

Lottery Application for Income-Restricted Rental Housing at Miscela, Somerville

Applications must be completed and delivered (not postmarked) by
September 29, 2021

**DO NOT SEND APPLICATIONS TO MISCELA (THE PROPERTY).
DO NOT SEND APPLICATIONS TO SOMERVILLE'S HOUSING DIVISION.
ALL APPLICATIONS MUST ARRIVE TO THE NEEDHAM ADDRESS BELOW BY
2 PM ON SEPT 29, 2021. IF YOU'VE MAILED THE APPLICATION AND IT IS
RECEIVED AFTER 2 PM ON SEPT 29th 2021, IT WILL NOT BE ACCEPTED (SO IF
MAILING, BE SURE TO MAIL YOUR APPLICATION AT LEAST 1 WEEK BEFORE
THE DELIVERY DEADLINE).**

Directions:

Applications must be completed and delivered by September 29th, 2021 at 2 pm. This application must be filled out entirely in order for your application to be processed. Every space provided for initials must be initialed, even if you answer "N/A". If a question does not apply to you, check "N/A". LEAVE NOTHING BLANK.

Please see the following page for rents and income limits and read the Information Packet for more details. This is not subsidized housing. Rents do not change based on applicant's income and tenants will be responsible for paying the full rent themselves. Applicants with Section 8, MRVP, or other vouchers should contact their local housing authorities before applying for a copy of their voucher, certificate or most recent rent share letter.

APPLICATIONS MUST BE DELIVERED (NOT POSTMARKED) BY 2:00 PM, on SEPT 29, 2021.

Applications can be submitted the following ways:

COMPLETE AND SUBMIT THE ONLINE APPLICATION HERE: <https://form.jotform.com/210403447754048>

Mail: SEB Housing
Re: Miscela OR
257 Hillside Ave
Needham, MA 02494
*Note: SEB Housing is currently closed
to the Public but there is an SEB Dropbox on site!*

Somerville drop box located at
Montaje Apartments Leasing Office
449 Canal Street, Somerville MA
Mon-Sunday 8 am to 10 pm

Note: **Applications dropped in the Montaje drop box
Will NOT be reviewed until the deadline**

OR

Scan/Email: info@sebhousing.com OR Fax: 617-782-4500

If faxing or scanning, be sure to transmit both sides of double sided pages



Unit Type	Disabled-Accessible (DA) and Hearing-Impaired (HI)	Minimum Gross Annual Income	Minimum Household Size	Approx. Size (subject to change)	Number of bathrooms	No. of Units	Monthly Rent (not including utilities nor parking)
Sixteen (16) 50% AMI Apartments							
Studio	1 DA+HI	\$28,200*	1	482-580 sq. ft.	1	3	\$1,002-\$1,021
1 BR	1 DA+HI	\$30,192*	1	581-1,098 sq. ft.	1	9	\$1,034-\$1,054
2BR	N/A	\$36,420*	2	1,119-1,205 sq. ft.	2	3	\$1,223-\$1,245
4BR	N/A	\$46,704*	4	1,570 sq. ft.	2	1	\$1,528
Fifteen (15) 80% AMI Apartments							
Studio	N/A	\$47,001	1	453-540 sq. ft.	1	2	\$1,336-\$1,355
1 BR	N/A	\$47,001	1	594-701 sq. ft.	1	7	\$1,394-\$1,414
2BR	1 DA+HI	\$53,701	2	829-1,318 sq. ft.	1-2.5	5	\$1,656-\$1,678
3BR	N/A	\$60,401	3	1,287 sq. ft.	2	1	\$1,879-\$1,905

Tenants are responsible for paying the full amount of rent each month. Rents are not based on each applicant's income (unless they already have a Section 8 voucher or similar). Tenants are responsible for paying all their gas, electricity, water and sewer. **No parking spots are included in the rent and each spot is available for a reduced rate of \$75/mo.** The rents are set annually by the HUD HOME program and subject to change on an annual basis. Rents vary based on the building in which the unit is located (Wood Frame or Tower).

