

# 40 Cottage Street

## First-Time Homebuyer Household Application

- More information is available at [www.chelseaND.org](http://www.chelseaND.org).
- For direct assistance, please call Teri at 617-889-1375 ext. 22 or [tbernert@chelseand.org](mailto:tbernert@chelseand.org)
- For direct assistance, including translation assistance, please call (617) 889-1375 or [info@chelseaND.org](mailto:info@chelseaND.org)

APPLICANT: _____	SSN# _____
CO-APPLICANT: _____	SSN# _____
ADDRESS: _____	
CITY/TOWN: _____	STATE: _____ ZIP: _____
TELEPHONE DAY: (    ) _____	EVENING: (    ) _____
E-MAIL ADDRESS(ES): _____	
NUMBER OF ADULTS IN HOUSHOLD: _____	TOTAL NUMBER IN HOUSEHOLD: _____

- Check here** if there are any other adult members of the household and please attach a separate sheet of paper for each with their information as described above.

### **DEADLINES FOR INITIAL BUYER SELECTION LOTTERY:**

Complete applications with required attachments (see checklist on following page) received prior to **July 30, 2010 by 4 PM**, will be reviewed for inclusion in the Lottery. Please see Information Package for additional information.

### **DEADLINES FOR ROLLING APPLICATIONS:**

Complete applications received after **July 30, 2010, 4 PM**, will be processed in the order in which they are received, **AFTER** any and all applications included in the Initial Buyer Selection Lottery. Please see Information Package for additional information.

### **Return completed application in person to Chelsea Neighborhood Developers or by mail to:**

Chelsea Neighborhood Developers  
 Attn: Teri Bernert  
 4 Gerrish Avenue  
 Chelsea, Massachusetts 02150



Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Your application must include:**

*Please check off attached items*

- Signed application form - ALL adult household members are applicants (p.9)
- Documentation of your sources of income, including twelve weeks' consecutive recent pay stubs and tax information, as described under Annual Household Income Section (p.5)
- Documentation of all liquid assets, as described under Household Liquid Assets Section (p.7)
- Mortgage pre-approval letter (pre-qualification letter is not acceptable). Letter must be from a Fannie Mae-approved lender including purchase price, maximum mortgage amount, and evidence of availability of funds as required for down payment and closing costs to cover remaining purchase requirements. Mortgage product must be a fixed rate conforming mortgage with a term of at least 30 years. The down payment must be at least 3% of the purchase price, at least half of which must come from the buyer's funds. Monthly housing costs (inclusive of principal, interest, property taxes, hazard insurance, private mortgage insurance and condominium or homeowner association fees) shall not exceed 38% of monthly income for a household earning 80% of area median income, adjusted for household size. (p.7)  
**Note:** Financing assistance may be available for income-eligible households. The monitoring agent reserves the right to approve end loan financing. Lender review of the deed rider for acceptability is suggested.
- Signed Agreement on Affordability and Resale Restrictions as well as Application Certification and Authorization for Consent to Release Information for all adult household members (p.10)

**NO STAPLES. PAPER-CLIPS ONLY.**

<p><b>Important:</b> <u>All</u> fields must be filled in with the information requested <u>or</u> with "N/A" for "not applicable". Do not leave fields blank.</p>
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Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Household Information

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### 1. Please list all household members (including yourself)

NAME	DATE OF BIRTH	SOC. SEC. #	RELATIONSHIP TO APPLICANT
1. _____	_____	_____	(Self)
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

- Check here** if medical documentation regarding the impact of sharing a bedroom is included with this application.

(For the purposes of determining appropriate household size, it will be assumed that a) a husband and wife, or those in a similar living arrangement, shall share a bedroom, and that b) other household members may share but shall not be required to share a bedroom. A person described in clause a) above shall not be required to share a bedroom if a consequence of sharing would be a severe adverse impact on his or her mental or physical health, and reliable medical documentation is submitted as to such impact of sharing. Such documentation, if applicable, is required as part of this application.)

- Check here** if any member of the household has owned a home or joint interest in a home in the past three (3) years.

