

# Application

(post Nov. 2nd, 2007 deadline)

## Natick Affordable Housing Program

Natick, MA

**The deadline for entrance into the lottery has already passed. Eligible Households will now be added to the bottom of the appropriate Unit Selection Lists in the order that their completed applications are received. Please read the Info Packet for more details.**

**Estimated Sales Prices** range from \$138,800 to \$148,900 for a 1 BR, \$155,700 to 168,600 for a 2 BR and \$172,400 to \$187,200 for a 3 BR. Estimated sales price may vary based on condominium dues (if applicable). Sale Prices do not change based on an applicant's income.

**Maximum Household Income Limits:** \$46,300 (1 person), \$52,950 (2 people), \$59,550 (3 people), \$66,150 (4 people), \$71,450 (5 people), and \$76,750 (6 people)

**There are no MINIMUM Household Income Requirements but households must submit mortgage pre-approvals equal to the sales prices of the unit size(s) for which they apply.**

Please read the Information Packet for more details.

### Directions:

This application consists of three sections:

Section 1: The Program Application

Section 2: The Required Forms and Documentation Workbook

Section 3: Additional Forms (*if applicable*)

The first two sections must be filled out entirely in order for your application to be processed. If a question does not apply to you, write "N/A" or cross it out. LEAVE NOTHING BLANK.

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

You must include mortgage pre-approval with this application.

You must include all *applicable* forms from Section 3 with this application.

Send all completed applications to:

**SEB**

**Re: NATICK GGP Affordable Housing**

**P.O. Box 35765**

**Brighton, MA 02135**

For Questions call (617) 782-6900 and leave a message.

# **Section 1**

## **The Program Application**

# Natick GGP Affordable Housing

## PROGRAM APPLICATION

Name \_\_\_\_\_ Home Tel. # \_\_\_\_\_

Address \_\_\_\_\_ Work Tel. # \_\_\_\_\_

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

Email (if available) \_\_\_\_\_

Date you are looking to move in by \_\_\_\_\_

Unit size(s) for which you are applying (please circle all that apply):

1-Bedroom

2-Bedroom

3-Bedroom

### HOUSEHOLD MEMBERS:

Please list **ALL** household members who will occupy the affordable apartment:

Name	Date of Birth	Sex	SS#	Relationship

**HOUSEHOLD TYPE (please check one):**

- 6 person household: all types
- 5 person household: all types
  
- 4 person household: all types
- 3 person household: 1 head-of-household plus 2 members
- 3 person household: 2 heads-of-household under criteria c (*see pg. 11 of the Information Packet*) plus 1 member
  
- 3 person household: 2 heads-of-household plus 1 members
- 2 person household: 2 heads-of-household under criteria c (*see pg. 11 of the Information Packet*)
  
- 2 person household: 1 head-of-household plus one member
  
- 1 person household: all types

**HOMEOWNERSHIP (circle one):**

Do you currently own a home? YES    NO  
*This includes property to be sold through an upcoming divorce or any property that you plan to sell in the near future.*

Are ALL of your household members UNDER the age of 55? YES    NO

*If you answered YES to both questions, you are not eligible for an affordable home through this Program. Please read the Information Packet for more details.*

If anyone in your household has owned a home in the past 3 years, YES    NO    N/A  
do they qualify as a **displaced homeowner?** (*i.e. they are an adult, they have owned a home only with a spouse, they are currently legally separated from a spouse, AND they do not **currently** own the home previously owned with a spouse?*)

*If you answered NO to the above question, you are not eligible for an affordable home through this program. Please read the Information Packet for more details.*

## DATABASE INFORMATION

How did you find out about this affordable housing opportunity?  
 (write your answer in the space provided and please be as specific as possible)

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## PREFERENCE INFORMATION

*Local Preference was given for the lottery but as names are now being added to the Lottery Results Lists in the order completed applications are received, there is no Local Preference. These questions are for record keeping purposes.*

(please check the appropriate box):

**YES**

**NO**

Do you or any member of your household a currently reside within the geographical limits of the Town of Natick?		
Have you or any member of your household been displaced from a residence in the Town of Natick within the previous two (2) years by condominium conversion or by the sale of the person's residence by the property owner?		
Do you or any member of your household have a spouse, son, daughter, father, mother, brother, sister, grandfather or grandmother who currently resides within the geographical limits of the Town of Natick?		
Are you or any member of your household employed by the Town of Natick, including without limitation persons who work for Town of Natick departments and persons who work for the Natick Public Schools?		

