

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

The 2003 Massachusetts Home of Your Own Program Application Instructions

Please read the following Application Instructions, as some of the Program Eligibility guidelines have changed.

The Application Instructions contain three sections:

- 1. Detailed eligibility and selection criteria for the Home of Your Own Program**
 - Changes to the eligibility and selection criteria
 - An application checklist
- 2. A list of local **Homebuyer Counseling Agencies** with a Massachusetts Homeownership Collaborative “Seal of Approval”.**
- 3. An income-eligibility chart**

Important: The Home of Your Own Program will accept applications on a rolling basis. There is no application deadline date at this time. We will continue to accept applications for as long as we have funding. Before sending your application, you should call us at 1-800-466-3111 to verify that we have funding available and are still accepting applications.

Applications will be reviewed by the Selection Committee on a monthly basis. All applications received by the end of the month will be forwarded to the Selection Committee during the first 2 weeks of the following month. All applicants will be notified of the Selection Committee’s decisions no later than the end of the following month.

For example: All applications received by April 30, 2003 will be sent to the Selection Committee to be reviewed during the first 2 weeks of May 2003. All applicants who applied at that time will be notified by the end of May 2003.

Upon receipt of an application, CHAPA will notify the applicant in writing, including informing them of when to expect a decision from the Selection Committee.

Return your completed application to:

Citizens’ Housing and Planning Association (CHAPA)
18 Tremont Street, Suite 401
Boston, Massachusetts 02108
Telephone/TTY: 1-800-466-3111

Please call 1-800-466-3111 if you have questions regarding the selection process or need this application in an alternative format.

Introduction to the Massachusetts Home of Your Own Program

The Massachusetts Home of Your Own Program is part of a growing nationwide effort to increase the ability of individuals with disabilities to have control of their living situations and housing. Through this homeownership program, the Selection Committee of the Massachusetts Home of Your Own Alliance will select individuals with a variety of disabilities from across the state to receive technical support and financing assistance for homeownership.

Coordinated by Citizens' Housing and Planning Association (CHAPA), the Massachusetts Home of Your Own Alliance is a statewide partnership of public agencies, non-profit organizations, lenders, private corporations, individuals with disabilities, family members, disability advocates, and others interested in increasing individual control and ownership of housing for individuals with disabilities.

The program provides down payment and/or closing cost assistance in the amount of \$7,500 or \$10,000* and includes both pre-purchase and post-purchase homeownership education through a statewide network of community-based non-profit agencies called homebuyer counseling agencies. Homebuyer counseling agencies have assisted thousands of low-income families and individuals along the path to homeownership.

Once selected, individuals with disabilities will be able to access one-on-one assistance from a homebuyer counselor in their area. The homebuyer counselor will verify income-eligibility, and assist the consumer through the homebuyer process. In order to qualify to receive the Massachusetts Home of Your Own Program's down payment and closing cost assistance, participants must notify CHAPA and the homebuyer counseling agency of their intention to purchase a property **before** they begin negotiations with the seller. Both the property and the buyer must be certified eligible for the Home of Your Own Program, and sufficient funding for down payment must still be available in the region where the property is located.

*The Massachusetts Home of Your Own Program has funding available to assist 2 individuals with assistance in the amount of \$7,500 and 15 individuals in the amount of \$10,000. We must use the down payment assistance grants in the amount of \$7,500 before we can access any grants for \$10,000.

The following pages provide detailed information regarding program eligibility and selection criteria. Please read them carefully as some of our eligibility guidelines have changed. Please make sure your application is complete before sending it in, by using the Application Checklist found at the back of the 2003 Application.

Program Eligibility for the Massachusetts Home of Your Own Program

The following checklist has been created to help you identify whether you are eligible for the Home of Your Own Program. You must answer “Yes” to all of the following questions in order to eligible for the Program.