***Please note, the 80% AMI minimums shown are based on a household size equivalent to the number of bedrooms in the selected unit. If you have more household members than the number of bedrooms in your selected unit(s), please see the following MAXIMUM Gross Annual Income Limits table – the minimum income for the 80% AMI units is the 50% AMI maximum for your household size. For example, a two person household qualified for a Studio 80% AMI unit would have a minimum income limit of \$51,200.*

MAXIMUM Gross Annual Income Limits		
No. of people in your household	For units set at 50 % AMI	For units set at 80% AMI
1	\$47,000	\$47,001-\$70,750
2	\$53,700	\$53,701-\$80,850
3	\$60,400	\$60,401-\$90,950
4	\$67,100	\$67,101-\$101,050
5	\$72,500	\$72,501-\$109,150
6	\$77,850	\$77,851-\$117,250
7	\$83,250	\$83,251-\$125,350
8	\$88,600	\$88,601-\$133,400

Lottery Application for Miscela

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

Email address: _____@_____

Please note: This is the email address we will be using to communicate with you on your application.

Check here if you do NOT want your email included in the City's Inclusionary Housing listserv

Please note, if this email address has already been used for a Lottery Application that has already been submitted, you must check one of the following two boxes:

Check here if you are applying again because you wish to override your previous submission (we will email you to confirm that your previous application is being removed from consideration).

Check here if you are submitting an application on behalf of someone else who does not have an email address or requested that you be the point of contact via email for their application.

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Cell Phone:(_____) _____ Employer: _____

How did you hear about this opportunity? Email City Website Flyer Newspaper Family/friend
 Other _____

The following two questions are OPTIONAL and will not affect your eligibility in any way. Which best describes your ethnicity? (Select one) Hispanic/Latino Non-Hispanic/Latino

Which best describes your race? (Select one)

White Black Asian or Pacific Islander Native American Other

(OPTIONAL) Do you work for the City of Somerville, or do you have any family members that work for the City? *There is no preference given in the lottery if you, or a member of your family, work for the*

City of Somerville. This is simply a disclosure. Note that there is preference for people who work in the City of Somerville, and that question is asked later in the application. YES NO

RELATED PARTY

Is any member of the household related to or employed by the developer, Federal Realty (FRIT) or related to or employed by the Property Management Company, Greystar?

- Yes
- No

If yes, please explain the relationship in the space provided here:

REASONABLE 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.

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you?

- Yes
- No

If yes, please explain in the space provided here or write a signed statement and attach it:

LANGUAGE

If there is a language other than English that you would prefer to communicate, please indicate here:

- Arabic
- Cape Verdean Creole
- Chinese
- French
- Haitian Creole
- Nepali
- Portuguese
- Russian
- Spanish
- Vietnamese
- Other _____

HOUSEHOLD AND UNIT SIZE/TYPE

Please fill out the following chart for all household members who will be occupying the unit. Note that unborn children in the first or second trimester **cannot** be included as part of your household (but unborn children in their third trimester can be counted as part of your household under this program’s guidelines).

Note that legally married couples shall be considered part of the household, even if separated unless the applicant can later provide a copy of a fully executed separation agreement AND leases/notarized affidavits from both parties proving they live at separate addresses. Minors/dependents can only be considered part of the household if heads-of-household have physical custody or guardianship for 180 days a year.

Also note that unrelated and unmarried household members applying together will need to provide verification that they currently live together at the time of final Program Certification. Unmarried engaged households without a history of living together are not eligible.