You are requested to complete the following optional section in order to assist in determining preference.

(please check all boxes that apply):

	APPLICANT	CO-APPLICANT	DEPENDENT
<b>Black</b>			
<b>Hispanic</b>			
<b>Cape Verdean</b>			
<b>Asian/Pacific Islander</b>			
<b>Eskimo/Aleut</b>			
<b>Native American</b>			
<b>White/Non-Minority</b>			

## **Instructions for Completing the Following Income Table**

- List ALL CURRENT sources of income as requested below for ALL household members over 18 years old.
- Please note that the Income Table is 2 pages and income from Social Security, Pension, interest etc. is all on the second page of the table.
- If you have left a job since January 1, 2007 and are no longer receiving income, do NOT list it in this table.
- For self-employed applicants- include the employer, contract or job name in the space provided.
- For periodic payments (like Social Security and child support) please include the amount received per week or per month (*ex: \$100/mo*) in the space provided under "Source of Income". Then provide the appropriate amount under "Total Gross for 2007" and the "Anticipated Gross Amount for 2008" (*ex: \$1,200*).
- "Interest Income" refers to any amount that you receive from any asset including amounts that you may be drawing down from a retirement account or 401K.
- For any section that doesn't apply, cross out or write NA.

**In Section 2 of this application, you will be asked multiple questions about your information in the following Income and Asset tables.**



Household Member Name	Source of Income	Current GROSS Monthly Income
	Social Security	
	Social Security	
	Social Security	
	Social Security	
	SSDI	
	SSDI	
	Unemployment Compensation	
	Workman's Compensation	
	Severance Pay	
	Pension (list source)	
	Pension (list source)	
	Retirement Funds	
	Title IV/TANF	
	Full-Time Student Income (18 & Over Only)	
	Full-Time Student Income (18 & Over Only)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Total Gross Monthly Household Income ( <b>TGMHI</b> )	\$ /month
<b>TGMHI x 12 =</b>	Anticipated Gross Yearly Household Income	\$ /year

ANTICIPATED CHANGES IN INCOME (please check one)	YES	NO
<p>1. Is your Anticipated Gross Yearly Household Income (written in the last box at the end of the above Income Table) <i>greater than the Allowable Income Limits</i> for a household of your size as specified on the cover page of this Program Application?</p> <p>If <b>YES</b>, please explain why you think your household is still eligible for entrance into this Lottery (<i>ex: upcoming maternity leave, planned change in employment etc.</i>):</p> <p><i>All claims made above must be supported with documentation submitted with this application.</i></p>		
<p>2. Are there any planned changes in income over the next 12 months?</p> <p>If <b>YES</b>, please explain:</p> <p><i>All claims made above must be supported with documentation submitted with this application.</i></p>		

## ASSETS

If a section doesn't apply, cross out or write NA. You will need to submit detailed bank/balance statements for EVERY ASSET listed here.

	Name on Account	Bank	Amount	
Checking Accounts			Balance \$	
			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 \$	

## REAL ESTATE

*You may only currently own a home if one of your household members is over the age of 55*

Do you currently own a home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location of property:	\$	
Appraised Market Value:	\$	
Mortgage or outstanding loans balance due:	\$	

# Section 2

## The Required Forms and Documentation Workbook

Please answer each of the following 14 questions, attach all requested documentation, complete all applicable forms, and check all applicable boxes.

Only send copies of income/asset documentation.  
We do not want originals.