	Yes	No
1. Are you a resident of Massachusetts who are interested in purchasing a home in Massachusetts?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a disability , defined as follows: 1) having a physical or mental impairment that substantially limits one or more of the major life activities of an individual; or 2) having a record of such impairment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you 18 years of age by the date of this application?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have an income source, and is your household income at or below 80% of the Area Median Income? Income from all household members is counted in the eligibility determination. See attached chart to determine the Area Median Income for your area.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you completed homeownership education from a homebuyer counseling agency with a Massachusetts Homeownership Collaborative “Seal of Approval” (see attached list) and is your the certificate less than 2 years old and included with your application?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you wish to purchase a single-family home or condominium? Two-family or multi-family homes, and mobile homes are not eligible properties unless an exception has been granted by the Selection Committee for the HOYO Program.	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you a first-time homebuyer , or are eligible as one of the exceptions outlined in the application?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have at least \$500 of your own funds to contribute towards your down payment? (This excludes any other down payment assistance programs, or gifts from family or friends)	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a pre-qualification letter from a lender? A pre-qualification letter means that a lender has determined, based on information provided by you, that you would qualify for a certain mortgage amount. Pre-qualification does not guarantee a loan and does not lock a you into a mortgage commitment.	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you willing to participate in all aspects of the Home of Your Own Program, including: receiving pre- and post-purchase homeownership education and sharing information with the Selection Committee, homebuyer counseling agencies, lenders, CHAPA and others, as needed?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you interested in purchasing a home with no more than 3 owners? Generally, the Massachusetts Home of Your Own Program is limited to one or two owners. At least one of the applicants must have a disability and you must be able to demonstrate that a permanent relationship is established (the individuals have known each other for at least three years and/or have successfully lived with each other for at least one year).	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered “No” to any of these questions you are not eligible for the Massachusetts Home of Your Own Program and you should therefore not send in your application at this time. If you have questions regarding this checklist, please call CHAPA at 1-800-466-3111.

Selection Criteria for the Massachusetts Home of Your Own Program

In addition to the Program Eligibility guidelines, applications will be evaluated on the following criteria:

1) Self-motivation and realistic consideration of the benefits and responsibilities of homeownership:

- The applicant must express desire for homeownership.
- The applicant has explored the benefits and risks of independent living.
- The applicant has explored the options and challenges of homeownership.
- Homeownership meets a major need for the person with a disability.
- Homeownership represents a conscious choice on the part of the applicant with a disability.

The Massachusetts Home of Your Own Program cannot give you a home or find a home for you; however, if you are selected for the program, we can provide you with information, support, and financial assistance that will simplify the path to becoming a homeowner.

2) Support:

A successful home seeker will have the support he or she needs from friends, family, service providers, a homebuyer counselor, and other allies, if needed. These people will support and assist an individual throughout the homebuying process and during homeownership. For some individuals this support will come from one person, and for others, from many. For some people, this will not apply at all, and the Selection Committee will take that into consideration.

3) Demonstrated financial responsibility

Homeownership requires an individual to be very financially responsible. Lenders require a person to be “credit worthy” to qualify for a mortgage. Individuals must also have good budgeting skills to successfully maintain homeownership. For example, individuals can demonstrate financial responsibility by having bills in their own names and paying them on time.

a) Credit

We will be looking for people who have established credit and have maintained good credit or in the process of improving their credit.

b) Savings

We will be looking for people who have a savings account and contribute to it on a regular basis, even if it is only a small amount each month. Participants will be *required* to contribute some of their savings toward their home purchase and must have least \$500 of their own funds available to contribute in order to be eligible for the Program.

c) Funds for down payment, closing costs and reserves

Participants may need additional funds for their down payment, closing costs, and reserves. While the Massachusetts Home of Your Own Program can provide some financial assistance to participants, people may need additional money for closing costs, legal fees, accessibility modifications, repairs to the property, etc. Participants will have assistance from the homebuyer counselors to identify resources for these funds; although, ultimately this will be the responsibility of the potential homebuyer.

d) Employment History

While it is not required that participants are working, having a predictable income from a job can improve a person's financial ability to compensate for changes in benefit payments, unforeseen repairs to a property, and other changes in his/her circumstances like a set-back in health or the loss of a rent-paying roommate.

e) Monthly Income

An individual's monthly income must be sufficient to support a mortgage if he/she intends to borrow to purchase a home. Individuals should also have enough money to set aside a bit each month for a reserve fund or to purchase necessary furnishings.

f) Current Debt

An individual's debt will be evaluated relative to his/her monthly income. Individuals should not have excessive debt.

