

Must be delivered by 2 pm on June 12th, 2017

Lottery Application for The Residences & Shops at Wakefield Station Wakefield, MA

Sales Prices (do not change based on applicant's income): \$176,100 for a 1BR Condo (w/ condo fee of \$66/mo)
\$196,300 for a 2BR Condo (w/ condo fee of \$86/mo)

Maximum Household Income Limits:

\$51,150 (1 person), \$58,450 (2 people), \$65,750 (3 people), \$73,050 (4 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: The Residences & Shops at Wakefield Station
165 Chestnut Hill Ave, Unit #2
Brighton, MA 02135
Fax: 617.782.4500
Email: seb.housing@gmail.com

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



Section 1

The Program Application and Definitions

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

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone:(_____) _____ Work Phone:(_____) _____

Cell Phone:(_____) _____ Employer: _____

Email address: _____ @ _____

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

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

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

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

Initial(s): _____

Initial(s): _____

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

Type A

- 4 person household: all types
- 3 person household: all types
- 2 person household: 2 heads-of-household *who cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health*
- 2 person household: 1 head-of-household plus one dependent

Type B

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

PREFERENCE INFORMATION

Do you or any member of your household qualify for Local Preference? An applicant qualifies for local preference if the applicant or a member of their household fit into one of the following categories (A) a current resident of Wakefield or (B) an employee of a business located in Wakefield including Town employees or (C) a current student in the Wakefield school system (such as METCO students)

- Yes
- No

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

RACE (OPTIONAL)

You are requested to complete the following optional section in order to assist in determining preference. Completing this section may qualify you for additional lottery pools. (Please check all boxes that apply):

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

HOMEOWNERSHIP (CIRCLE "YES" OR "NO")

Has anyone listed on this application owned a home in the past 3 years or does anyone on this application currently own a home? YES NO

If you answered NO, please move on to the next page.
If you answered YES, please answer all the following questions.

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.**

HOME SELECTION

Circle ALL the units for which you are applying. *Please note, Type A households get priority for the 2BR Condo.*

1BR Condo (at \$176,100)

2BR Condo (at \$196,300)

MORTGAGE QUALIFICATIONS

1. What is the *estimated* 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 than the sales prices for either of the units you selected in the Home Selection question, you will not be allowed to move forward in the application process for that unit. If Box 3 is less than the sales price of the lowest priced home, you will not be entered into the lottery. Please speak to your lender for more details.

DATABASE INFORMATION

How did you find out about this affordable housing opportunity?
(please be as specific as possible, if found "online" please provide web address)

REASONABLE MODIFICATION OR ACCOMMODATION

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

INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE

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

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

Please note:

1. Gross income from current wages, salaries, tips, etc. is the full amount, before any deductions, and is the amount used to determine estimated current annualized income.
2. For self-employed applicants- include the contract or job name in the space provided. You will be directed to all the additional documentation you will need to submit in **Section 2**.
3. “Interest Income” refers to any amount that you receive from any asset except for amounts drawn down from a retirement account or 401K as those go on the lines for “pension” or “retirement funds”.
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
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	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	
	Social Security Income	
	Social Security Income	
	Social Security Income	
	Social Security Income	
	SSDI	
	SSDI	
	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>(i.e. monthly/weekly money from family/friends)</i>	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Other Income (name/source)	
	Other Income (name/source)	
	Gross Monthly Household Income (GMHI)	\$ /month
GMHI x 12 = Gross Annual Household Income \$ /year		

ASSETS

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

	Bank Name	Last 4 Digits of Acct Number	Amount	
Checking Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Accounts			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 \$	
Down-Payment Assistance <i>(An anticipated one-time gift from family/friends to help with the mortgage down-payment)</i>			\$	

REAL ESTATE

You may only currently own a home if one of your household members is over the age of 55 or if you qualify as a displaced homemaker or single parent. Please read the Info Packet for more details.

Do you, or anyone on this application, own any property or have owned property in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or anyone on this application, entitled to receive any amount of money from the sale of any property? (currently or thru an upcoming court settlement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to either question, type of property:</i>	
Location of property:	\$
Appraised Market Value:	\$

Mortgage or outstanding loans balance due:	\$
--	----

Section 2

Required Documentation

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

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

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

MORTGAGE PRE-APPROVAL:

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

- The loan must have a fixed interest rate through the full term of the mortgage.
- The loan must have a current fair market interest rate. *(No more than 2 percentage points above the current MassHousing rate, (617) 854-1000 or www.masshousing.com)*
- The loan can have no more than two points.
- The loan cannot be an FHA loan (as FHA will not accept the terms of the Deed Restriction)
- The buyer must provide a down payment of at least 3% - half of which must come from buyer's own funds.

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

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

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

Initial(s): _____

Initial(s): _____

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

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

N/A

Yes

Initial(s): _____

Initial(s): _____

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

N/A

Yes

Initial(s): _____

Initial(s): _____

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

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

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

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

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

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

N/A

Yes

Initial(s): _____

Initial(s): _____

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

N/A

Yes

Initial(s): _____

Initial(s): _____

6. **Earnings (SELF EMPLOYED ONLY, INCLUDING UBER, LYFT ETC, SEE BELOW):** For every self-employed household member 18 years or older, I have attached copies of ALL of the following:
- (A) The Self-Employment Income Affidavit and Profit & Loss statements at the back of this application, completed, signed, and dated.
- (B) All supporting documentation including current financial statements, accountant statements, quarterly tax returns (if you file quarterly), and income and expense receipts.

If I have a job or earn any income that is part of the “Gig Economy,” such as Uber, Lyft, TaskRabbit, etc., or any other type of limited independent contracting, I will provide all information and documentation listed above. This includes the Profit and Loss statements as well as documentation of my year to date income (i.e. income reports, ride totals, etc.). I understand that 1099 independent contractors are self-employed for tax and affordable housing purposes.

N/A

Yes

Initial(s): _____

Initial(s): _____

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

N/A

Yes

Initial(s): _____

Initial(s): _____

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

N/A

Yes

Initial(s): _____

Initial(s): _____

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

N/A

Yes

Initial(s): _____

Initial(s): _____

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

N/A

Yes

Initial(s): _____

Initial(s): _____

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

(A) A copy of my divorce decree or settlement agreement OR

(B) A statement from the Department of Revenue (DOR) that shows my payments for the past 3 months OR

(C) In the event that I am not receiving the child support or alimony I am entitled to receive, I have attached a copy of my divorce decree AND proof of a legal claim filed against the person that owes me money and, if applicable, DOR statements and/or legal claims showing payments made and/or owed.

N/A

Yes

Initial(s): _____

Initial(s): _____

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

(A) The Year-To-Date income received AND

(B) The anticipated monthly income for the next 12 months AND

(C) The letter has me listed as the recipient of the payments AND

(D) The letter is notarized.

N/A

Yes

Initial(s): _____

Initial(s): _____

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

N/A

Yes

Initial(s): _____

Initial(s): _____

HOUSEHOLD ASSETS:

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

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

Initial(s): _____

Initial(s): _____

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

Initial(s): _____

Initial(s): _____

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

N/A

Yes

Initial(s): _____

Initial(s): _____

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

N/A

Yes

Initial(s): _____

Initial(s): _____

REAL ESTATE:

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

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

I understand that *for homes being sold*, my current home must be under Purchase and Sale Agreement (P&S) before I can be given the opportunity to sign a P&S for an affordable home at 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.**

For homes sold in the last calendar year in which taxes were filed, I have attached the Closing Disclosure Form (formerly the HUD-1 form) for that sale.

- N/A
- Yes

Initial(s): _____

Initial(s): _____

TAX DOCUMENTATION:

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

- N/A
- Yes

Initial(s): _____

Initial(s): _____

20. **Three Years of 1040 Tax Transcripts:** I have attached a computerized print out of the **THREE (3) most recent federal income tax returns (i.e. 1040 tax transcripts) including any and all schedules, attachments and amendments** for every household member 18 years or older. **Every page of the tax transcript must be sent** (including, if applicable, Schedules A, B, C etc). I understand I can obtain these transcripts from the tax professional who filed my taxes last year or I can download these transcripts immediately for free by going to www.irs.gov/Individuals/Get-Transcript 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. I certify that my combined **Gross Annual Household Income** is \$ _____
(total on the bottom of the Income Table)

Initial(s): _____

Initial(s): _____

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

- N/A
- Yes

Initial(s): _____

Initial(s): _____

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

N/A

Yes

Initial(s): _____

Initial(s): _____

PREFERENCES:

24. **For Local Preference:** I certify that I/we qualify for local preference and have provided the required documentation. A household qualifies for Local if the applicant or a member of their household fit into one of the following categories (A) a current resident of Wakefield or (B) an employee of a business located in Wakefield including Town employees or (C) a current student in the Wakefield school system (such as METCO students)

Required Documentation:

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

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

If qualifying under definition (C) as detailed above: I have submitted copies of Wakefield school transcripts **AND** proof of relation to the student (by birth certificate or legal guardianship or divorce decree)

N/A

Yes

Initial(s): _____

Initial(s): _____

25. **Household Type:** On page 4 for Household Type I stated that we have two household members who cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health and have attached supporting documentation. Supporting documentation can be verification from a doctor or other medical professional.

N/A

Yes

Initial(s): _____

Initial(s): _____

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

DEED RIDER SIGNATURE OF UNDERSTANDING:

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

Full Signature of Applicant: _____ Date: _____

Full Signature of Co-Applicant: _____ Date: _____

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

Please read each item below carefully before you sign.