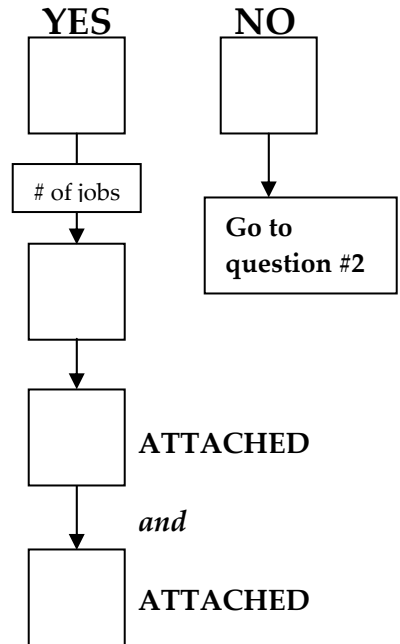
# Current Employment Questions

1. Is anyone in your household currently employed?  
(NOT including self-employment)

How many of the jobs on page 6 of the Program Application are currently being worked? (NOT including self-employment)

For **every** job listed here you need attach BOTH:

- a) Copies of the 5 most recent pay-stubs  
*(If you do not receive pay-stubs you will need to attach a note from the employer on company letterhead stating your tenure and Year To Date amount)*
- b) Attach copies of your 2007 W-2s  
*(if a job was started after January 1, 2008, write NA)*



Example of a pay-stub:

Employee Name		SS#	Period End	Check Date	Check No.	Check Amount	
Bbbbbbb.Bbbbbbb B		111-66-7777	10/23/99	11/03/99	208	*****515.40	
Description	Hours	Rate of Pay	Earnings	Deductions	Current	Y-T-D	Leave Balance
Reg Pay	6.00	13.65	81.90	Fed Tax	66.39	1,630.67	
Vacation	28.00	13.65	382.20	FICA SS	49.32	985.59	
Ben Blank	1.00	90.08	90.08	FICA Med	9.43	230.50	VACATION 41.24
Misc	7.00	13.65	95.55	PA ST TX	18.19	445.06	
				Sweat Tax	.00	10.00	
Description		Current	Y-T-D				
GROSS PAY		649.73	15,895.44				
TOTAL DEDUCTIONS		134.33					
NET PAY		515.40					

SWARTHMORE COLLEGE - Swarthmore, PA. 19081

Example of a blank W-2 (these are provided by your employer for your taxes):

a Control number		22222	Void <input type="checkbox"/>		For Official Use Only <input type="checkbox"/>	
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld		
			5 Medicare wages and tips	6 Medicare tax withheld		
			7 Social security tips	8 Allocated tips		
d Employer's social security number			9 Advance EIC payment	10 Dependent care benefits		
e Employer's first name and initial		Last name	11 Nonqualified plans		12a See instructions for box 12	
			13 Sick pay	13b		
			14 Other	13c		
				13d		
f Employer's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

**W-2 Wage and Tax Statement** 2006 Department of the Treasury—Internal Revenue Service  
 Copy A For Social Security Administration — Send this entire page with Form W-9 to the Social Security Administration; photocopies are not acceptable. For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D. Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page

## Income Questions

**2.** Did you list any sources of Income on page 8 of this application?

(ie: Social Security, SSDI, Pensions, Unemployment, Public Assistance, TANF, Veteran's Benefits, Retirement, Student Income, Interest Income etc.)

How many sources of Income did you list on page 8?

For **every** source of income listed, regardless of the amount of income received (even just \$1), you need to:

- Attach copies of your most recent statements from the source of income.
- Attach copies of your most recent 1099s from the source of income (if received).

*If you do not receive statements* (i.e. the amounts are direct deposited), please submit 3 months checking account statements and highlight the appropriate deposits.

YES

NO



# of sources

Go to question #3

ATTACHED

Example of a blank 1099:

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Points	OMB No. 1545-0115	
		\$	<b>2006</b> Form 1099-MISC <b>Miscellaneous Income</b>	
		\$		
		\$		
PAYER'S federal identification number	RECIPIENT'S identification number	3 Other income	4 Federal income tax withheld	<b>Copy A</b> For Internal Revenue Service Center File with Form 1096.
		\$	\$	
RECIPIENT'S name		5 Fishing boat proceeds	6 Medical and health care payments	For Privacy Act and Paperwork Reduction Act Notice, see the 2006 General Instructions for Forms 1099, 1098, 5498, and W-2G.
Street address (including apt. no.)		\$	\$	
City, state, and ZIP code		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	
Account number (see instructions)		\$	\$	
2nd TIN not		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds	
		\$	\$	
15a Section 409A deferrals		11	12	
15b Section 409A income		\$	\$	
		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
		\$	\$	
		16 State tax withheld	17 State/Payer's state no.	18 State income
		\$	\$	\$