4) Demonstrated Ability to Meet all of the Responsibilities of Homeownership:

Individuals must demonstrate an ability and willingness to pay the mortgage, utility bills, real estate taxes, property insurance, etc. for their new home. Individuals can also appoint someone else to pay these bills. Individuals must be able to maintain their homes or arrange for the on-going maintenance of their homes.

If you have read and understood all of the Program Eligibility guidelines and Selection Criteria and feel that you are ready to fill out an application to the Massachusetts Home of Your Own Program, please do so. If, after reading the above information, you feel that you need some additional time to fill out the application, please do not fill out an application at this time. We are accepting applications on a rolling basis and have no deadline at this time. We encourage you to take the time to ready yourself for homeownership and to provide us with a complete application.

2003 Income-Eligibility for CHAPA/MA Home of Your Own Program
Mar-03

State:Massachusetts

Prepared by HUD: 2-03

INCOME LIMITS

<u>AREA</u>	<u>Household Size</u>	<u>1 PERSON</u>	<u>2 PERSON</u>	<u>3 PERSON</u>	<u>4 PERSON</u>	<u>5 PERSON</u>	<u>6 PERSON</u>	<u>7 PERSON</u>	<u>8 PERSON</u>
Metropolitan Area									
MSA									
Barnstable/Yarmouth (Median \$58,700)									
	30% of Median	12,650	14,450	16,300	18,100	19,550	21,000	22,450	23,900
very low-income	50% of Median	21,100	24,100	27,150	30,150	32,550	34,950	37,400	39,800
*low-income	80% of Median	33,750	38,600	43,400	48,250	52,100	55,950	59,800	63,700
PMSA									
Boston (Median \$80,800)									
	30% of Median	16,950	19,400	21,800	24,250	26,200	28,100	30,050	32,000
very low-income	50% of Median	28,300	32,300	36,350	40,400	43,650	46,850	50,100	53,350
*low-income	80% of Median	43,850	50,100	56,400	62,650	67,650	72,650	77,650	82,700
PMSA									
Brockton (Median \$70,300)									
	30% of Median	14,750	16,850	19,000	21,100	22,800	24,450	26,150	27,850
very low-income	50% of Median	24,600	28,100	31,650	35,150	37,950	40,750	43,600	46,400
*low-income	80% of Median	39,350	45,000	50,600	56,250	60,750	65,250	69,750	74,250
MSA									
Fitchburg-Leominster (Median \$62,100)									
	30% of Median	13,050	14,900	16,750	18,650	20,100	21,600	23,100	24,600
very low-income	50% of Median	21,750	24,850	27,950	31,050	33,550	36,000	38,500	41,000
*low-income	80% of Median	34,800	39,750	44,700	49,700	53,650	57,650	61,600	65,600
PMSA									
Lawrence (Median \$74,300)									
	30% of Median	15,600	17,850	20,050	22,300	24,050	25,850	27,650	29,400
very low-income	50% of Median	26,000	29,700	33,450	37,150	40,100	43,100	46,050	49,050
*low-income	80% of Median	39,550	45,200	50,850	56,500	61,000	65,550	70,050	74,600
PMSA									
Lowell (Median \$79,700)									
	30% of Median	16,750	19,150	21,500	23,900	25,800	27,750	29,650	31,550
very low-income	50% of Median	27,900	31,900	35,850	39,850	43,050	46,250	49,400	52,600
*low-income	80% of Median	39,550	45,200	50,850	56,500	61,000	65,550	70,050	74,600
PMSA									
New Bedford (Median \$52,700)									
	30% of Median	12,650	14,450	16,300	18,100	19,550	21,000	22,450	23,900
very low income	50% of Median	21,100	24,100	27,150	30,150	32,550	34,950	37,400	39,800
*low-income	80% of Median	33,750	38,600	43,400	48,250	52,100	55,950	59,800	63,700
MSA									
Pittsfield (Median \$56,000)									
	30% of Median	12,650	14,450	16,300	18,100	19,550	21,000	22,450	23,900
very low income	50% of Median	21,100	24,100	27,150	30,150	32,550	34,950	37,400	39,800
*low income	80% of Median	33,750	38,600	43,400	48,250	52,100	55,950	59,800	63,700