If so, please explain: \_\_\_\_\_

- Check here** if you completed a certified homebuyer education workshop. If so, please attach a copy of your completion certificate.

**NOTE:** All purchasers will be required to complete a homebuyer education workshop prior to purchase. See [<http://www.chapa.org>] or call 617-635-HOME for a list of Boston-based certified homebuyer education providers and workshop dates.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Demographic Information

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**The information on this page is requested for informational purposes only: response will not affect your application**

**1. Please check the following applicable statements**

- I or the co-applicant am/is a current Chelsea resident
- I or the co-applicant am/is the parent, child or sibling of a current Chelsea resident
- I or the co-applicant am/is a municipal or community employee, such as teacher, police officer, firefighter, librarian or city employee.
- I or the co-applicant am/is an employee of a business located in Chelsea

**2. Please complete the following section to assist us in fulfilling affirmative marketing requirements** *(For informational purposes only: responses will not affect your application):*

Household Race (head of household) is:

- |   |   |
|---|---|
| <input type="checkbox"/> Caucasian                      | <input type="checkbox"/> Hispanic/Latino        |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Cape Verdean           |
| <input type="checkbox"/> African American               | <input type="checkbox"/> Asian/Pacific Islander |

## Annual Household Income

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Households must meet certain maximum income limits in order to be eligible to purchase 40 Cottage Street, as outlined in the Information Package. Gross Annual Household Income will be determined in a manner set forth in 24 CFR 5.609 or any successor regulations.

Annual income is income anticipated to be received in the coming 12-month period from all sources, including all wages and salaries prior to deductions, overtime pay, commissions, tips, fees and bonuses, and other compensation for personal services, net business income, interest/dividend income, social security, supplemental security income, pension payments, disability income, unemployment compensation, alimony/child support, and veterans' benefits, for **all adult household members over the age of 18, unless the member is a full-time student**. For such students, the first \$480 of the student's income must be counted in the household's income. The entire income for full-time students who are the head of household or spouse must be counted in annual income.

### Completed application must include:

1) Copies of signed Federal tax returns (ALL PAGES) for the three most recent tax years, as well as W-2 or 1099 forms as appropriate for the most recent tax year. State tax returns are not required.

2) **Third party documentation** of your sources of income as follows (NO STAPLES PLEASE):

*Please check off attached items*

- For earned income: 12 weeks' consecutive recent pay stubs,
- For interest and dividend income: 3 most recent monthly statements showing balance in all accounts
- For IRA or other income derived from restricted accounts: 3 most recent statements indicating regular amounts received and annual amount received for current year.
- For social security income: official statement of monthly amount received for current year
- For welfare assistance and pension income: statements indicating amount received for current year
- For unemployment benefits: 6 consecutive recent statements or verification from the Department of Revenue of benefits received.
- For child support and alimony: documents indicating the recent payment amount.
- If self-employed, please attach copies of tax returns for the 3 most recent tax years showing self-employment income and signed and notarized year to date profit and loss statement

3) **Completed worksheet** on following page

# Annual Household Income Worksheet

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## 1. Primary Applicant's Information

Gross Annual Income (Previous 12 Months): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Wage/Salary per week: \_\_\_\_\_

Additional Income from other source(s):

SOURCE	AMOUNT PER WEEK
1. _____	_____
2. _____	_____
3. _____	_____

Combined Weekly Income from Wages and Other Sources: \_\_\_\_\_

## 2. Co-Applicant's Information

Gross Annual Income (Previous 12 Months): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Wage/Salary per week: \_\_\_\_\_

Additional Income from other source(s):

SOURCE	AMOUNT PER WEEK
1. _____	_____
2. _____	_____
3. _____	_____

Combined Weekly Income from Wages and Other Sources: \_\_\_\_\_

**Check here** if there are any other adult members of the household and please attach a separate sheet of paper for each with their information as described above. Third party documentation is required.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Household Liquid Assets

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Households must meet certain maximum asset limits in order to be eligible to purchase 40 Cottage Street, as outlined in the Information Package. Gross Household Assets will be determined in accordance with the Massachusetts Department of Housing and Community Development Comprehensive Permit Guidelines. The total gross household asset limitation is \$75,000. Liquid assets include:

1. Cash,
2. The net cash value after deducting reasonable costs that would be incurred in disposing of real property (Do not include the value of personal property such as furniture and automobiles),
3. Savings and checking bank accounts,

Stocks, bonds and other forms of capital investment, excluding equity accounts in homeownership programs or state assisted public housing escrow programs. A complete definition of assets is included with the information packet labeled Appendix II – A.2. The applicant must remain under the asset limitation throughout the entire homebuyer selection process including the mortgage commitment and conveyance and will be required to provide evidence of such at various stages.

### Completed application must include:

- 1) Please attach **bank statements for the following accounts:**

- 6 months bank statements for checking accounts, and;
- 3 months recent statements for savings, and;
- 3 months recent statements for all other accounts.

***Please include the entire bank statement.***

- 2) Please attach copy of

- Valid pre-approval letter from mortgage lender.**

Application will be deemed incomplete without such letter. A pre-qualification letter is not acceptable. Letter must be from a Fannie Mae-approved lender including:

- Purchase price and maximum mortgage amount
- Evidence of availability of funds as required for down payment and closing costs to cover remaining purchase requirements.
- The mortgage product must be a fixed rate conforming mortgage with a term of at least 30 years.
- The downpayment must be at least 3% of the purchase price, at least half of which must come from the buyer's funds.
- Monthly housing costs (inclusive of principal, interest, property taxes, hazard insurance, private mortgage insurance and condominium or homeowner association fees) shall not exceed 38% of monthly income for a household earning 80% of area median income, adjusted for household size.

Please note: The monitoring agent reserves the right to approve end loan financing. Lender review of the deed rider for acceptability is suggested.

**Down payment assistance may be available.**

- 3) **Completed worksheet** on following page.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Household Liquid Assets Worksheet

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## 1. Applicant's Information

Name on Bank Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_ Recent Balance: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Recent Balance: \_\_\_\_\_

Other Account Number: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Additional Assets (eg. cash not in bank, stocks and bonds, real estate):

ASSET	VALUE
1. <u>Cash Not in Bank Account</u>	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Combined value of bank accounts, cash, and other assets:** \_\_\_\_\_

## 2. Co-Applicant's Information

Name on Bank Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_ Recent Balance: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Recent Balance: \_\_\_\_\_

Other Account Number: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Additional Assets (eg. cash not in bank, stocks and bonds, real estate):

ASSET	VALUE
1. <u>Cash Not in Bank Account</u>	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Combined value of bank accounts, cash, and other assets:** \_\_\_\_\_

**Check here** if there are any other adult members of the household and please attach a separate sheet of paper for each with their information as described above. Third Party documentation is required.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Signature Page

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I affirm that the information provided in this application is true to the best of my knowledge:

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

# First-Time Homebuyer Household Application

This form must be signed by all adult household members and returned with your application.

## Affordability and Resale Restrictions Certification:

I/We have read the summary of resale restrictions in the Information Package and agree to the restriction. I/We have been advised that a copy of the Deed Rider governing resale of 40 Cottage Street is available at Chelsea Neighborhood Developers for my/our further review and that I/we may request a copy to be sent to me or to my lender. I/We also understand that, if selected to purchase the home, a full copy of the Deed Rider will be provided to me.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

## Application Certification and Consent to Release Information

Please Check the Following Items that pertain to you:

- I/We certify that the information in this application and in support of this application is true and correct to the best of my/our knowledge and belief under full penalty of perjury. I/We understand that perjury will result in disqualification from further consideration in this program.
- I/We understand that the use of this application is for homebuyer assessment to provide an opportunity to purchase **40 Cottage Street**, and does not guarantee an offer.
- I/We certify that no member of our family has a financial interest in the development.

Your signature(s) below gives consent to Chelsea Neighborhood Developers, the marketing agent and DHCD staff to verify information provided in this application. No applications will be considered complete unless signed and dated by the Applicant/Co-Applicant. NO STAPLES PLEASE.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_