. What is the size of the loan in your mortgage pre-approval?	\$	Box 2
3. What is the total of Box 1 + Box 2?	\$	Box 3
If Box 3 is less that the sales price of the affordable home, you velender for more details. $\hfill\Box$	will not be entered into the lot	tery. Please speak to your
DATABASE INFORMATION		
How did you find out about this affordable housing opportunit (please be as specific as possible, if found "online" please prov	-	
REASONABLE MODIFICATION OR ACCOMODATION		
Persons with disabilities are entitled to request a reasonable ac services, or to request a reasonable modification in the housing may be necessary to afford persons with disabilities an equal o	g, when such accommodations	s or modifications

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".
- 4. Households, or their families, cannot have a financial interest in the development and a household member cannot be considered a Related Party.

INCOME

Household Member Name	Source of Income	Current GROSS Monthly Income
1 valite	Employer (name)	-
	Employer (name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Child Support/Alimony	
	Child Support/Alimony	
	11 '	
	Social Security Income	
	SSDI	
	SSDI	
	Pancian (list sayres)	
	Pension (list source)	
	Pension (list source)	
	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)	
	Periodic payments from family/friends & Recurring Gifts (i.e. monthly/weekly money from family/friends)	
	Interest Income (source)	
	Other Income (name/source)	
	Other Income (name/source)	
	Gross Monthly Household Income (GMHI)	\$ /month
GMHI x 12 =	Gross Annual Household Income	\$ /year

ASSETS

Please complete the entire Asset Table. In Section 2 you will be directed to submit detailed bank/balance statements for EVERY ASSET listed here. Please attach another sheet if there is now enough space provided.

	Bank Name	Last 4 Digits of Acct Number		Amount
Checking			Balance \$	
Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Savings			Balance \$	
Accounts			Balance \$	
			Balance \$	
Trust Account			Balance \$	
			Balance \$	
Certificates			Balance \$	
(or CDs)			Balance \$	
			Balance \$	
Savings Bonds	Maturity Date:		Value \$	
	Maturity Date:		Value \$	
401k, IRA,	Company Name:		Value \$	
Retirement	Company Name:		Value \$	
Accounts	Company Name:		Value \$	
(Net Cash Value)	Company Name:		Value \$	
	Name:	# of Shares:	Interest/ Dividends	Value
Mutual Funds			\$	\$
			\$	\$
			\$	\$
Ct1			\$	\$
Stocks			\$	\$
			\$	\$
Bonds			\$	\$
			\$	\$
Investment Proper	ty	Appr	aised Value\$	
Down-Paymen	t Assistance			
•	time gift from family/fri	iends to help with the	\$	
		DEAL ECTATE		

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?	□ Yes □ No
Are you, or anyone on this application, entitled to receive any	
amount of money from the sale of any property?	□ Yes □ No
(currently or thru an upcoming court settlement)	
If yes to either question, type of property:	
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:

- **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.

copies to submit with this application.

2.

□ N/A □ Yes

Initial(s):

- 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

Initial(s):	Initial(s):
Down Payment Assistance: If I am goir	ng 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 \underline{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	l 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 i	reserves, to repay this gift."
(D) The letter has me or one of my hous	sehold members listed as the recipient of the gift AND
(E) The letter is signed by the donors ar	nd the recipient

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 Section1. 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):
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 employed 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 tha 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 or the form in hopes of having it returned in the next 1-2 weeks but in the event that the former employed 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):
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):

6.	Earnings (SELF EMPLOYED ONLY): For every self-employed household member 18 years or older, I
	have attached copies <u>ALL</u> 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):
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.
	current employment status.
	□ N/A
	☐ Yes
	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(5)
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
	169
	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):
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 <u>ALL</u> 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.
	Initial(s):
13	5. 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. \[\sum \text{N/A} \] \[\sum \text{Yes} \]
	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):
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 page (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 term 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):
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 it 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):

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 Providence Road Commons. 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 Providence Road Commons, my current home under agreement will need to be sold and a Closing Disclosure Form (formerly the HUD-1 form) provided by the closing date in the P&S for Providence Road Commons. 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 Providence Road Commons. 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.

v	r in which taxes were filed, I have attached the Closing Disclosure
Form (formerly the HUD-1 form) for that	at sale.
□ N/A □ Yes	
Initial(s):	Initial(s):

TAX DOCUMENTATION:

19	P. 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):
20	O.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 or by calling the IRS at 1.800.829.1040 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 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 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:

21.1	certify that my combined Gross Annu	al Household Income 1s \$ (total on the bottom of the Income Table)
Ir	nitial(s):	Initial(s):
h si	ousehold size as specified on the cover	listed above is greater than the Allowable Income Limits for our page of this Program Application and I have therefore attached a why my income listed above does not reflect my income over the porting documentation.
	□ N/A	
	☐ Yes nitial(s):	Initial(s):
	here are planned changes in my ho ttached verification of these planned cl	usehold income over the next 12 months and I have therefore nanges in income.
	☐ N/A ☐ Yes	
Ir	nitial(s):	Initial(s):
24. F	ocumentation. A household qualification ousehold fit into one of the following	we qualify for local preference and have provided the required es for Local Preference if the applicant or a member of their categories (A) a current resident of Bridgewater, (B) an employee employees of the Bridgewater/Raynham School district working at
If ea o m D	ach utility company in my name dated r (1) telephone landline (not cell phon nust be provided: current signed le	ailed above: I have submitted a Copy of two (2) utility bills 1 from a within the last 60 days, e.g., (1) electric, (1) oil, (1) cable, (1) gas te). If utility bills cannot be provided the following documentation ase AND proof of voter registration from the Town Election been registered as a Bridgewater resident with the Bridgewater
0	1	railed above: I have submitted copies of pay-stubs from the Town Schools (these should already be submitted as directed in the
	□ N/A □ Yes	
Ir	nitial(s):	Initial(s):

