

# Waiting List Application for 110% AMI Units Alta Revolution, Somerville

[www.jotform.com/SEBHousing/AltaRevolutionWaitingList](http://www.jotform.com/SEBHousing/AltaRevolutionWaitingList)

**Minimum and Maximum Household Income Limits:**

**1 person** \$78,301-\$107,954; **2 persons** \$89,501-\$123,376;  
**3 persons** \$100,701-\$138,798; **4 persons** \$111,851-\$154,220

## Directions:

Applications for the Waiting List will be accepted on a first-come first served basis.\*

*\*Except up until April 18th, priority for the Waiting List will be given to households who were in the original Alta Revolution Lottery (based on the order they had on the Waiting Lists established by the original Lottery).*

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.

Applications can be submitted the following ways:

**COMPLETE AND SUBMIT THE ONLINE APPLICATION HERE:**

[www.jotform.com/SEBHousing/AltaRevolutionWaitingList](http://www.jotform.com/SEBHousing/AltaRevolutionWaitingList)

Mail: SEB Housing  
Re: Alta Revolution  
257 Hillside Ave  
Needham, MA 02494

*Note: SEB Housing is currently closed to  
the Public but there is an SEB Dropbox on site!*

OR

Scan/Email: [info@sebhousing.com](mailto:info@sebhousing.com)

OR

Fax: 617-782-4500

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



# Waiting List Application for Alta Revolution

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.*

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 three 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 is the head of household/co-head of household's race? (Please check all boxes that apply):

Asian or Pacific Islander  Indigenous American/Alaskan Native  Asian

Middle Eastern/North African  African American

Native Hawaiian/Other Pacific Islander  White  Black  Brown  Two or more races

Other: \_\_\_\_\_

What is/are the head of household's/co-head of household's  
country of origin? *(this question is optional)* \_\_\_\_\_

## RELATED PARTY

Is any member of the household related to or employed by the developer, Wood Partners or related to or employed by the Property Management Company, Wood Residential?

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).

Legally married couples shall be considered part of the household **unless** the applicant can provide verification that the households are separated and living at separate addresses. Verification must be a copy a court filed document showing that divorce/separation has been filed (if the legal document shows separate addresses for the partners), OR copies of separate leases and/or copies of utility bills in their name at separate addresses (if no court filed information is available), OR notarized statements from each spouse confirming that they are separated and living at separate addresses (if no court filed information is available). 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 <sup>1</sup> <i>(this cannot be “0” or “zero”, see note below on unborn children)</i>	IS THIS PERSON ONE OF THE HEAD(S) OF HOUSEHOLD <sup>2</sup> ?		RELATIONSHIP TO APPLICANT LISTED AT THE TOP OF THIS PAGE	IS THIS PERSON A FULL-TIME STUDENT OR WILL BE A FULL-TIME STUDENT <sup>3</sup> 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 their due date is on or BEFORE Dec 26, 2022 (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”. Unborn children scheduled to be born AFTER Dec 26<sup>th</sup> cannot be counted as a household member for this program.

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, verification of need of an accessible unit will be required to receive a preference for an accessible 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 if/when households are invited to move forward in the Certification process, 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. 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 1 person household can apply for both a studio and 1BR unit but not a 2BR unless there is a medical need for an extra bedroom.**

Studio

1 bedroom

2 bedroom

**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 property 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. Note that legally married couples shall be considered part of the household **unless** the applicant can provide verification that the households are separated and living at separate addresses. Verification must be a copy a court filed document showing that divorce/separation has been filed (if the legal document shows separate addresses for the partners), OR copies of separate leases and/or copies of utility bills in their name at separate addresses (if no court filed information is available), OR notarized statements from each spouse confirming that they are separated and living at separate addresses (if no court filed information is available).

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.**

If/when asked to move forward after being put on the Waiting List, 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.

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

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

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

<b>Non-Retirement Assets</b>	<b>Amount</b>
<b>Total Amount in All Checking Accounts:</b>	\$
<b>Total Amount in All Savings Accounts:</b>	\$
<b>Total Amount in All Venmo/Paypal/Cash-App Accounts:</b>	\$
<b>Total Amount in Trusts (that you can access):</b>	\$
<b>Total Amount in Certificates/CDs:</b>	\$
<b>Total Amount in Savings/Treasury Bonds:</b>	\$
<b>Total Amount in Mutual Funds:</b>	\$
<b>Total Amount in Money Market Accounts:</b>	\$
<b>Total Amount in Currency Holdings (cash on hand, cryptocurrency etc):</b>	\$
<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>	\$
<b>Sum Total of Non-Retirement Assets</b>	\$

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

<b>Retirement Assets</b>	<b>Amount</b>
<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>	
<b>Total Balance in 401(K)s:</b>	\$
<b>Total Balance in IRAs:</b>	\$
<b>Total Balance in Annuitys:</b>	\$
<b>Total Balance in all other Tax-Deferred Retirement Accounts:</b>	\$
<b>Sum Total of Retirement Assets</b>	\$

Note: there is no asset limit for Retirement Assets.

**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 agree to submit all documentation required to verify any and all claims made in this application by the deadlines given to me by SEB Housing, the City of Somerville and/or the Management Company.
3. 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.
4. 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.
5. 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.
6. 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.
7. I understand that this is a preliminary application and the information provided **does not** guarantee housing.
8. 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.
9. 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.
10. Co-signers and Guarantors **are not** permitted.
11. 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.
12. 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.
13. The undersigned give consent to the City of Somerville, SEB Housing LLC and Wood Partners 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.
14. I understand that if I occupy an income-restricted unit, I must submit income and asset documentation annually.
15. I acknowledge that if I have already submitted an application for the Waiting Lists, than this application will override and wholly replace any and all previous applications, and will void any Application Number or notices of approval related to any and all previous submissions.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

For Questions contact [info@sebhousing.com](mailto: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.

