

#### Section 1. Instructions and Definitions

Please submit the NHI Lottery Application and all supporting documentation listed below in one package. Applications will be accepted on a rolling basis although individual projects may have a specific application deadline.

Applicants are **strongly encouraged** to submit their package electronically.

#### 1. Online Application Submission Instructions

Please name your document using BHC's naming convention format: **First Initial and Last Name** (for example: **M Smith**). Please submit your response as a single PDF if you are able. If you must submit multiple documents, please add to the document name a number to account for all parts of the document (for example: **M Smith 1** and **M Smith 2**).

#### Instructions to Upload documentation

- 1. In browser, input URL: https://transfer.boston.gov (a graphic and words appear "File Server Serv-U").
- Enter user name: BHC\_HomeLotteryApplication and password: ownahome#; Click "Login"
- Select "Upload"; click on "Choose File"; select the file to be uploaded; click on "Open"; click on "Upload";
- 4. After the file is uploaded, you will be returned to the "Choose File" screen; clicks on "Close".

**Note**: You will not receive a confirmation that your upload was successful and might even receive an error message. Please confirm submission is received by sending a request via email to **HomeCenter@boston.gov**.

Once submission is uploaded, you will not be able to access your uploaded file. If you need to edit your paperwork you will have to resubmit the paperwork following these instructions from the beginning

#### 2. Mail Submission

Mail to:

Boston Home Center NHI Application 26 Central Avenue Hyde Park, MA 02136



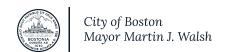




#### Instructions, cont.

Translation services are available upon request.

**Note:** If you are completing this application on a cell phone, please download the free app, Adobe Fill & Sign on iPhone or Android. Without using an app, it will be challenging to complete the application on your phone.





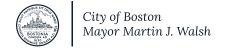




Please see the Notice of Accommodations to have this document translated.

Pleas	e submit copies of the following documents with this Application:
	Income documentation for all sources of income for each and every Household member age 18 or over. Such documentation includes, but may not be limited to, copies of pay stubs, child support payments, and social security income for the past three (3) consecutive months.
	Asset documentation for all Household Members. This includes copies of statements for the last three (3) consecutive months from all accounts at banks and/or credit unions, 401(k)s, or any other asset statements.
0	Current Letter of Pre-Approval from a mortgage lender for a single-, two-family, or condo home for a 30-year fixed-rate mortgage loan with a Loan To Value (LTV) ratio of less than or equal to 97%. The pre-approval must be for an amount sufficient to the average NHI purchase price.
	Copies of the last three (3) years' signed federal tax returns (including schedules and W-2s) for all adult household members.
	No Income Affidavit, if applicable.
	No Child Support Affidavit, if applicable.
	Documentation of Boston residency (i.e., such as a lease or utility bill), if applicable.
0	Documentation of Artist Certification (Artist Certificate letter from Mayor's Office of Arts & Culture, or, if still valid, a letter from the BPDA.)
	Documentation for Disability Preference (Supporting documentation from a licensed health professional treating the household member for the disability.)
	If available, certification or confirmation that Applicant has completed a CHAPA-

approved homebuyer class, such as Homebuying 101 (aka "HB101").







#### **Definitions**

Household Income: the Household Income Information includes the combined income of all persons who intend to live with the Applicant in the dwelling. Income shall include all source(s) of income and current annualized gross amounts of income from any source, both taxable and non-taxable income, including, but not limited to: pay or earnings, overtime, IRA or 401K distributions, part-time employment, bonuses, dividends, interest, annuities, pensions, Veterans Administration (VA) Compensation, gross rental or lease income, commissions, deferred income, welfare payments, Social Security benefits, disability payments, alimony, child support payments, public assistance, sick pay, unemployment compensation, and income received from trusts, business activities, and investments.

For any Household with a child (under the age of 18 years old) for whom the applicant or co-applicant is not receiving child support, please complete a No Child Support Affidavit and submit the Affidavit with this Application.

For Household members age eighteen (18) years or older who do not have income, please complete a No-Income Affidavit for that Household member and submit the Affidavit with this Application.

