

# Village at Silver Hill Lottery Application

## For households with one member aged 55 and older

### Weston, MA

This is an important document. If you require language interpretation, please contact the agent for this development directly ([info@sebhousing.com](mailto:info@sebhousing.com) or 617-782-6900 x3) and request interpretation services in your own language. If the agent does not speak your primary language, they will contact a translator who will provide language assistance.

Este es un documento importante. Si necesita interpretación de idiomas, comuníquese directamente con el agente de este desarrollo ([info@sebhousing.com](mailto:info@sebhousing.com) y 617-782-6900 x3) y solicite servicios de interpretación en su propio idioma. Si el agente no habla su idioma principal, se pondrá en contacto con un traductor para que proporcione que brindará asistencia lingüística.

### Application Deadline

June 26, 2023

Applications must be delivered, or postmarked, by this date. Applications postmarked by the deadline must be received within 5 business days.

YOU CAN COMPLETE AND SUBMIT THIS APPLICATION ONLINE HERE:

<https://form.jotform.com/SEBHousing/SilverHill>



\$277,800 for a 3BR home (condo fees are \$237/month)

**The affordable home will be ready for closing shortly after the Lottery**

#### Maximum Household Income Limits

\$82,950 (1 person), \$94,800 (2 people), \$106,650 (3 people) \$118,450 (4 people), \$127,950 (5 people) \$137,450 (6 people)

The Maximum Household Asset Limit for the 3BR home is \$275,000 (which includes equity in a dwelling to be sold). There is no MINIMUM household income requirement but households must have a mortgage pre-approval that covers the sales price of the home to apply for this lottery. Please read the Information Packet for more details.

### **Directions:**

Online Applications can be completed and submitted at the JOTFORM link above. If you'd prefer to submit a paper/PDF application, it must be completed and delivered by the date at the top of this page. This application must be filled out entirely 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 by the date above to: SEB Housing-Village at Silver Hill, 257 Hillside Ave, Needham, MA 02135.

Fax: (617) 782-4500; Phone: (617) 782-6900; Email: [info@sebhousing.com](mailto:info@sebhousing.com)



Village at Silver Hill. Please provide all the following contact information for the Head of Household:

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

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ @ \_\_\_\_\_

*Please note: We will only use your email address to contact you about this application. Providing your email should facilitate the process of completing your application as you will be notified of missing documentation faster than if we can only send notifications via postal mail. We will not contact you about future lotteries unless requested.*

**As this is an age-restricted community as detailed in the Information Packet, I certify that at least one household member is 55 years old or older (please check one):**

**Yes**

**No**

Please fill out the chart below for everyone who will be occupying the unit: **Note:** one or more household members must be age 55 or older.

NAME	AGE	HEAD OF HOUSEHOLD OR DEPENDENT	RELATIONSHIP TO APPLICANT LISTED AT THE TOP OF THIS PAGE	IS THIS PERSON A FULL-TIME STUDENT OR WILL BE A FULL-TIME STUDENT IN THE NEXT 12 MONTHS?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

I certify that my Household Size is (total number of household members) \_\_\_\_\_.

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

## HOUSEHOLD TYPE

You must check one of the following boxes for your household Type. Please review the Information Packet for details on Types.

- 1 person household** (Type I)
- 1 person household with a disability or medical need for TWO bedrooms** (Please note that verification from medical provider of need for a 2BR unit will be required at certification otherwise household may be removed from Waiting Lists) (Type II)
- 2 person household: 2 heads-of-household** (Type I)
- 2 person household: 1 head-of-household plus one dependent** (Type II)
- 2 person household with a disability or medical need:** 2 heads-of-household where (A) heads-of-household cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on their mental or physical health OR (B) there is a separate disability or medical need for **two** bedrooms. (In either case, please note that verification from medical provider of need for separate rooms for heads of households or of need for a 2BR unit will be required at certification otherwise household may be removed from Waiting Lists) (Type II)
- 2 person household with a disability or medical need for THREE bedrooms** (Please note that verification from medical provider of need for a 3BR unit will be required at certification otherwise household may be removed from Waiting Lists) (Type III)
- 3 person household: 1 head-of-household plus 2 dependents** (Type III)
- 3 person household: 2 heads-of-household plus 1 dependent** (Type II)
- 3 person household with a disability or medical need:** 2 heads-of-household plus one dependent, where (A) heads-of-household cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on their mental or physical health OR (B) there is a separate disability or medical need for **three** bedrooms. (In either case, please note that verification from medical provider of need for separate rooms for heads of households or of need for a 3BR unit will be required at certification otherwise household may be removed from Waiting Lists) (Type III)
- 4 person household: all types** (Type III)
- 5 person household: all types** (Type III)
- 6 person household: all types** (Type III)

**BEDROOM/UNIT SIZE SELECTION:** For which bedroom size are you applying?

- 3 bedroom home (\$277,800)

# MORTGAGE PRE-APPROVAL REQUIREMENT

Households must already have a mortgage pre-approval to apply for this lottery. If you do not already have a mortgage pre-approval that meets the standards outlined below, please contact a local bank/lender and obtain one before completing this application. You may go to any lender of your choosing as long as the pre-approval meets the below standards, but it is strongly recommended that you 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.