Form 1099-MISC 41-0852411 Department of the Treasury - Internal Revenue Service

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## Past Employment Questions

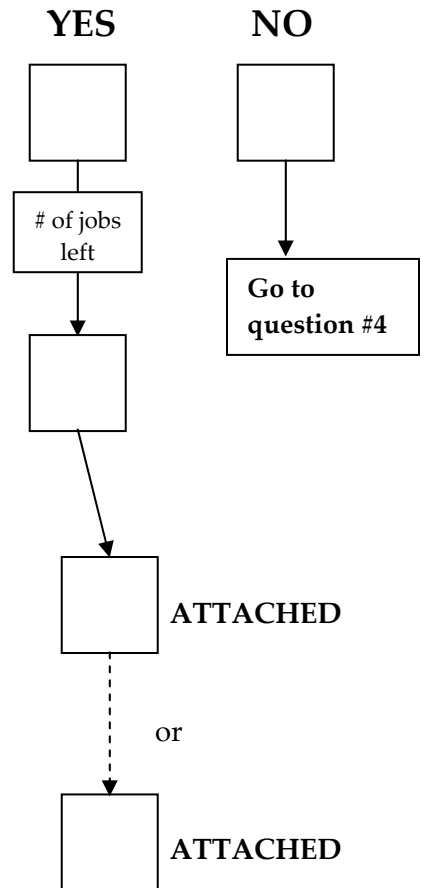
- 3.** Did anyone in your household leave a job between **January 1, 2007 and today's date?**

For **each** job listed here, regardless of the amount of income received, you need to attach **one** of the following:

- a) Attach a letter from the employer on company letterhead Verifying your last day of employment.

OR

- b) Attach a copy of the last pay-stub from 2007 along with the matching 2007 W-2. The YTD amount on the pay-stub must match the wages shown on the W-2. (*Only valid for jobs left before December 1<sup>st</sup>, 2007*)



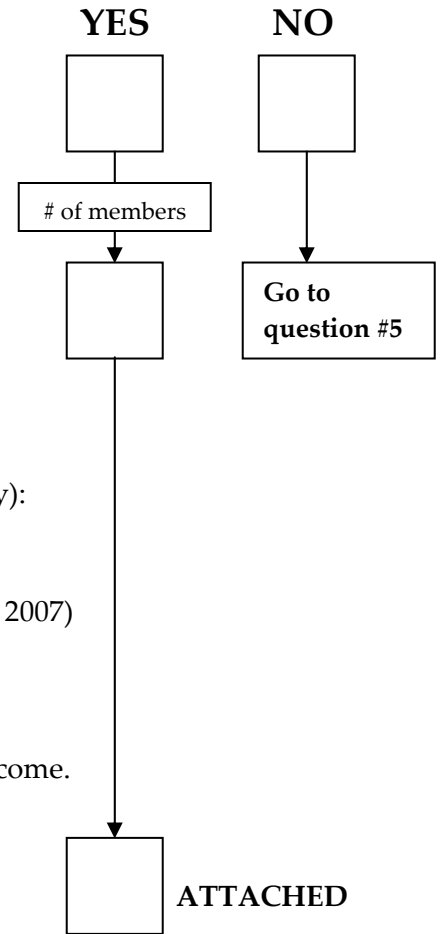
## Self-Employment Questions

- 4.** Is anyone in your household currently self-employed?

How many household members are self-employed?

For each self-employed job, complete the attached "Self-Employment Income Affidavit" in Section 3 in the back of this application. Be sure to include (all that apply):

- a) Copies of all most recent 1099s (should be 2007)
- b) A Copy of Schedule C for your most recent 1040s (should be 2007)
- c) Copies of current financial statements,
- d) Accountant's statements of Net Business Income
- e) Copies of income receipts
- f) Any other documentation you can provide to corroborate income.