NAME (FIRST, LAST)	AGE ¹ <i>(this cannot be “0” or “zero”, see note below on unborn children)</i>	IS THIS PERSON ONE OF THE HEAD(S) OF HOUSEHOLD ² ?		RELATIONSHIP TO APPLICANT LISTED AT THE TOP OF THIS PAGE	IS THIS PERSON A FULL-TIME STUDENT OR WILL BE A FULL-TIME STUDENT ³ IN THE NEXT 12 MONTHS?	
		Yes	No		Yes	No
		Yes	No		Yes	No
		Yes	No		Yes	No
		Yes	No		Yes	No
		Yes	No		Yes	No
		Yes	No		Yes	No
		Yes	No		Yes	No

You MUST circle Y or N for both the Head-of-Household and the student question in the table above for EVERY household member. Please note that a full-time student is only eligible for an income-restricted unit if they are a co-head of household with someone who is NOT a full time student and who they currently live with and will live with you at this property.

1 Unborn children can only be put in this table if they are in their third trimester (and in such cases, write “unborn, due date is…” and put their due date). For children between 0-12 months old, you must specify their age in months (ex: “5 months”). Do not put their age as “0”.

2 A Head of Household is any occupant over the age of 18 who is not listed as a dependent on the taxes of another person occupying the unit.

3 A full-time student is defined by the school’s registrar.

Do you require a disabled accessible unit?

YES NO

If YES, after the lottery, verification of need of an accessible unit will be required after the lottery to receive a preference for an accessible unit.

Do you need the features of a unit for the Hearing Impaired?

YES NO

If YES, after the lottery, verification of need of a unit with features for the hearing impaired will be required to receive a preference for a Hearing-Impaired unit.

Do you have a disability or a medical need for a unit that has more bedrooms than the total number of household members (ex: you are a 1 person household who needs a 2BR unit to accommodate your disability or medical need)? Please note that after the lottery, households who mark “Yes” will be required to provide current verification from the doctor or other medical professional who treats the disability, and the note must specify that the household member is in need of an additional bedroom because of the disability.

YES NO

If YES, please select the situation that best describes your need for an extra bedroom:

Live-in Aide who is not a household member

Storage for medical equipment

Other, please explain:

Please check off all the unit sizes you are applying for. You may apply for more than one unit size but if you apply for a unit that has more bedrooms than your Largest Unit Size, you will not be added to that Waiting List (or any other Waiting Lists for units sizes for which you did not apply). However, please note that a minimum of one person per bedroom is required unless you have a disability or medical need for an extra bedroom which must be documented after the lottery. If you claim to have a medical need for an extra bedroom but cannot document it, you will be dropped to the bottom of all Waiting Lists.

For example: a 2 person household can apply for both a 1BR and a 2BR unit but not a 3BR unit unless there is a medical need for an extra bedroom.

Studio 1 bedroom 2 bedroom 3 bedroom 4 bedroom

SOMERVILLE PREFERENCE INFORMATION (YOU MUST CHECK “YES” OR “NO”)

Are you currently on the Somerville Housing Authority (SHA) Waitlist or the Centralized Section 8 Waitlist? YES NO

If YES, after the lottery, verification from SHA or the Centralized Section 8 Waiting List will be required to receive this preference. If you mark “YES” but after the lottery you cannot verify that you have this preference by given deadlines, you will be dropped from all Waiting Lists.

For households on the SHA Waitlist: after the Lottery, be sure to have the “SHA Waiting List Confirmation” form in the back of this Application completed by the SHA. Once the SHA completes the form, you need to hold on to it until after the lottery. If you are unsure of your status on the SHA waitlist, you can call the Tenant Selection Office at 617-625-1152 or check here: sha-web.org/wlstatus.aspx

For households on the Centralized Section 8 Waitlist: To check/confirm you are on the Centralized Section 8 Waitlists, log into your account on www.gosection8.com and view your application status for all waiting lists you applied to through that website. You will need to take a screenshot or a pdf of your status and hold on to it until after the lottery.

Do you currently live or work full-time in Somerville?

