

**Resale Application**

**Development: MAPPLERIDGE CONDOMINIUMS**

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**Maximum Income Limits:**

2 Person - **\$58,450** 3 Person - **\$65,750**  
4 Person - **\$73,050** 5 Person - **\$78,900**  
6 Person - **\$84,750** 7 Person - **\$90,900**

**Households can't have more than \$75,000 in assets.**

**Applicant General Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number (    ) \_\_\_\_\_

Work Telephone Number (    ) \_\_\_\_\_

Number of persons in household \_\_\_\_\_

Email address: \_\_\_\_\_ Date: \_\_\_\_\_

**Household Information**

Please list ALL household members, regardless of age, who will occupy the affordable home:

<b>Name</b>	<b>Date of Birth</b>	<b>Relationship</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**First-Time Homebuyers**

Have you owned a home or joint interest in a home in the past three years from the date of this application?  YES  NO

If YES, please explain:

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**Optional Section:** Please check off the appropriate race category for each household member. This information will be used only in accordance with New England Fund guidelines to ensure affirmative marketing requirements.

	Head of Household	Co-Applicant	Dependent(s)
Native American/Alaskan Native			
Asian/Pacific Islander			
African American			
Hispanic/Latino			
Cape Verdean			
White/Non-Minority			
Other			

**Employment Status**

**Applicant's Name:** \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Present Employer \_\_\_\_\_  
Contact Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Hire: \_\_\_\_\_  
Name & Title of Supervisor: \_\_\_\_\_  
Annual Gross Salary: \_\_\_\_\_

**Co-Applicant's Name:** \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Present Employer \_\_\_\_\_  
Contact Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Hire: \_\_\_\_\_  
Name & Title of Supervisor: \_\_\_\_\_  
Annual Gross Salary: \_\_\_\_\_

If other adult household members are employed, please attach a separate sheet with their current employment information.

**Income Information**

Please complete the following information for all persons receiving income in the household at the time of applicant. Household income includes gross wages, retirement income (if drawing on it for income), business income, veteran's benefits, alimony/child support, unemployment compensation, social security, pension/disability income, supplemental second income and dividend income.

In addition to completing the following, please attach all income documentation including:

- Five most recent pay stubs
- Social security documentation
- Pension documentation
- Entire Federal Tax Returns for the last 3 years
- W2s for all household member for the most recent year
- Last 3 month bank or asset statements<sup>i</sup>

**Applicant**

Salary: \$ \_\_\_\_\_  
Interest & Dividends \$ \_\_\_\_\_  
Alimony/Child Support \$ \_\_\_\_\_  
Other Income & Source \$ \_\_\_\_\_  
TOTAL INCOME: \$ \_\_\_\_\_

**Co-Applicant**

Salary: \$ \_\_\_\_\_  
Interest & Dividends \$ \_\_\_\_\_  
Alimony/Child Support \$ \_\_\_\_\_  
Other Income & Source \$ \_\_\_\_\_  
TOTAL INCOME: \$ \_\_\_\_\_

If there are other adult household members who are earning income, please attach a separate sheet with their current income information.

**Asset Information**

Please complete the following Asset Information for all household members. Assets include liquid assets, such as cash in checking or savings accounts, stocks, bonds and other forms of capital investments, excluding equity accounts in homeownership programs or state assisted public housing escrow accounts.

In addition to completing the following, **please attach all asset documentation such as bank statements, brokerage statements, etc.**

**Applicant**

Name on Account: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
Savings Acct#/Amount: \_\_\_\_\_  
Balance: \_\_\_\_\_  
Checking Acct#/Amount: \_\_\_\_\_  
Balance: \_\_\_\_\_  
Other Accounts: \_\_\_\_\_  
\_\_\_\_\_

Gift amounts to be received for down payment: \$ \_\_\_\_\_

Source: \_\_\_\_\_

**Co-Applicant**

Name on Account: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
Savings Acct#/Amount: \_\_\_\_\_  
Balance: \_\_\_\_\_  
Checking Acct#/Amount: \_\_\_\_\_  
Balance: \_\_\_\_\_  
Other Accounts: \_\_\_\_\_  
\_\_\_\_\_

Gift amounts to be received for down payment: \$ \_\_\_\_\_

Source: \_\_\_\_\_

If there are other adult household members who have assets, please attach a separate sheet with their current asset information.

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Applicant Signature    Co-Applicant Signature    Date

**Attachments:** Complete Application Checklist  
Disclosure Form  
Deed Rider  
Deed Rider Signature of Understanding

### Application Checklist

**Your application is not considered COMPLETE without the following documents.  
Incomplete applications will not be reviewed.**

- Completed and signed application
- All income documentation including 5 most recent pay stubs, entire federal tax returns for the last three (3) years, W2s from the most recent year, and any additional income documentation (such as social security or pension income)
- Last three months of all asset information including checking and savings account bank statements, evidence of the value of CDs, brokerage statements, etc.
- A bank pre-approval letter indicating your household qualifies for a mortgage sufficient enough to purchase a home at this development
- Signed Disclosure Form
- Signed Signature of Understanding for the Deed Rider
- Proof of student status for dependent household members over age of 18 and full-time students.

**Please submit the complete application to:**

**John Miro at Tel: 617-953-2735 /  
Fax: 617-370-8510 /  
email: johnmiro@gmail.com**

## Disclosure Form

### Development: MAPPLERIDGE CONDOMINIUMS

Please check and fill in the following items that apply to you

1. I/We certify that our household size is \_\_\_\_\_ (# of ) persons.
2. I/We certify that our annual household income is \_\_\_\_\_. Income from all family members has been included.
3. I/We certify that my/our total liquid assets do not exceed **(\$75,000)** the asset limit.
4. I/We have not individually or jointly owned a single family home, condominium, or co-op as a principal residency within the past three years, unless I/we qualify for the exception for displaced homemakers.
5. The household size listed on the application form includes only and all the people who will be living in the residence.
6. I/We certify that the information contained in this application is true and accurate to the best of my/our knowledge and belief under full penalty of perjury. I/We understand that perjury will result in dis-qualification from further consideration.
7. I/We understand that by submitting this application it does not guarantee that I/we will be able to purchase this property. I/We understand that all application data will be verified and additional financial information will be required and reviewed in detail prior to purchasing the unit.
8. I/We understand that it is my/our obligation to secure the necessary mortgage for the purchase of the home and that all expenses, including closing costs and down payments, are my/our responsibility.
9. I/We further authorize CHAPA to verify any and all income and assets and other financial information, to verify any and all household, resident location and workplace information. I/we direct any employer, landlord or financial institution to release any information to CHAPA, as the project's monitoring agency, for the purpose of determining income eligibility **MAPPLERIDGE CONDOMINIUMS** Development.
10. I/We have completed an application and have reviewed and understand the process that will be used to sell the available affordable homes at **MAPPLERIDGE CONDOMINIUMS** Development.

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Applicant Signature

Date

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Co-Applicant Signature

Date

**Deed Rider Signature of Understanding**

**Development: MAPPLERIDGE CONDOMINIUMS**

Deed Rider

Affordability and Resale Restrictions

I/We have read the resale restrictions for \_\_\_\_\_ and agree to the restrictions. I/We also understand that, if selected to purchase this unit, a full copy of the Deed Rider will be provided or I can obtain a copy at the registry of deeds.

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Applicant Date

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Co-Applicant Date

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