**Boston Resident:** shall mean an applicant or co-applicant, at the time of application for an affordable housing unit is a documented full-time resident of the City of Boston.<sup>1</sup>

Proof of Boston residency shall include copies of utility bills, voter registration, vehicle registrations, and/or copies of leases where the Applicant was the lessee.

**Verification of United States Residency:** At least one applicant shall document lawful resident status in the United States as either citizen, permanent resident alien (i.e., applicant has a "green card") or other long-term resident status or visa as of the date of application.

The eligible applicant shall provide at least one of the following documents to document United States residency: affidavit, application disclosure, birth certificate, passport, naturalization documents, resident alien documents, and/or other documentation deemed sufficient by DND.

Asset Limitation: The Applicant may be deemed ineligible if the total of combined Household Assets is more than \$75,000. Further, no more than one-half (50%) of the otherwise eligible buyer's assets may be in the form of a gift. All assets, whether in cash, equity in real estate, investment funds or any other item of value will be included in the determination of assets. The only exception to this is government-approved retirement funds and college savings plan. Only if a retirement account or college savings plans are to be liquidated to support the home purchase will it be added to the asset calculation.

If an asset is necessary to the buyer's primary source of income, such as a business owned by the buyer, some or all of the asset may be exempted from the calculation only to the degree necessary to maintain the buyer's income stream.

1 Excludes temporary residency in university residence halls or other similar temporary housing situations.





#### Definitions, cont.

First-time homebuyer shall mean the applicant, co-applicant or spouse has never owned in whole or in part a residential property except under the following circumstances:

- Legally Divorced Single Parent. A single-parent with primary custody<sup>2</sup> of minor children or who is pregnant, who previously owned in whole or in part a residential property but no longer has any rights to the property as a result of a divorce or legally binding separation agreement or,
- Inheritance. A household that received in whole or in part, a residential property as an inheritance but currently has no legal rights to that or any other residential property.
- *Mobile Home.* A household that has owned in whole or in part a mobile home but leased the land on which the property was located.
- Certain Forms of Co-operative Housing. While normally ownership of a cooperative
  housing unit would be considered homeownership, there are certain forms of
  cooperatives that are closer to rental housing than homeownership. Only co-operatives
  in which the shareholder received a mortgage interest tax deduction from the IRS will
  be considered to be homeownership for the purposes of this policy.

<sup>2</sup> Includes joint custody

Minimum Household Size shall equal the number of bedrooms in the property minus one.

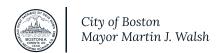
**Household** shall mean all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements.

**DND's Participating Lenders:** First-time homebuyers who also want to participate in the City of Boston's Financial Assistance Program, will need to use a Participating Mortgage Lender. A list can be found at http://www.cityofboston.gov/dnd/bhc/Participating\_Mortgage\_Lenders.asp. Applicants do not need to use a Participating Lender if they are only applying to the NHI Program.

NHI Maximum Program Income Limit by Median Income: Program Income Limits are established by the US Department of Housing and Urban Development (HUD) and are subject to change. Maximum Income Limits for participation in the Neighborhood Homes Initiative is 100% of median income. However, some units may have lower maximum income limits.

Here is the link to the current HUD income limits.

DND's housing policies are subject to change; policies in place at the time of a lottery application will apply.







**Section 2. Household Data** - Please complete for each and every person who will live with the Applicant at the new property.

\*\*Please print, read carefully, and answer all questions. Your signature is required on page 8.\*\*

Buyer Information	on:								
Applicant:	irst	- 1	MI		Last			SSN:	
US Citizen ?		N	Residen			Υ	N	TIN:	
Address:Street							City	State	Zip
Phone:									
Home				_	Work				
Cell:				_	Email: _	-			
Co-Annlicant:								SSN:	
Co-Applicant:	First		М	11	Last				
JS Citizen ?	Υ Ι	N	Residen	t Alie	en?	Υ	N	TIN:	
f different than	Applicar	nt's a	ddress:						
Address:							C:L.	Chaha	
Street							City	State	Zip
Phone: Home				_	Work				
Cell:				_	Email:				
AGE	0-	6 yea	ars	3	35-39 yea	ars	65	-69 years	
RANGE	7-1	7 yea	ars	4	0-45 yea	ars	70	-74 years	_
CHART	18-2	4 yea	ars	4	5-49 yea	ars	75	-79 years	_
	25-2	29 yea	ars	5	0-54 yea	ars	80	-84 years	_
	30-3	4 yea	ars	5	5-59 yea	ars		85+ years	





60-64 years



**Section 2**. **Household Data** – Please complete for each and every person who will live with the Applicant at the new property.