Here is a list of banks and lenders with experience with mortgages for affordable homes:

[www.mhp.net/one-mortgage/why-one#find-lender](http://www.mhp.net/one-mortgage/why-one#find-lender)

## MORTGAGE PRE-APPROVAL STANDARDS:

- The mortgage/loan must have a fixed interest rate through the full term of the mortgage.
- The mortgage/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](http://www.masshousing.com))*
- The mortgage/loan can have no more than two points.
- The mortgage/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.

# MORTGAGE PRE-APPROVAL ATTESTMENT

I attest that I have already obtained a mortgage pre-approval that covers the sales price of the affordable home for which I am applying AND meets each and every one of the of the Mortgage Pre-Approval Standards (as listed above) for this affordable housing program. I attest that I will be able to supply a copy of this mortgage pre-approval to SEB Housing immediately after the lottery, if requested. I acknowledge that failure to submit a mortgage pre-approval that (A) was secured prior to my lottery application submission date and (B) meets the mortgage pre-approval standards as outlined herein if/when requested will result in the removal of the application from further consideration.

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

**HOMEOWNERSHIP (CIRCLE "YES" OR "NO")**

**Has anyone listed on this application owned a home in the past 3 years or does 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.

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**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

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**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:**

<b>Are they an adult?</b>	YES	NO
<b>Have they owned a home only with a partner?</b>	YES	NO
<b>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?</b>	YES	NO
<b>Are they currently legally separated from a spouse?</b>	YES	NO
<b>Has the home in question already been sold?</b>	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.**

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**To qualify as a single parent, please answer the following questions:**

<b>Do you have 1 or more child of whom you have custody or joint custody, or are you pregnant?</b>	YES	NO
<b>Did you own a home with your partner or reside in a home owned by your partner?</b>	YES	NO
<b>Has the home in question already been sold?</b>	YES	NO
<b>Are you unmarried or legally separated from your spouse?</b>	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.**

**REASONABLE MODIFICATION OR ACCOMMODATION**

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, (“practices”) when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing. If you have a reasonable accommodation request related to *this Application/Certification*, please describe it here. If you have any *other* requests, including a reasonable accommodation request related to the *Owner/Developer’s* practices, or a reasonable modification request related to the physical structure of the building or unit, do *not* list it here. That request must be made directly to the Owner/Developer.

**RELATED PARTY**

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

- Yes
- No

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

**DATABASE INFORMATION**

How did you find out about this affordable housing opportunity?  
(please be as specific as possible, if found “online” please provide web address)

## **INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE**

Please complete the Income Table on the following two pages. **After the lottery, top households will be asked to attach supporting documentation, including but not limited to, the 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.

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. 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 income/wages- include the contract or job name in the space provided and you should use the net income for self-employment (note: For Self-Employment income only is “net” income counted. Income from all other sources is counted as “gross” income)
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

<b>Household Member Name</b>	<b>Source of Income</b>	<b>Current GROSS Monthly Income</b>
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	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	
	Social Security Income	
	Social Security Income	
	Social Security Income	
	SSDI	
	SSDI	
	Pension (list source)	
	Pension (list source)	
	Retirement Funds	



Household Member Name	Source of Income	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)	
	<b>Periodic payments from family/friends &amp; Recurring Gifts</b> <i>(i.e. monthly/weekly money from family/friends)</i>	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Other Income (name/source)	
	Other Income (name/source)	
	<b>Gross Monthly Household Income (GMHI)</b>	\$ /month

**GMHI x 12 =**      **Gross Annual Household Income**      \$      /year

# ASSETS

If a section doesn't apply, cross out or write N/A. 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.

Checking Accounts	Bank Name	Last 4 Digits of Acct Number	Amount	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Accounts			Balance \$	
			Balance \$	
			Balance \$	
Venmo/Paypal/ Cash-Apps			Balance \$	
Trust Account			Balance \$	
Certificates (or CDs)			Balance \$	
			Balance \$	
			Balance \$	
Savings Bonds	Maturity Date:		Value \$	
	Maturity Date:		Value \$	
401k, IRA, Retirement Accounts (Net Cash Value)	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
Mutual Funds	Name:	# of Shares:	Interest/ Dividends	Value
			\$	\$
			\$	\$
Stocks			\$	\$
			\$	\$
			\$	\$
Bonds			\$	\$
			\$	\$
Investment Property			Appraised Value \$	
<b>Down-Payment Assistance</b> <i>(An anticipated one-time gift from family/friends to help with the mortgage down-payment)</i>			\$	

## 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.*

Do you, or anyone on this application, own any property or have owned property in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or anyone on this application, 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
<i>If yes to either question, type of property:</i>	
Location of property:	\$
Appraised Market Value:	\$
Mortgage or outstanding loans balance due:	\$

**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 Village at Silver Hill 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 (not only initials).**

**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 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 Weston SEB Housing LLC, Village at Silver Hill, 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

**For Questions contact [info@sebhousing.com](mailto:info@sebhousing.com) or call (617) 782-6900**