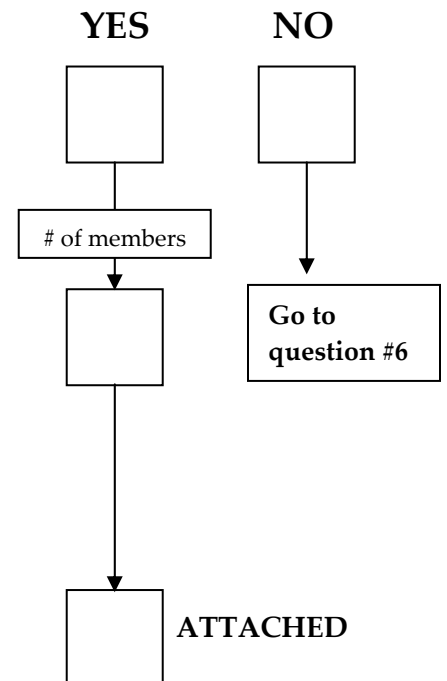


## Household Members with No Income

- 5.** Are there any household member over 18 years old that are claiming to currently make zero income?

How many household members over 18 years old are claiming to currently make zero income?

For each one of these household members, complete the "Certification of Zero Income" form attached in Section 3 in the back of this application.



## Child Support/Alimony Questions

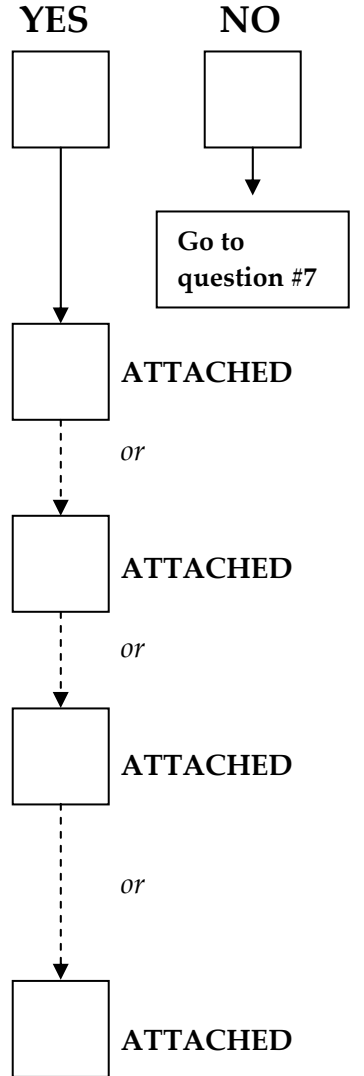
- 6.** Are you currently receiving child support or alimony  
OR are you *legally* entitled to receive child support  
or alimony?

If you answered YES *and* you are receiving the amount you are  
entitled to receive, you will need to attach **one** of the following:

- a) A copy of your divorce decree or settlement agreement
- OR
- b) A statement of payments from the Department of Revenue (DOR)  
(*if they have your payments on record*)
- OR
- c) 3 detailed checking account statements that show  
Child Support/Alimony deposits

If you answered YES *but* you are NOT receiving the amount  
you are entitled to receive, you will need to attach:

- d) A copy of your divorce decree, proof a legal claim filed against  
the person that owes you money and, if applicable, statements  
from the DOR showing payments made  
(*If you do not show proof of a legal claim, it will be assumed you are  
receiving the full amount entitled when determining your eligibility*)

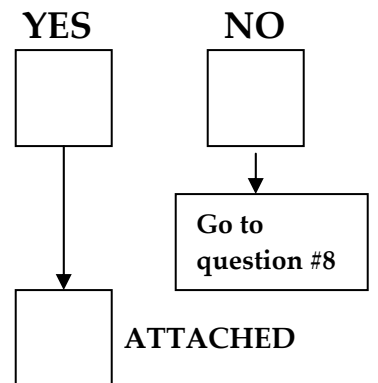


## Divorce/Separation Questions

- 7.** Have you been divorced/separated since January 1<sup>st</sup>, 2005 or  
are you currently in the process of getting divorced/separated?

If you answered YES, you will need to attach:

- a) A copy of your divorce decree/separation agreement OR  
Proof that you have filed for divorce/separation.