25.	• Household Type: On page 4 for Household Type I stated that v cannot be required to share a bedroom as a consequence of sharing his or her mental or physical health and have attached sup documentation can be verification from a doctor or other medical pr	g would be a severe adverse impact on oporting documentation. Supporting
	□ N/A □ Yes	
	Initial(s):	
f	You must now read, sign following question AN and date the following p	D read, sign
	DEED RIDER SIGNATURE OF UNDERSTANDING:	
	I/We have read the resale restrictions for Prattown Meadows understand that the Deed Rider Summary in the Information Pack is only intended to provide general information about Propert Housing Programs. I/We understand that a full copy of the exam listing on the seb website: www.s-e-b.com/lottery/forsale and that Deed Rider can be mailed to me. I/We also understand that, if selection of the Deed Rider will be provided.	et is not the actual Deed Rider and it y Restrictions in typical Affordable ple Deed Rider is available under the if requested, a copy of this example
	Full Signature of Applicant:	Date:
	Full Signature of Co-Applicant:	Date:
	Please be sure to fully sign the lines above and not just initial then	n.

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. I understand that if any sources of income or assets are not disclosed on this application, or any information provided herein is not true and accurate, this application may be removed immediately from further consideration and I will no longer be allowed to reserve a unit.
- 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. The undersigned certify that none of the people listed in this application, or their families, have a financial interest in the development and none of the people listed in this application can be considered a Related Party by the affordable housing guidelines that govern this property.
- 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.
- 5. 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.
- 6. 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.
- 7. I understand that this is a preliminary application and the information provided **does not** guarantee housing.
- 8. 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.
- 9. Mortgage Co-signers are not permitted unless they are co-tenants who will reside in the unit.
- 10. 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.
- 11. The undersigned give consent to the Town of Bridgewater, SEB LLC, and DHCD 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:

2 pm on June 16th, 2016

Send applications with ALL required documentation to:

Affordable Housing Lottery Re: Prattown Meadows 165 Chestnut Hill Ave #2 Brighton, MA 02135 Fax: 617.782-4500

rax. 017.762-4500

Email: 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 recipiency, 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

Applicant/Tenant:			
I -	previous employer:		
Name of Contact			
Company Name			
Street Address Town, State, Zip			
Tel.	Fax	email	
#	Tux	eman	
	·		
To Be Completed By Pre	vious Employer:		
Date of Termination:		Last Day Actually Worked:	
Total Gross Income par	id to employee over	the last calendar year employed:	
Reason for Termination	n: 🗆 Employe	ee Quit 🗆 Other	
Do you anticipate rehi	ring this employee?	☐ Yes ☐ No If yes, when:	
-		necks for Workman's Compensation? Yes	□ No
		icano for vvorninari o compenoanori: 🗀 reo	
		•	
		company through which this can be verified	
		•	
If yes, provide the nam	ne and address of the	company through which this can be verified	
If yes, provide the nam Total severance pay an	ne and address of the	t 12 months:	
If yes, provide the nam Total severance pay an	ne and address of the	company through which this can be verified	
If yes, provide the nam Total severance pay an	ne and address of the	t 12 months:	
If yes, provide the name of th	ne and address of the	t 12 months:	
If yes, provide the nam Total severance pay an Is employee entitled to	ticipated for the nex	t 12 months: Hent compensation? Yes No	:
If yes, provide the nam Total severance pay an Is employee entitled to THORIZED SIGNATURE	ticipated for the nex	t 12 months: ent compensation?	
If yes, provide the name Total severance pay and Is employee entitled to THORIZED SIGNATURE In Name:	ticipated for the nex	t 12 months: ent compensation?	:
If yes, provide the name Total severance pay and Is employee entitled to THORIZED SIGNATURE In Name:	ticipated for the nex	t 12 months: nent compensation?	:
If yes, provide the nam Total severance pay an Is employee entitled to THORIZED SIGNATURE at Name: atture: phone:	ticipated for the nex	t 12 months: tent compensation?	:
If yes, provide the nam Total severance pay an Is employee entitled to THORIZED SIGNATURE Int Name: Pature: Paphone:	ticipated for the nex	t 12 months: Title: Date: I to: SEB Re: Prattown Meadows 165 Chestnut Hill Ave #2	:
If yes, provide the name Total severance pay an Is employee entitled to THORIZED SIGNATURE It Name:	ticipated for the nex	t 12 months: tent compensation?	:
If yes, provide the nam Total severance pay an Is employee entitled to THORIZED SIGNATURE at Name: phone:	ticipated for the next receive unemploymet (617) 782-4500 or mai	t 12 months: Title: Date: I to: SEB Re: Prattown Meadows 165 Chestnut Hill Ave #2	:
If yes, provide the name Total severance pay and Is employee entitled to THORIZED SIGNATURE Int Name: Interphone: Please Fax form to SEB at	ticipated for the next receive unemploymet (617) 782-4500 or mai	t 12 months: Title: Date: I to: SEB Re: Prattown Meadows 165 Chestnut Hill Ave #2 Brighton, MA 02135	:
If yes, provide the nam Total severance pay an Is employee entitled to HORIZED SIGNATURE t Name: ature: phone: Please Fax form to SEB at ate Sent:	ticipated for the next receive unemploymet (617) 782-4500 or mai	t 12 months: Title: Date: I to: SEB Re: Prattown Meadows 165 Chestnut Hill Ave #2 Brighton, MA 02135	: