Affordable Unit Application Sandy Pines, Plymouth

Completed Applications and Mortgage Pre-Approvals must be delivered, or postmarked, by 2:00pm on April 6th, 2021.

Applications and Pre-Approvals postmarked by the deadline must be received within 5 business days.

DO NOT SEND APPLICATIONS TO THE PROPERTY. SEND APPLICATIONS TO THE NEEDHAM ADDRESS BELOW.

Sales Prices: \$288,000 for a 2BR duplex (HOA fees are \$42/mo)

\$320,700 for a 3BR single family home (HOA fees are \$42/mo)

Monthly HOA fees cover the costs of common maintenance which includes maintenance of the park, accounting and legal fees, replacement reserves, and HOA insurance.

Maximum Household Income Limits:

\$67,400 (1 person), \$77,000 (2 person), \$86,650 (3 person), \$96,250 (4 person), \$103,950 (5 person), \$111,650 (6 person)

The Maximum Household Asset Limit for the homes is \$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:

Applications and Pre-Approvals must be completed and submitted as specified by the date at the top of this page.

You must include mortgage pre-approvals as directed with this application. The first section 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. Send or drop off all applications and documentation by the date at the top of this page to:

SEB Housing Re: Sandy Pines 257 Hillside Ave Needham, MA 02494 Fax: 617.782.4500

Email: <u>info@sebhousing.com</u> Phone: 617-782-6900 x2

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

Este documento es muy importante. Favor de comunicarse con el SEB Housing en <u>info@sebhousing.com</u> o 617.782.2300 x207 o x209 y deja un mensaje para ayuda gratis con el idioma.



| Sandy Pines. | Please provide all the following contact information for the Head of Household |
|-----------------|--|
| (please print c | learly): |
| | |

| тррисант | s Name: | | | | | | |
|----------------------------|----------------|--------------------------|-------------|---|---|--|--|
| Address: | | | | | | | |
| City: | | | State: | | Zip: | | |
| Home Pho | ne:(|) | Work | : Phone:() | | | |
| Cell Phone | :() | | Empl | oyer: | | | |
| Email addı | ess: | | | | | | |
| ompleting yoi | ur application | | | | ion . Providing your email show we can only send notifications to | | |
| <i>J</i> | | , | | | | | |
| Bedroom S ☐ 2 bedro | om | , | n bedroom s | ize are you apply | ing (you can select mor | e than one) | |
| Bedroom S ☐ 2 bedro | om om | , | | , | | e than one) | |
| Bedroom S ☐ 2 bedro | om om | nation: For which | | , | | IS THIS P. FULL- STUDENT BE A FUL STUDENT | TIME OR WILL L-TIME IN THE |
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| Bedroom S ☐ 2 bedro | om om | nation: For which | one who w | ill be occupying to HEAD OF HOUSEHOLD OR | he unit: RELATIONSHIP TO APPLICANT LISTED AT | IS THIS PORT OF THE PORT OF TH | TIME OR WILL L-TIME IN THE HONTHS? NO NO |

Type III | 6 person household: all types | 5 person household: all types | 4 person household: all types | 3 person household: all types | 3 person household: 1 head-of-household plus 2 dependents | 3 person household: 2 heads-of-household plus one dependent, where heads of household 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 Type II | 3 person household: 2 heads-of-household plus 1 dependent | 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 I | 2 person household: 2 heads-of-household | 1 person household: 2 heads-of-household

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

HOMEOWNERSHIP (CIRCLE "YES" OR "NO")

| Has anyone listed on this application owned a home in the past 3 years or doe | S | |
|---|-----|----|
| 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.**

| MORTGAGE QUALIFICATIONS | | |
|---|--------------------|-------|
| 1. What is the <i>estimated</i> 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 price of the lowest price affordable unallowed to move forward in this application process for that unit. | | · . |
| <u>Database information</u> | | |
| 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 accommended request a reasonable modification in the housing, when such accompersons with disabilities an equal opportunity to use and enjoy the | nmodations or modi | • |
| | | |

INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE

Please complete the Income Table on the following two pages. <u>After the lottery</u>, if you are invited to move forward, you will be asked to provide <u>documentation supporting all of your statements below</u>, which shall include, but not be limited to, the <u>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.</u>

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) | |
| | Self-Employed (contract/job name) | |
| | Self-Employed (contract/job name) | |
| | | |
| | Self-Employed (contract/job name) | |
| | Child Support/Alimony | |
| | Child Support/Alimony | |
| | | |
| | Social Security Income | |
| | SSDI | |
| | SSDI | |
| | Pension (list source) | |
| | Pension (list source) | |
| | | |
| | Retirement Distributions | |

| Household Member Name Source of Incor | | 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) | |
| | (10 & GVET GILLY) | |
| | Periodic payments from family/friends & Recurring Gifts (i.e. monthly/weekly money from family/friends) | |
| | 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 | A | amount | |
|---------------------|--|---------------------------------|------------------------|----------|--|
| Checking | | | Balance \$ | | |
| Accounts | | | Balance \$ | | |
| | | | Balance \$ | | |
| | | | Balance \$ | | |
| | | | Balance \$ | | |
| Savings | | | Balance \$ | | |
| Accounts | | | Balance \$ | | |
| | | | Balance \$ | | |
| Money Transfer | Circle all that apply | Venmo CashApp | Balance \$ | | |
| Applications | in the next space → | PayPal Other | | | |
| Trust Account | | - | Balance \$ | | |
| C 1:0: 1 | | | Balance \$ | | |
| Certificates | | | Balance \$ | | |
| (or CDs) | | | Balance \$ | | |
| Savings Bonds | Maturity Date: | | Value \$ | | |
| _ | Maturity Date: | | Value \$ | | |
| 401k, IRA, | Company Name: | | Value \$ | | |
| Retirement | Company Name: | | Value \$ | Value \$ | |
| Accounts | Company Name: | | Value \$ | | |
| (Net Cash Value) | Company Name: | | Value \$ | | |
| | Name: | # of Shares: | Interest/ Dividends | Value | |
| Mutual Funds | | | \$ | \$ | |
| | | | \$ | \$ | |
| | | | \$ | \$ | |
| Stocks | | | \$ | \$ | |
| Stocks | | | \$ | \$ | |
| _ | | | \$ | \$ | |
| Bonds | | | \$ | \$ | |
| | | | \$ | \$ | |
| Investment Property | | | Appraised Va | alue \$ | |
| - | ssistance (An anticipat p with the mortgage dow | | \$ | _ | |

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.

| 8 1 | J |
|---|------------|
| Do you, or anyone on this application, own any property or have owned property in the past 3 years? | □ Yes □ No |
| Are you, or anyone on this application, entitled to receive any amount of money | |
| from the sale of any property? | ☐ Yes ☐ No |
| (currently or thru an upcoming court settlement) | |
| <i>If yes to either question,</i> type of property: | |
| Location of property: | \$ |
| Appraised Market Value: | \$ |
| Mortgage or outstanding loans balance due: | \$ |

MORTGAGE PRE-APPROVAL

Applications without mortgage pre-approvals will not be accepted for the lottery.

- **1.** I have attached a mortgage pre-approval that meets each and every one 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 or VA loan (as FHA and VA 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 i | nake copies of all the docume | ntation I give to my bank | as I may need cop | ies to submit |
|-----------------------------------|-------------------------------|---------------------------|-------------------|---------------|
| with this application. | | | | |

| 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 Sandy Pines 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 Housing website: https://sebhousing.com/affordable-housing-opportunities/ 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 and that the failure to timely and/or fully supply information in accordance with the application may result in the denial of my application and loss of position on all Waiting Lists.
- 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 Housing 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 Housing.
- 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 Housing, 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 Housing.
- 11. I acknowledge that the determination of eligibility by SEB Housing is based upon the guidelines that govern the Affordable Housing Program for the development and, as such, barring any confirmed error by SEB Housing in applying the guidelines and/or calculating income, the decision is final and I further agree to hold harmless SEB Housing from any claim(s) related to this application.
- 12. The undersigned give consent to the Town of Plymouth, SEB Housing Housing LLC, and DHCD to verify the information provided in this application. The undersigned authorize the release of information necessary in determining income and assets from third-party references.

| Applicant's Signature | Date |
|-----------------------|------|
| Applicant's Signature | Date |

You MUST ATTACH YOUR MORTGAGE PRE-APPROVAL WITH THIS LOTTERY APPLICATION.

Attach all documentation as directed on the cover page of this application. For Questions contact info@sebhousing.com or call (617) 782-6900

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