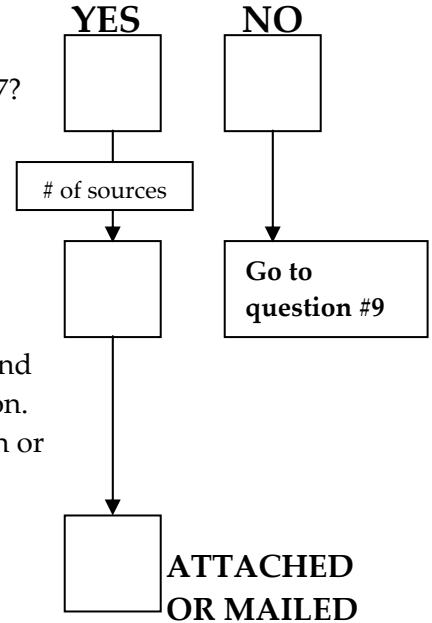
*If you have not taken any legal action in filing for divorce or separation, you cannot apply as a single head-of-household. Your partner's income and assets will need to be included in your application.*

## Periodic Payment Questions

8. Did you list any sources under "Periodic Payments" on page 7?  
(i.e. payments from family members or recurring gifts)

How many sources did you list?

Please have your Contributor complete the "Recurring Gifts and Contributions Verification" form in Section 3 of this application. You can either attach the completed form with this application or have your Contributor mail it in.

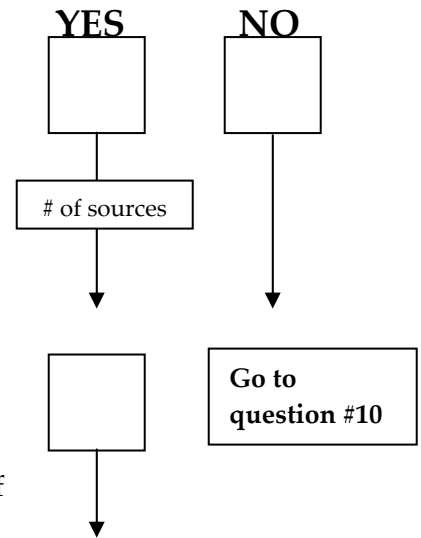


## "Other Income" or Down Payment Assistance Questions

9. Did you list any sources under "Other Income" on page 7 of Section 1? **Any money a friend, family member or other source may use in helping you with your down payment or future housing costs must be noted here but will count towards your assets.**

How many sources did you list?

Please provide all necessary information to verify this source of Income and describe the source here:



## Asset Questions

- 10.** How many different Assets did you list on page 10?  
(This includes Checking Accounts, Savings Accounts, Stocks, Bonds, Net Cash Value of Retirement Accounts etc.)

For **every** asset listed, REGARDLESS of the amount of money in the account (even just \$1), you need to:

- Attach copies of any of your most recent statements from the source of income (for checking accounts, attach 3 detailed statements)
- Attach any copies of 2007 1099s or end-of-year statements you may have received from the asset source.

# of Assets

↓

**ATTACHED**

## Real Estate Questions

*(Current Homeownership is only allowed for Elderly Households)*

- 11.** Do you currently own a home or property?

<b>YES</b>	<b>NO</b>
<div style="border: 1px solid black; width: 50px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 50px; height: 40px; margin: 0 auto;"></div>
↓	↓
<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;"># of properties</div>	<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">Go to question #13</div>
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How many different properties/homes do you currently own?

Are you **over the age of 55**?

For every property you need to submit all of the following:

- Attach a copy of a broker's opinion of the property
- Attach a statement from your lender showing your current balance on your mortgage or outstanding loans

<b>YES</b>	<b>NO</b>
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<div style="border: 1px solid black; width: 50px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;">YOU ARE NOT ELIGIBLE FOR ONE OF THESE AFFORDABLE UNITS</div>
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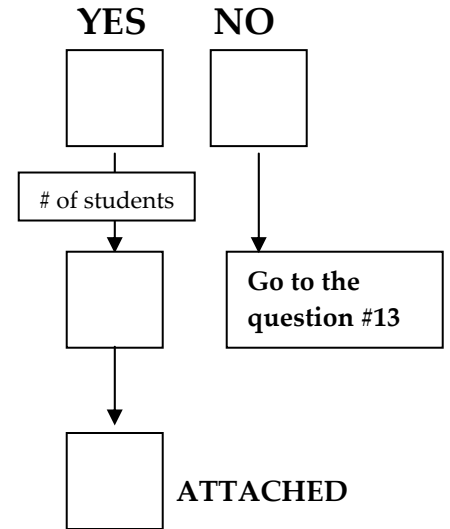
**ATTACHED**

## Households with Students

- 12.** Are any household members over 18 years old currently students or have been students in the past 12 months?