YES NO

If YES, please note that after the lottery, you will be required to submit the documentation detailed in the paragraph below to receive preference. Households who mark “Yes” here but who cannot later verify this preference after the lottery will be dropped to the bottom of all Waiting Lists that they are placed on through the Lottery.

If you currently live in Somerville, after the lottery you will be required to submit a copy of your most recent utility bill, or a copy of a current lease, or copy of a bank statement, or a copy of your cell phone bill, or your voter registration. The document must be current and contain the applicant’s name and address in Somerville.

If you currently work full time in Somerville, after the lottery you will be required to submit either (A) your most recent pay-stub that shows the Somerville address where you are employed more than 32 hours a week or, if your pay-stubs do not show those details, you need to submit (B) a signed statement from your employer on company letterhead that states the address of the job, the employee's name and the amount of hours you work per week (on average) in Somerville at that job.

HOMEOWNERSHIP (CIRCLE “YES” OR “NO”)

Does anyone listed on this application currently own a home?

YES NO

Please note that applicants who own property or interest in a property or have their name on a Deed or Mortgage at Program Certification are ineligible for an income-restricted apartment.

INCOME

Do you currently receive or do you have a Section 8 mobile or MRVP voucher or certificate?

YES NO

The Lottery Agent does not discriminate based on source of income. This question is asked for the sole purpose of determining ability to pay rent.

INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE

Please complete the Income Table on the following page. For the purpose of **income determination**, “Household” shall mean all persons whose names appear on the lease, and also all persons who intend to occupy the housing unit as their permanent primary residence, even if they are not included on the lease. Legally married couples shall be considered part of the household, even if separated unless the applicant can provide a copy of a fully executed separation agreement AND leases/affidavits from both parties proving they live at separate addresses. 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”.

You must list all sources of GROSS income in the Income Table. If a section doesn't apply, cross out or write NA. Prior to reserving an income-restricted unit, you will be directed to submit detailed statements for EVERY SOURCE OF INCOME for every household member.

After the lottery, you will be asked to attach supporting documentation in the form of the six (6) most recent consecutive pay stubs and/or income statements for all sources of income, three (3) consecutive months of bank statements, W-2 statements and the most recent federal income tax returns (including all attachments and amendments) for each member of the household.

Source of Income	Annual/Yearly GROSS Income
Income/Wages from Employment for ALL household members:	\$
Income/Wages From Self-Employment for ALL household members:	\$
Annual Child Support Received:	\$
Annual Alimony Received:	\$
Annual Total Social Security Income and SSDI for ALL household members:	\$
Annual Pension income received from all sources:	\$
Total distributions taken annually from ALL Retirement Accounts:	\$
Total Expected Unemployment Wages For Next 12 Months <i>(note: do NOT count FPUC (Federal Pandemic Unemployment Compensation) as FPUC is NOT counted for this Program):</i>	\$
Total Expected Workman's Compensation for Next 12 Months:	\$
Total Expected Severance Pay Next 12 Months:	\$
TAFDC/EAEDC	\$
Full-Time Student Income (18 & Over Only)	\$
Total of periodic payments from family/friends & Recurring Gifts for one year: <i>(i.e. rent assistance from family)</i>	\$
Interest earned on all asset accounts over one year:	\$
If you own property and receive rent, the total amount of annual rental income from your real estate holdings:	\$

MORE INCOME QUESTIONS ARE ON THE NEXT PAGE!

ADDITIONAL INCOME QUESTIONS:

Check here if there is Bonus income NOT reflected in the table above (such as End-Of-Year Bonuses, anticipated raises) and then provide your expected Bonus income in the box below (ex: "John Doe will receive a \$1,000 bonus at the end of the calendar year" and then "\$1,000")

Bonus Income Details:	Expected Bonus income over next 12 months: \$
-----------------------	--

Check here if there is there is any other income NOT reflected in the tables and boxes above.