\*\*Please print, read carefully, and answer all questions.
Your signature is required on page 8.\*\*

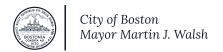
LIST THE NAME, AGE RANGE, AND RELATIONSHIP TO THE BUYER OF ALL PERSONS WHO INTEND TO RESIDE IN THE PROPERTY. ALL INCOME MUST BE LISTED FOR HOUSEHOLD MEMBERS OVER THE AGE OF 18. USE THE AGE RANGE CHART ON PAGE FOUR.

A, HOUSEHOLD NAMES	B. AGE RANGE	C, RELATIONSHIP TO HOMEBUYER	D. SOURCE OF INCOME OR EDUCATIONAL INSTITUTION	E. ANNUAL INCOME
1.				
2.				
3.				
4.				
5.				
6.				

I certify that my household size is (total column A) \_\_\_\_ and my combined Household

SAVINGS OR ASSET TYPE	AMOUNT	NAME OF BANKING INSTITUTION
A.	B.	
1. Cash on Hand		
2. Stocks/Bonds		
3. Certificates of Deposit		
4. Deposits in all financial institutions		
Checking Accounts		
Savings Accounts		
5. Monetary gifts to assist with purchase		
6. Real Estate:		Address:
7. Other:		

The expected annual income from interest is \$\_\_\_\_\_



TOTAL

income is (total column E)\$.

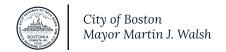




#### Section 2. Household Data - continued

\*\*Please print, read carefully, and answer all questions. Your signature is required on page 8.\*\*

Homebuyer Education and Boston Resid	aency:		
Have you taken an approved Homebuye	r Education class?	Yes	No
Certificate Expiration Date: _			
Are you registered for an HB101 class?		Yes	No
Are you a Boston Resident?		Yes	No
Are you a Certified Artist?		Yes	No
If yes, please provide documentati Office of Arts & Culture, or, if still va			•
Are you looking for a unit built for person	ns with disabilities?	Yes	No
If yes, please provide supporting d treating the household member fo		icensed heal	th professional
Please complete the following section to ments. Check as many of the following i			
Race of Applicant:			
American Indian/Alaskan Native	American India Black or Africa		tive &
Asian	Asian & White		
Black or African American	Black or Africa	n American 8	& White
Native Hawaiian or Other Pacific Islander	Other Multi-Rac	ial	
White			
Are you Hispanic? Yes No _			
Gender:			







#### **Section 3. Application Affidavit and Certifications**

(Please note, the use of the singular "I" or "my" below, shall include the plural in the case of more than one "Homebuyer".)

I, as an applicant for the Neighborhood Home Initiative Lottery, do hereby certify and warrant as follows:

The information in this Affidavit and Disclosure is true, correct, accurate and complete in all respects, and incorporated herein and made part of this affidavit.

The Household Income Information includes all persons who intend to reside in the Property which I will occupy. I am including their age(s), relationship to me, their source(s) of income and current annualized gross amounts of income from any source, both taxable and non-taxable income, including, but not limited to: earnings, overtime, IRA distributions, part-time employment, bonuses, dividends, interest, annuities, pensions, Veterans Administration (VA) 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.

I have attached documentation of my household income, to include among other appropriate documentation, Federal Income Tax Returns, weekly (or other periodic) pay stubs, or receipts for each Household Member who has reached the age of 18.

I am a first-time homebuyer. I have not had an ownership interest in a residential property.

I understand that the eligible buyers for the Neighborhood Home Initiative properties will be selected by lottery. I understand that these properties will be sold to a household at or below 100% of the median income. The income limits are attached.

I understand that if selected by lottery, I must occupy the property as my primary residence within 60 days after the closing of the mortgage and continually occupy the residence as my primary residence.

I understand that certain conditions are placed on the use and resale of these properties. I understand that the properties are subject to an Affordable Housing Covenant.