How many?

For each student you need to attach **School Transcripts** for the past 12 months.



### 3 most recent 1040 Tax Transcripts (2005, 2006 & 2007)

# of members

13.

How many members are in your Household?

EVERY one of your household members should be listed on a 1040 Tax Transcript for 2005, 2006 AND 2007 (unless they were not yet born). You need to submit all these 1040 Tax Transcripts from the past 3 years. Be sure to send in every page!

**Do NOT send in a copy filled out by hand.** If you had a professional prepare your taxes, they will have the transcripts you need. You can also call the IRS at (800) 829-1040 and they can mail or fax you a copy of any of these transcripts.

For each household member that has not filed Taxes nor been on a Tax Transcript for any of the last 3 years, you must submit a Statement from the IRS showing "NO RECORD" of filing (unless they were not yet born). Please call (800) 829-1040 to request a statement. Only if a member has not filed for approx. 5+ years, will the IRS not be able to provide a statement.

If a household member moved to this country in the past 3 years and does not have 3 years of tax transcripts, you need to also submit proof of his date of immigration.

ALL 1040s ATTACHED

*Example of a blank 1040. The 1040s you send in must be complete and computer generated. Do not send in the form you filled out by hand!*

Form **1040** Department of the Treasury—Internal Revenue Service **2005** 609 For the year Jan. 1-Dec. 31, 2005, or other tax year beginning 2005, ending 2005. OMB No. 1545-0074

**Label** (see instructions on page 16.) Use the IRS label. Otherwise, please print or type.

**PERSONAL INFORMATION**

Your first name and initial Last name Your social security number

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 10. Apt. no. You must enter your SSN(s) above.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 10. Checking a box below will not change your tax or refund.

**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 10)  You  Spouse

**Filing Status**

1  Single 4  Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here. 5  Qualifying widow(er) with dependent child (see page 17)

Check only one box.

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a.

b  Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If filing jointly, did you claim this child (see page 10)?	Bosses checked on 6a and 6b	No. of children in trust with you	Did not file with you due to choice or separation (see page 20)	Dependents on 6c not entered above
				<input type="checkbox"/>				

If more than four dependents, see page 19.

d Total number of exemptions claimed Add numbers on lines above ▶

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see page 29)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 29)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see page 25)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see page 25)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount (see page 27)	20b	
21	Other income. List type and amount (see page 29). This is your total income ▶	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	

**Adjusted Gross Income**

23	Educator expenses (see page 29)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 30)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN ▶	31b	
32	IRA deduction (see page 31)	32	
33	Student loan interest deduction (see page 30)	33	
34	Tuition and fees deduction (see page 34)	34	
35	Domestic production activities deduction. Attach Form 6003	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 78. Cat. No. 11320B Form 1040 (2005)

## Mortgage Pre-Approval

# of HOH

**14.** How many Heads-Of-Household (HOH) does your household have?

**You must submit a mortgage pre-approval that follows the following standards.**

- 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\*)
- The loan can have no more than two points.
- The buyer must provide a down payment of at least 3% - half of which must come from the buyer's own funds.
- The names of all Heads of Household must be on the Mortgage.

\*MassHousing: (617) 854-1000 or [www.masshousing.com](http://www.masshousing.com)

**Your mortgage pre-approval must be for the minimum sales price of the largest unit size for which you are applying.**

*Ex: If you wish to apply for a 3BR unit but can only get pre-approved for \$168,600 , then you cannot apply for the 3BR unit (priced approximately from \$172,400 to \$187,200). You can only apply for a 2BR or a 1BR unit.*

*Likewise, if you wish to apply for a 2BR unit but can only get pre-approved for \$148,000, then you can only apply for a 1BR unit.*

**You can go to any lender of your choosing as long as the pre-approvals abide by the above standards.**

Maria Rancourt at Middlesex Savings Bank in Natick (508.315.5423) or Mark Richard from Wells Fargo (978-318-9501 ext.1002) are both familiar with this program and the mortgage requirements and should be happy to help you with questions or pre-approvals.

**PRE-APPROVAL  
ATTACHED**

The information given in this application will be used to check that you are income qualified to be given an *opportunity* to purchase an affordable unit in the Town of Natick as part of this program. Entrance onto a Unit Selection List does not guarantee you a unit.