1. I hereby declare under pain and penalty of perjury that the information provided on every page of this application is true and correct. 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. I understand that any changes to income or assets that may put my household into another income tier must be reported to SEB.
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, LLC will correspond with me by email instead of postal mail unless I make a written request otherwise. I understand that any changes to my contact information must be reported to SEB.
11. The undersigned give consent to the Town of Wakefield, 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 the date on the coverpage of this Application. Send applications with ALL required documentation to:

SEB

**Re: The Residences & Shops at Wakefield Station
165 Chestnut Hill Ave #2**

Brighton, MA 02135

Fax: 617.782-4500

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 reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.

Section 3

Additional Forms *(if applicable)*

These are the forms that you only need to complete if directed to do so in Section 2

Verification of Terminated Employment

To Be Completed By Applicant:

Applicant/Tenant: _____

Contact Info of previous employer:

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

To Be Completed By Previous Employer:

Date of Termination: _____ Last Day Actually Worked: _____

Total Gross Income paid to employee over the last calendar year employed: _____

Reason for Termination: Employee Quit Other _____

Do you anticipate rehiring this employee? Yes No If yes, when: _____

Will the employee receive additional paychecks for Workman's Compensation? Yes No

If yes, provide the name and address of the company through which this can be verified:

Total severance pay anticipated for the next 12 months: _____

Is employee entitled to receive unemployment compensation? Yes No

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

Please Fax form to SEB at (617) 782-4500 or mail to: **SEB**

**Re: The Residences & Shops at Wakefield Station
165 Chestnut Hill Ave #2
Brighton, MA 02135**

--OFFICE USE ONLY--

Date Sent: _____

Date Received: _____

Comments: _____

The following three pages are to be completed by any self-employed persons, 1099 independent contractors, household members who earn income as part of the “gig economy” (such as Uber, Lyft, TaskRabbit, etc.), or any prospective tenant who files self-employment and/or a Schedule C on their tax returns.

Examples of each form are included after this section to illustrate how they should be completed.

SELF EMPLOYMENT INCOME AFFIDAVIT

Please complete this form if a member of your household receives income as a business owner, independent contractor, sole proprietorship, cash pay, odd jobs, gig economy jobs (like **Uber/Lyft**) etc. **You MUST complete and submit the two following profit and loss forms.**
Please submit all supporting documentation along with these forms.

Applicant/Tenant: _____

Name of Business: _____

Type of Business: _____

Position Held: _____

Start Date: _____

Business Address: _____

Gross Income Year to Date: \$ _____

Business Expenses Year to Date: \$ _____

**Anticipated Gross Annual Income
(Over the Next 12 months):** \$ _____

**Anticipated Annual Business Expenses:
(Over the Next 12 months):** \$ _____

Cash Withdrawals from Business: \$ _____

Do you file tax returns as
Self-Employed / S Corp? YES NO

If YES you MUST submit tax returns with schedule C / applicable paperwork for past 2 years

If NO please state why: _____

- *Please include documents such as invoices, receipts, contracts, employment proposals, written business plans, business bank account statements, and/or accountant statement of business income to support the information claimed herein.*

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 that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant Signature

Date

Year to Date Profit and Loss Statement							Business Name:						
Please fill in month and year (i.e. January 2016) →													YEARLY TOTAL
Revenue Source													
Total Revenue													
Cost of Sales													
Total Cost of Sales													
Gross Income (Total Revenue minus Total Cost of Sales)													
Expenses													
Total Expenses													
Net Income (Gross Profit minus Total Expenses)													

Anticipated Profit and Loss Statement For the Next 12 Months							Business Name:						
Please fill in month and year (i.e. January 2016) →													YEARLY TOTAL
Revenue Source													
Total Income													
Cost of Sales													
Total Cost of Sales													
Gross Income (Total Revenue minus Total Cost of Sales)													
Expenses													
Total Expenses													
Net Income (Gross Profit minus Total Expenses)													

Please note the following three pages are an example of how to complete the Self-Employment Forms.

SELF EMPLOYMENT INCOME AFFIDAVIT

Please complete this form if a member of your household receives income as a business owner, independent contractor, sole proprietorship, cash pay, odd jobs, gig economy jobs (like **Uber/Lyft**) etc. **You MUST complete and submit the two following profit and loss forms.**
Please submit all supporting documentation along with these forms.

Applicant/Tenant: Joe Applicant

Name of Business: Example Bicycle Shop LLC

Type of Business: Bike Sales and Service

Position Held: Owner

Start Date: January 2015

Business Address: 1234 Sample Rd, Boston MA, 02124

Gross Income Year to Date: \$ 11,000

Business Expenses Year to Date: \$ 8,700

Anticipated Gross Annual Income
(Over the Next 12 months): \$23,850

Anticipated Annual Business Expenses:
(Over the Next 12 months): \$16,250

Cash Withdrawals from Business: \$ 0

Do you file tax returns as
Self-Employed / S Corp? YES NO

If YES you MUST submit tax returns with schedule C / applicable paperwork for past 2 years

If NO please state why: _____

- Please include documents such as invoices, receipts, contracts, employment proposals, written business plans, business bank account statements, and/or accountant statement of business income to support the information claimed herein.

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 that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Joseph Applicant

10/12/16

Applicant Signature

Date

Year to Date Profit and Loss Statement EXAMPLE as of 10/16							Business Name: Example Bicycle Shop LLC						
Please fill in month and year (i.e. January 2016) →	Jan 2016	Feb 2016	March 2016	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	N/A	N/A	N/A	YEARLY TOTAL
Revenue Source													
Bike Sales	1500	1500	1500	1500	1500	2000	1500	200	2500				13700
Bike Service	600	700	600	600	600	900	600	0	1000				5600
Total Revenue	2100	2200	2100	2100	2100	2900	2100	200	3500				19300
Cost of Sales													
Cost of Goods (Bikes)	700	700	700	700	700	1200	700	100	1500				7000
Cost of Parts (Service)	100	150	100	100	100	300	100	0	350				1300
Total Cost of Sales	800	850	800	800	800	1500	800	100	1850				8300
Gross Income (Total Revenue minus Total Cost of Sales)	1300	1350	1300	1300	1300	1400	1300	100	1650				11000
Expenses													
Payroll expenses	100	100	100	100	100	100	100	100	100				900
Supplies (office and operating)	50	50	50	50	50	50	50	50	50				450
Repairs and maintenance	0	100	0	0	0	0	0	300	0				400
Advertising	20	20	20	20	20	20	20	20	20				180
Car, delivery and travel	50	50	50	50	50	50	50	50	50				450
Accounting and legal	0	0	0	200	0	0	0	0	0				200
Rent	600	600	600	600	600	600	600	600	600				5400
Utilities	40	40	40	40	40	40	40	40	40				360
Website Maintenance	40	40	40	40	40	40	40	40	40				360
Total Expenses	900	1000	900	1100	900	900	900	1200	900				8700
Net Income (Gross Profit minus Total Expenses)	400	350	400	200	400	500	400	-1100	750				2300

Anticipated Profit and Loss Statement For the Next 12 Months <u>EXAMPLE</u>							Business Name: Business Name: Example Bicycle Shop LLC						
Please fill in month and year (i.e. January 2016) →	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017	April 2017	May 2017	June 2017	July 2017	Aug 2017	Sept 2017	YEARLY TOTAL
Revenue Source													
Bike Sales	1500	2000	3000	1000	500	500	1500	1500	2000	2000	2000	2500	20000
Bike Service	900	900	900	900	900	900	900	900	900	900	900	900	10800
Bike Repair Classes *New*	0	0	0	0	0	1000	1000	1000	1000	1000	1000	1000	7000
Total Revenue	2400	2900	3900	1900	1400	2400	3400	3400	3900	3900	3900	4400	37800
Cost of Sales													
Cost of Goods (Bikes)	700	1200	1800	450	150	150	700	700	1200	1200	1200	1500	10950
Cost of Parts (Service)	250	250	250	250	250	250	250	250	250	250	250	250	3000
Total Cost of Sales	950	1450	2050	700	400	400	950	950	1450	1450	1450	1750	13950
Gross Income (Total Revenue minus Total Cost of Sales)	1450	1450	1850	1200	1000	2000	2450	2450	2450	2450	2450	2650	23850
Expenses													
Payroll expenses	100	100	100	100	100	100	100	100	100	100	100	100	1200
Supplies (office and operating)	50	50	50	50	50	50	50	50	50	50	50	50	600
Repairs and maintenance	0	0	0	0	0	0	0	0	0	0	0	0	0
Advertising	20	20	20	20	100	150	150	150	150	150	150	150	1230
Car, delivery and travel	50	50	50	50	50	50	50	50	50	50	50	50	600
Accounting and legal	0	0	0	0	0	0	800	0	0	0	0	0	800
Rent	600	600	600	600	600	600	600	600	600	600	600	600	7200
Utilities	40	40	40	40	40	40	40	40	40	40	40	40	480
Website Maintenance	40	40	40	40	60	60	60	60	60	60	60	60	640
Salary for Class Teacher *New*	0	0	0	0	0	500	500	500	500	500	500	500	3500
Total Expenses	900	900	900	900	1000	1550	2350	1550	1550	1550	1550	1550	16250
Net Income (Gross Profit minus Total Expenses)	550	550	950	300	0	450	100	900	900	900	900	1100	7600