I am not currently, nor have I been within the last twelve (12) months, an employee of the Department of Neighborhood Development (DND). I am not an immediate family member of a current or former employee of the Department of Neighborhood Development.

I have never been convicted of real property arson, tenant harassment in Housing Court or violating Fair Housing Laws. I am not presently in mediation with the Boston Fair Housing Commission or the Massachusetts Commission Against Discrimination. I am not presently a defendant in a criminal complaint in Housing Court for a Fair Housing violation or in an arson case.

I do not presently, nor have I in the past, owe (d) any past due real estate taxes to the City of Boston.





#### Section 3. Application Affidavit and Certifications, continued

Please initial the appropriate statement:					
(I/We) am not currently, an employee of the City of Boston. (I/We) am not an immediate family member (spouse, parent, child or sibling) of a current employee of the City of Boston please initial					
Or					
(I/We) am currently, an employed member (spouse, parent, child of please initial		I/We) am/are an immediate family oyee of the City of Boston.			
If you or an immediate family memployee's name, job position, a		ree of the City of Boston, please list			
Name	Job Position	City Department			
		a current employee of the City of t form with the City Clerk's office in			
	, DND of any changes to	oject to verification by DND, or its the above statements or to the			
	nformation requested, this	ts in the foregoing representations, misstatement or omission will be articipation in this program.			
I declare under penalties of p accurate, complete, and correct		representations are true, correct,			
I hereby certify the information [	provided is accurate and co	rrect to the best of my knowledge.			
I hereby authorize the City of B and also to investigate my record		rify the information provided here			
Applicant's Signature:		Date:			
Co-Applicant's Signature:		Date:			
For DND Use Only					



Program Manager: \_\_\_\_\_





Date: \_\_\_\_\_

#### **APPLICATION CHECKLIST**

Please note that the completed and signed application with copies of all of the requested documentation should be submitted in one package. Incomplete applications will not be eligible for participation in lotteries.

Applicant	Name:
	Completed and signed Neighborhood Home Initiative Application
	Proof of all sources of income for all household members age 18 or over. This includes copies of the most recent 3 months' pay stubs, child support payments, social security income, etc.
	Savings and asset documentation for all applicants. This includes copies of the last three consecutive months' bank and/or credit union, 401k, or any other asset statements for all accounts.
	Current Letter of Pre-Approval from a mortgage lender for a single- or two-family home for a 30-year fixed-loan with a Loan To Value (LTV) less than or equal to 97%. The preapproval must be for an amount sufficient to support our average purchase prices.
	Copies of the last three years' signed federal income tax returns (including all schedules and W-2s) for all adult household members.
	Certificate for an approved homebuyer education class if available. Please note that you must complete a homebuying course prior to purchasing the home.
	Proof of Boston residency: this documentation includes copies of utility bills, voter registration, vehicle registrations and/or copies of leases. Please include, if applicable.
	No Income Affidavit for any adult household member 18 or older who does not have any source of income. Please include, if applicable.
	No Child Support Affidavit. Please include, if applicable.
	Documentation of Artist Certification (Artist Certificate letter from Mayor's Office of Arts & Culture, or, if still valid, a letter from the BPDA.)
	Documentation for Disability Preference (Supporting documentation from a licensed health professional treating the household member for the disability.)

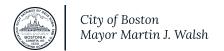






#### **NO CHILD SUPPORT AFFIDAVIT**

I,	, certify that I do not receive any child support payments as dependents on my Neighborhood Home Initiative Lottery
Dependent's Name:	Age:
I declare that under penalties of p complete, and correct in all respe	perjury that the foregoing representations are true, accurate, cts.
Signed, sealed and delivered on t	his day of , 20
Print name	Signature
Current Address	Telephone
COMMONWEALTH OF MASSACHU	JSETTS
Suffolk, ss.	
check whichever applies): [] drive bearing a photographic image, [] knows the above signatory, or []	ary Public, personally appeared the above-named I to me by satisfactory evidence of identification, being er's license or other state or federal governmental document oath or affirmation of a credible witness known to me who my own personal knowledge of the identity of the signatory, igned above, and acknowledged the foregoing to be signed
Notary:	
My Commission Expires:Qualified in the Commonwealth of	of Massachusetts

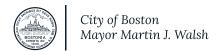






#### **NO INCOME AFFIDAVIT**

l,have any income from any source, l but not limited to: earnings, overting dividends, interest, annuities, pensi rental or lease income, commission benefits, disability payments, alimo unemployment compensation, and investments.	me, IRA distribution ions, Veteran Admi ns, deferred income ony, support payme	ns, part-time emplo nistration (VA) Comp e, welfare payments, ents, public assistand	yment, bonuses, pensation, gross social security ce, sick pay,
I understand that I have been inclu and no income has been recorded			tive Application,
I declare that under penalties of pe complete and correct in all respect		going representation	ns are true, accurate,
Signed, sealed and delivered on thi	is day of	, 20	
Print name	Signature		
Current Address	Telep	phone	_
COMMONWEALTH OF MASSACHUS	SETTS		
Suffolk, ss.			
On this day of , 20_ appeared the above-named_ evidence of identification, being (cl federal governmental document be credible witness known to me who knowledge of the identity of the sig acknowledged the foregoing to be	heck whichever appearing a photograp b knows the above s gnatory, to be the p	plies): [] driver's licer bhic image, [] oath o signatory, or [] my o person whose name	ne by satisfactory nse or other state or r affirmation of a own personal is signed above, and
Notary: My Commission Expires: Qualified in the Commonwealth of	Massachusetts		









#### NOTICE OF ACCOMMODATIONS

**English**: Interpretation and translation services are available to you at no cost. If you need them, please contact us at <a href="https://homeconter@boston.gov">homeconter@boston.gov</a> or 617-635-4663.

**Spanish**: Hay servicios de interpretación y traducción a su disposición sin costo alguno. Si los necesita, póngase en contacto con nosotros mandando un correo electrónico a <a href="mailto:homecenter@boston.gov">homecenter@boston.gov</a> o llamando a 617-635-4663.

**Haitian Creole:** Sèvis entèpretation ak tradiksyon disponib pou ou san sa pa koute w anyen. Si w bezwen yo, tanpri kontakte nou nan <a href="https://homeconter@boston.gov">homeconter@boston.gov</a> oswa 617-635-4663.

Traditional Chinese: 我們可以向您提供口頭翻譯和書面翻譯服務,並不向您收取費用。如您需要 前與我們連絡,發電子郵件至homecenter@boston.gov 或致電617-635-4663。

**Vietnamese:** Các dịch vụ thông dịch và biên dịch được cung cấp cho quý vị hoàn toàn miễn phí. Nếu quý vị cần những dịch vụ này, vui lòng liên lạc với chúng tôi theo địa chỉ <a href="https://homecenter@boston.gov">hoặc số điện thoại</a> 617-635-4663.

Simplified Chinese: 我们可以向您提供口头翻译和书面翻译服务,并不向您收取费用。如您需要,请在XX 月 YY 前与我们联系,发电子邮件至 homecenter@boston.gov 或致电617-635-4663。

**Cape Verdean Creole:** Nu ta oferese-bu sirvisus di interpretason y traduson di grasa. Si bu meste kes sirvisu la, kontata-nu pa email homecenter@boston.gov ó pa telefóni, pa númeru 617-635-4663.

#### Arabic:

.6176354500 أو homecenter@boston.gov أو homecenter@boston.gov خدمات الترجمة الحرفية و المباشرة متوفرة لك بدون تكلفة. اذا احتجتهم، من فضلك التواصل معنا على homecenter@boston.gov أو Russian: Услуги устного и письменного перевода предоставляются бесплатно. Если Вам они нужны, просьба связаться с нами по адресу электронной почты homecenter@boston.gov, либо по телефону 617-635-4663.

**Portuguese**: Você tem à disposição serviços gratuitos de interpretação e tradução. Se precisar deles, fale conosco: <a href="https://homecenter@boston.gov">homecenter@boston.gov</a> ou 617-635-4663.

**French:** Les services d'interprétation et de traduction sont à votre disposition gratuitement. Si vous en avez besoin, veuillez nous contacter à <a href="mailto:homecenter@boston.gov">homecenter@boston.gov</a> ou au 617-635-4663.