This development does not discriminate based on race, color, national origin, religion, sex, familial status, and handicap (disability).

THE UNDERSIGNED HEREBY CERTIFY THAT THE INFORMATION SET FORTH ABOVE IS TRUE AND CORRECT. THE UNDERSIGNED ACKNOWLEDGE THAT IF ANY OF THE INFORMATION ABOVE IS NOT TRUE AND ACCURATE THIS APPLICATION MAY BE REMOVED AT ANY POINT. THE UNDERSIGNED ACKNOWLEDGE THAT THE SALE OF THE UNIT TO BE OCCUPIED BY THE UNDERSIGNED MAY BE SUBJECT TO CANCELLATION IF ANY OF THE INFORMATION ABOVE IS NOT TRUE AND ACCURATE.

THE UNDERSIGNED GIVE CONSENT TO DHCD, THE TOWN OF NATICK AND STOCKARD ENGLER BRIGHAM, LLC TO VERIFY ALL INFORMATION PROVIDED IN THIS APPLICATION.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

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

**SEB  
Re: NATICK GGP Affordable Housing  
P.O. Box 35765  
Brighton, MA 02135**

**Remember, the deadline for the lottery has already passed. Eligible Households will now be added to the bottom of the appropriate lottery lists in the order that their completed applications are received. Please read the info packet for more details.**

**For Questions call (617) 782-6900 and leave a message.**

# 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

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**To Be Completed By Applicant:**

**Applicant/Tenant:** \_\_\_\_\_

**Soc. Security #:** \_\_\_\_\_

Contact Info of previous employer:

Name of Contact					
Company Name					
Street Address					
City, State, Zip					
Tel. #		Fax #		email	

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**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) 576-6612 or mail to:    SEB  
Re: GGP Affordable Housing  
P.O. Box 35765  
Brighton, MA 02135

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**--OFFICE USE ONLY--**

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

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

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



# Self-Employment Income Affidavit

Anticipated Self-Employment earnings for this calendar year	\$
Previous year's Self-Employment income	\$

Please attach a current financial statement, accountant's statement of Net Business Income for this calendar year, income receipts, or any documentation you can provide to corroborate the income and earnings stated above.

Also attach a copy of last year's executed tax return including Schedule C.

## CERTIFICATION

I certify that the above listed income amounts are accurate and I have provided all of the above requested information.

Signature:	
Print Name:	
Date:	

# Certification of Zero Income

(To be completed by **adult** household members only, if appropriate)

Household Name: \_\_\_\_\_ Development Name: **GGP Natick  
Affordable Housing**

1. I hereby certify that I have not received income from any of the following sources during the previous 12 months:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Cutco, etc.);
  - j. Any other source not named above.
  
2. I will be using the following sources of funds to pay for rent and other necessities:  
\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date



# Recurring Gifts and Contributions Verification

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## To Be Completed By Applicant:

Applicant/Tenant: \_\_\_\_\_  
Soc. Security #: \_\_\_\_\_  
Property Name: GGP Natick Affordable Housing  
Address: Not Yet Determined  
Natick, MA

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## To Be Completed By Contributor:

**Please complete the following:**

I, (Contributor's Name) \_\_\_\_\_,  
contribute \$ \_\_\_\_\_ per \_\_\_\_\_ to the above named household  
for the purpose of: \_\_\_\_\_

### Non-Monetary Contributions:

I, (Contributor's Name) \_\_\_\_\_

Contribute any of the following on a regular basis:

Gas for the car	\$ _____	Car Payments Directly to Bank	\$ _____
Alcohol	\$ _____	Utility Payments	\$ _____
Cigarettes	\$ _____	Clothing	\$ _____
Diapers	\$ _____	Other	\$ _____
Child Care Payments	\$ _____	<b>NOTE: Food is excluded</b>	

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date: \_\_\_\_\_  
Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**Include this form with the Program Application, fax it to (617) 782-4500 or have the Contributor mail it to:**

The Affordable Housing Lottery  
Re: GGP Natick Affordable Housing  
P.O. Box 35765  
Brighton, MA 02135

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**--OFFICE USE ONLY--**

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Date Sent: \_\_\_\_\_ Date Received: \_\_\_\_\_

Comments:

