

**CENTRAL PLACE**  
**63 Central Street, North Reading, Massachusetts**

**Age-Restricted 55+ Affordable Homebuyer Condominium**  
**Application**

**Your application must include:**

- ❑ Signed application form (ALL adult household members are applicants)
- ❑ Documentation of your sources of income, including five weeks' consecutive recent pay stubs and tax information, as described under Annual Income Information Form below
- ❑ Mortgage pre-approval letter evidencing review of income, assets and credit (pre-qualification letter is not acceptable). Letter must be from a Fannie Mae-approved lender including property address, purchase price and maximum mortgage amount. Lender review of the deed rider for acceptability is suggested.
- ❑ Signed agreement on affordability and resale restrictions
- ❑ Signed application certifications and consent for release of information for all household members

Return completed application to:

Coastal Homebuyer Programs  
P.O. Box 661  
Newburyport, Massachusetts 01950

**THESE UNITS ARE AVAILABLE ON A FIRST-COME FIRST-SERVED BASIS – APPLY NOW.**

***Submission of this application does not guarantee an offer of a home at Central Place.***

# CENTRAL PLACE

## Age-Restricted Affordable Homebuyer Condominium Application

**Basic Information:**

Applicant Names: \_\_\_\_\_ Social Security No. \_\_\_\_\_

\_\_\_\_\_ Social Security No. \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Day): (     ) \_\_\_\_\_ Evening: (     ) \_\_\_\_\_

Email addresses: \_\_\_\_\_

Number in Household: \_\_\_\_\_

*Please note: If there are any other household members, please attach a separate sheet of paper for each with their information as described above.*

**Household Information: (Please list all household members including yourself)**

**NOTE: All household members must be at least 55 years of age for this development.**

	Name	Date of Birth	Sex	Soc. Sec. #	Relationship to Applicant
1.	_____	_____	_____	_____	(Self)
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Does any member of the household own a home or joint interest in a home?

Yes \_\_\_\_\_ No - \_\_\_\_\_ If yes, please explain and include address of the property. Net assets from sale of home which do not exceed **\$150,000** after payment of outstanding mortgage(s) and realtor's fee will be allowable.

\_\_\_\_\_  
\_\_\_\_\_

# CENTRAL PLACE

## Age-Restricted Affordable Homebuyer Condominium Application

### Household Annual Income Information:

Households must meet certain maximum income limits in order to be eligible to purchase a home at Central Place, as outlined in the Lottery Information Package. Gross Annual Household Income includes all wages prior to deductions, net income from the operation of a business or profession, social security/supplemental security income, welfare assistance, pension/disability income, rental income, interest and dividend income, alimony/child support and other earnings. Include the total such income for all household members, excluding full-time students. Income will be determined in a manner set forth in 24 CFR 5.609.

Please attach all third party documentation of your sources of income (NO STAPLES PLEASE):

- For **earned income**: five weeks' consecutive recent pay stubs,
- For **interest and dividend income**: most recent monthly statements showing balance in all accounts
- For **IRA or other income derived from restricted accounts**: statements indicating regular amounts received and annual amount received for current year.
- For **social security income**: latest official statement of monthly amount received
- For **welfare assistance and pension income**: most recent statement indicating amount received
- For **unemployment benefits**: five consecutive recent statements or verification from the Department of Revenue of benefits received.

In addition please send a copy of the signed federal 2005, 2006 and 2007 tax returns, as well as 2007 W-2 or 1099 forms as appropriate.

**Annual Income (Applicant): Gross Annual Income for the past 12 months:** \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

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

Additional Income from other source(s):

Source: \_\_\_\_\_ Income per week: \_\_\_\_\_

Source: \_\_\_\_\_ Income per week: \_\_\_\_\_

Source: \_\_\_\_\_ Income per week: \_\_\_\_\_

Additional Income from other source(s) INCLUDING DISTRIBUTIONS FROM IRA, 401K, SEP OR PENSION FUNDS:

Source: \_\_\_\_\_ Income per week: \_\_\_\_\_

Source: \_\_\_\_\_ Income per week: \_\_\_\_\_

**Annual Income (Other Household Member): Gross Annual Income for the past 12 months:**

\_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

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

Additional Income from other source(s):

Source: \_\_\_\_\_ Income per week: \_\_\_\_\_

Source: \_\_\_\_\_ Income per week: \_\_\_\_\_

Source: \_\_\_\_\_ Income per week: \_\_\_\_\_

Additional Income from other source(s) INCLUDING DISTRIBUTIONS FROM IRA, 401K, SEP OR PENSION FUNDS:

Source: \_\_\_\_\_ Income per week: \_\_\_\_\_

Source: \_\_\_\_\_ Income per week: \_\_\_\_\_

*Please Note: If any other household members other than full-time students have income, please attach a separate sheet of paper with their income information as described above; third party documentation is required.*

# CENTRAL PLACE

## Age-Restricted Affordable Homebuyer Condominium Application

### Household Liquid Asset Information:

Please complete the following Liquid Asset Information for *all* household members. Liquid assets include cash, the net cash value after deducting reasonable costs that would be incurred in disposing of real property, saving, stocks, bonds and other forms of capital investment, excluding equity accounts in homeownership programs or state assisted public housing escrow programs. **DO NOT INCLUDE THE VALUE OF PERSONAL PROPERTY SUCH AS FURNITURE AND AUTOMOBILES. ATTACH THIRD PARTY VERIFICATION OF ALL LIQUID ASSETS, AS DEFINED, i.e. one month recent bank statement (all pages), brokerage statements, equity statements, etc.**

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

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

Bank Address: \_\_\_\_\_

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

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

Other (e.g. Certificate of Deposit) Account Number \_\_\_\_\_ Balance: \_\_\_\_\_

Other Adult Household Member Name (if applicable): \_\_\_\_\_

Bank Name (if applicable): \_\_\_\_\_

Bank Address: \_\_\_\_\_

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

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

Other (e.g. Certificate of Deposit ) Account Number \_\_\_\_\_ Balance: \_\_\_\_\_

### **All real estate owned:**

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

Purchase Price: \_\_\_\_\_ Current Market Value: \_\_\_\_\_

Total Current Mortgage Amount: \_\_\_\_\_

Expected Net Cash Value of real estate owned: \_\_\_\_\_

**PLEASE INCLUDE RECENT MARKET VALUE LETTER FROM REALTOR AND CURRENT MORTGAGE STATEMENT.**

**Total household liquid assets:** \_\_\_\_\_

### **All restricted accounts (e.g., IRAs, pension funds):**

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

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

Bank Address: \_\_\_\_\_

Account Number \_\_\_\_\_ Balance: \_\_\_\_\_

**Please attach copy of valid pre-approval (NOT PRE-QUALIFICATION) letter from mortgage lender. Application will be deemed incomplete without such letter. Pre-qualification letter is not acceptable. Letter must be from a Fannie Mae-approved lender including property address, purchase price and maximum mortgage amount. Lender review of the deed rider for acceptability is suggested.**

# CENTRAL PLACE

## Age-Restricted Affordable Homebuyer Condominium Application

**Affordability and Resale Restrictions:**

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 Central Place condominium units is on file at North Reading Public Library, and available for my/our further review during normal business hours. I/We also understand that, if selected in the lottery to purchase a home a full copy of the Deed Rider will be provided to me.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

**CENTRAL PLACE**  
**Age-Restricted Affordable Homebuyer Condominium Application**

**Application Certification and Authorization for Consent to Release Information:**

**PLEASE CHECK THE FOLLOWING ITEMS THAT APPLY TO YOU:**

- I/We certify that our household size is \_\_\_\_\_ persons, as documented herein.
- I/We certify that we are a household with **all** permanent members aged **55 or older** as of the most recent birthday preceding the application, as documented herein via copy of birth certificate or driver's license. \_\_\_\_\_
- I/We certify that our total household income is \$\_\_\_\_\_ as documented herein, and does not exceed the income limits provided in the Lottery Information Package.
- I/We certify that our household liquid assets total \$\_\_\_\_\_ as documented herein, and does not exceed the asset limits provided in the Lottery Information Package.
- 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 certify that we are able to provide the minimum down payment and closing costs, if required, as outlined in the Lottery Information Package.
- I/We understand that if I/we are selected to purchase a home, I/we must continue to meet all eligibility requirements of MassHousing, Central Place Senior Living LLC and any participating lending institution(s) until the completion of such purchase.
- I/We certify that no member of our family has a financial interest in the development.

Your signature(s) below gives consent to Central Place Senior Living LLC and the lottery administrator to verify information provided in this application. No applications will be considered complete unless signed and dated by the Applicant and Co-Applicant.

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**ALL APPLICATIONS MUST BE SUBMITTED TO:**

**Coastal Homebuyer Programs  
P.O. Box 661  
Newburyport, Massachusetts 01950**



**EQUAL HOUSING OPPORTUNITY  
CENTRAL PLACE SENIOR LIVING LLC**