"Other" Income Details (these should not be reflected anywhere in the above table):	Total Expected income from "Other" sources over next 12 months: \$
---	---

Now total up all the income in the Income Table (on previous page) and the two boxes above. Your **Total Household Annual Income** is:

\$

You should check your Total Household Annual Income in the above box against the income limits shown at the start of this Lottery Application.

Please complete the table below with your household's **Asset Information**. Note that 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 in the table above.

Non-Retirement Assets	Amount
Total Amount in All Checking Accounts:	\$
Total Amount in All Savings Accounts:	\$
Total Amount in All Venmo/Paypal/Cash-App Accounts:	\$
Total Amount in Trusts (that you can access):	\$
Total Amount in Certificates/CDs:	\$
Total Amount in Savings/Treasury Bonds:	\$
Total Amount in Mutual Funds:	\$
Total Amount in Money Market Accounts:	\$
Total Amount in Currency Holdings (cash on hand, cryptocurrency etc):	\$
<p>Do you or anyone on this application currently own property OR Are you, or anyone on this Certification, 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</p> <p>If YES, put the Total Net Equity (Appraised Value minus mortgage or outstanding loans) on all real estate owned in the box on the right and note this property must be sold prior to Income Certification</p>	\$
Sum Total of Non-Retirement Assets	\$

Note: the "Sum Total of Non-Retirement Assets" must be below \$250,000 for eligibility into this lottery.

Retirement Assets	Amount
<p>Please note, only amounts that are in government recognized retirement accounts/products should be written here. If you are utilizing another type of asset as a savings or investment for your retirement, please note that they would need to be written in the above "non-retirement assets" section.</p>	
Total Balance in 401(K)s:	\$
Total Balance in IRAs:	\$
Total Balance in Annuitys:	\$
Total Balance in all other Tax-Deferred Retirement Accounts:	\$
Sum Total of Retirement Assets	\$

Note: there is no asset limit for Retirement Assets in this lottery.

You must now read, sign and date the next page.

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 the lease or residency 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.
6. I understand that this is a preliminary application and the information provided **does not** guarantee housing.
7. I understand this is not a lease application and if given the opportunity to move forward in the process of leasing an affordable unit, I will need to complete a lease application at the leasing office where my lease eligibility will be determined by additional factors such as credit score, tenant history and criminal background screening.
8. I understand that any material change in the income or assets of my household, or changes in household composition, that occurs after the submission of this application may make me ineligible for affordable housing.
9. Co-signers and Guarantors **are not** permitted.
10. I acknowledge that if my email address is provided in this application, SEB Housing 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 in writing.
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 City of Somerville, SEB Housing and Federal Realty or their assigns 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.
13. I understand that if I occupy an income-restricted unit, I must submit income and asset documentation annually.

Applicant's Signature

Date

Applicant's Signature

Date

Applicant's Signature

Date

Attach all documentation as directed on the coverpage. For Questions contact info@SEBHousing.com or (617) 782-6900 x1.

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.

SHA (Somerville Housing Authority)

Waiting List Confirmation Form

Somerville Housing Authority
30 Memorial Road, Somerville, MA 02145
Telephone (617) 625-1152 Fax (617) 628-7057 TDD (617)628-8889

If you are unsure of your status on the SHA waitlist, you can call the Tenant Selection Office at 617-625-1152 or check here: sha-web.org/wlstatus.aspx (you can copy and paste that link into your browser)

To be completed by the SHA (and not by the applicant)

Date:

Name:

Social Security #:

1. Is the above listed individual on the Centralized Section 8 Waiting List?

YES NO

2. Is the above listed individual on the Somerville Housing Authority Public Housing Waiting List?

YES NO

SHA Representative Name

SHA Representative Signature

Translation and interpretation services are available upon request, by appointment only
Services de traduction et d'interprétation sont disponibles sur demande
S'evis tradiksyon ak interpretasyon disponib si w bezwen
Servicio de traducción e interpretación están disponibles, con cita, una vez que lo solicite