			<u>1 PERSON</u>	<u>2 PERSON</u>	<u>3 PERSON</u>	<u>4 PERSON</u>	<u>5 PERSON</u>	<u>6 PERSON</u>	<u>7 PERSON</u>	<u>8 PERSON</u>
MSA										
Providence-Fall River (Median \$58,400)										
	30% of Median		14,150	16,150	18,150	20,200	21,800	23,400	25,050	26,650
	very low income	50% of Median	23,550	26,900	30,300	33,650	36,350	39,050	41,750	44,400
	*low income	80% of Median	37,700	43,050	48,450	53,850	58,150	62,450	66,750	71,050
MSA										
Springfield (Median \$56,800)										
	30% of Median		12,650	14,450	16,300	18,100	19,550	21,000	22,450	23,900
	very low income	50% of Median	21,100	24,100	27,150	30,150	32,550	34,950	37,400	39,800
	*low income	80% of Median	33,750	38,600	43,400	48,250	52,100	55,950	59,800	63,700
PMSA										
Worcester (Median \$68,000)										
	30% of Median		14,300	16,300	18,350	20,400	22,050	23,650	25,300	26,950
	very low income	50% of Median	23,800	27,200	30,600	34,000	36,700	39,450	42,150	44,900
	*low income	80% of Median	38,100	43,500	48,950	54,400	58,750	63,100	67,450	71,800
COUNTY										
Barnstable (Median \$58,600)										
	30% of Median		12,650	14,450	16,300	18,100	19,550	21,000	22,450	23,900
	very low income	50% of Median	21,100	24,100	27,150	30,150	32,550	34,950	37,400	39,800
	*low income	80% of Median	33,750	38,600	43,400	48,250	52,100	55,950	59,800	63,700
COUNTY										
Berkshire (Median \$57,200)										
	30% of Median		12,650	14,450	16,300	18,100	19,550	21,000	22,450	23,900
	very low income	50% of Median	21,100	24,100	27,150	30,150	32,550	34,950	37,400	39,800
	*low income	80% of Median	33,750	38,600	43,400	48,250	52,100	55,950	59,800	63,700
COUNTY										
Dukes (Median \$61,100)										
	30% of Median		12,850	14,650	16,500	18,350	19,800	21,250	22,750	24,200
	very low income	50% of Median	21,400	24,450	27,500	30,550	33,000	35,450	37,900	40,350
	*low income	80% of Median	34,200	39,100	44,000	48,900	52,800	56,700	60,600	64,500
COUNTY										
Franklin (Median \$56,300)										
	30% of Median		12,650	14,450	16,300	18,100	19,550	21,000	22,450	23,900
	very low income	50% of Median	21,100	24,100	27,150	30,150	32,550	34,950	37,400	39,800
	*low income	80% of Median	33,750	38,600	43,400	48,250	52,100	55,950	59,800	63,700
COUNTY										
Hampden (Median \$64,500)										
	30% of Median		13,550	15,500	17,400	19,350	20,900	22,450	24,000	25,550
	very low income	50% of Median	22,600	25,800	29,050	32,250	34,850	37,400	40,000	42,550
	*low income	80% of Median	36,100	41,300	46,450	51,600	55,750	59,850	64,000	68,100
COUNTY										
Hampshire (Median \$64,600)										
	30% of Median		13,550	15,500	17,450	19,400	20,950	22,500	24,050	25,600
	very low income	50% of Median	22,600	25,850	29,050	32,300	34,900	37,450	40,050	42,650
	*low income	80% of Median	36,200	41,350	46,500	51,700	55,800	59,950	64,100	68,200

COUNTY		<u>1 PERSON</u>	<u>2 PERSON</u>	<u>3 PERSON</u>	<u>4 PERSON</u>	<u>5 PERSON</u>	<u>6 PERSON</u>	<u>7 PERSON</u>	<u>8 PERSON</u>
Nantucket (Median \$74,900)									
	30% of Median	17,400	19,900	22,400	24,850	26,850	28,850	30,850	32,850
very low income	50% of Median	29,000	33,150	37,300	41,450	44,750	48,100	51,400	54,700
*low income	80% of Median	46,400	53,050	59,700	66,300	71,650	76,950	82,250	87,550
COUNTY									
Worcester (Median \$57,200)									
	30% of Median	12,650	14,450	16,300	18,100	19,550	21,000	22,450	23,900
very low income	50% of Median	21,100	24,100	27,150	30,150	32,550	34,950	37,400	39,800
*low income	80% of Median	33,750	38,600	43,400	48,250	52,100	55,950	59,800	63,700

2003 Home of Your Own Application

Please do not write in this section. This section is for the Selection Committee.

Application Number: _____

Region: _____

Thank you for your interest in the Massachusetts Home of Your Own Program. Through this program the Massachusetts Home of Your Own Alliance will work with selected people with disabilities who are interested in becoming homeowners.

The Massachusetts Home of Your Own Program in 2003 will be accepting applications continuously. We have not imposed an application deadline at this time, however, some of our criteria have changed and you should read the Application Instructions carefully.

Applications will be available until we no longer have funding for down payment and closing cost assistance. Please call CHAPA at 1-800-466-3111 before sending in your application to ensure that we have funding remaining.

A Note on Privacy

The General Information pages of this application (pages 2-4) will not be distributed to the Selection Committee to ensure an anonymous selection process.

Applications will be assigned an application number and evaluated by the Selection Committee without identifying information.

Statement of Confidentiality

This application and the information it contains will be treated as confidential.

This section is for the Selection Committee only.

Application Number: _____

GENERAL INFORMATION

1. **Your Name:** _____

2. **Address, City, State, Zip:** _____

3. **Mailing Address, City, State Zip** (if different): _____

4. **Telephone Number** (with area code): _____

5. **TTY**, if any (include area code): _____

6. **Are you over the age of 18?** Circle one: YES NO

You (the potential homebuyer) must be over the age of 18 to participate in this program.

7. **Do you have a Legal Guardian?** Circle one: YES NO

If YES, he/she must sign here: _____

Guardian Name (printed): _____

Address, City, State, Zip: _____

Telephone Number (with area code): _____

This section is for the Selection Committee only.

Application Number: _____

8. Do you have a Representative Payee? Circle one: YES NO

If YES:

Representative Payee Name: _____

Address, City, State, Zip: _____

Telephone Number (with area code): _____

9. How did you hear about the Massachusetts Home of Your Own Program?

Person's name and affiliation: _____

Other (newspaper, conference, etc.): _____

10. This program is exclusively for people with disabilities, defined as follows: (1) *having a physical or mental impairment that substantially limits one or more of the major life activities of an individual;* or (2) *having a record of such an impairment.*

a. Do you have a disability as defined above?

Circle one: YES NO

If you are selected to be a part of the Home of Your Own Program, you will be required to provide the Home of Your Own Alliance with documentation of your disability.

b. Do you receive supports and/or services from the Department of Mental Retardation?

Circle one: YES NO

This section is for the Selection Committee only.

Application Number: _____

11. Affirmative Action and Fair Housing Information

We are striving to track diversity in this initiative. In order to help us achieve this goal, we would appreciate if you would provide the following information. Your answers will not affect the Home of Your Own Program Selection Committee's review of your application.

- a. Sex (Circle one): FEMALE MALE
- b. Race (Circle one): NATIVE ASIAN
 AMERICAN
- BLACK LATINO
- WHITE OTHER _____

12. Applicant(s) Signature:

All information contained in this application is, to the best of my knowledge, true.

Signature

Today's date

Signature

Signature

This section is for the Selection Committee only.

Application Number: _____

THE MASSACHUSETTS HOME OF YOUR OWN PROGRAM - APPLICATION

1. Personal Statement

On a separate piece of paper, please include a brief personal statement, in your own words, describing why you would like to own your own home. Your personal statement should be typed or neatly handwritten and no more than one page. A personal statement can also be an audiotape, videotape, or letter.

2. Support

Homebuyer counseling is a key component of the Home of Your Own Program. Homebuyer counseling provides potential homeowners with step-by-step education on how to purchase a home, including information on mortgage products and lenders, what to expect during a home inspection, and documents you will need to sign at closing. The Home of Your Own Program requires everyone participating in the program to work closely with a homebuyer counselor, both in a workshop series and one-on-one. Some people can work independently with a homebuyer counselor and some people will need additional assistance, such as help from a friend, family member or case manager.

a. Will you need a friend, family member or case manager to assist you in the homebuying process in addition to the assistance that will be provided to you by the homebuyer counselor? (For example, transportation or assistance with reading or signing forms)

Circle one: YES NO

b. If yes, do you have someone to assist you?

Circle one: YES NO

If YES*:

Name: _____

Address, City, State, Zip: _____

Telephone Number: _____

Relationship to you: _____

This section is for the Selection Committee only.

Application Number: _____

3. Will you need supportive assistance to live in your home? (For example, a paid supporter or a representative payee)

Circle one: YES NO

If YES:

Do you have someone to assist you?

Circle one: YES NO

If YES*:

Name: _____

Organization (if applicable): _____

Address, City, State, Zip: _____

Telephone Number (with area code): _____

Relationship to you: _____

* If you are selected for the Home of Your Own Program, the Selection Committee may need to contact one, or both, of these people. We will only contact them with your permission.

4. Have you owned a home within the past three years?

Circle one: YES NO

If YES, are you:

_____ a single parent

_____ divorced within the past three years

Or, was the house:

_____ a mobile home

_____ a home that was in substandard condition (i.e. in violation of State health and safety codes)

This section is for the Selection Committee only.

Application Number: _____

5. Do you have a specific home in mind that you would like to purchase?

Circle one: YES NO

If YES:

Where is the home located (address and city/town)

Is the home a single-family home, or a condominium?

Is this home for sale?

Circle one: YES NO

Do you have an offer in on this property?

Circle one: YES NO

Has your offer been accepted by the seller?

Circle one: YES NO

Has a closing date been scheduled to purchase this home?

Circle one: YES NO

If YES:

When is the closing date? _____

6. List the other members of your household (if any)

<u>Name</u>	<u>Age</u>	<u>Relationship to you</u>
-------------	------------	----------------------------

*If you plan to have a roommate and know who that person is, please include them in your household.

This section is for the Selection Committee only.

Application Number: _____

7. Do you plan to purchase a home by yourself or with someone else? (This means that you and this person would both be responsible for the mortgage payments. If you plan to purchase a home with someone else, that person must live with you permanently.)

Circle one:

BY MYSELF

WITH SOMEONE ELSE

If with someone else:

Who? _____

What is their relationship to you? _____

PLEASE NOTE: If you want to purchase with another person you must be able to demonstrate that a permanent relationship is established (the individuals have known each other for at least three years and/or have successfully lived with each other for at least one year), and you must both live in the home permanently. Both applicants must be over the age of 18. For example, a non-disabled parent with a disabled child is not eligible for the Home of Your Own.

8. If you are selected to participate in the Home of Your Own Program, when do you think you will be ready to purchase a home?

Please check one of the following:

Within 0 to 3 months _____

Within 3 to 6 months _____

Within 6 to 9 months _____

Within 9 to 12 months _____

In more than one (1) year _____

9. Do you currently have a Section 8 certificate?

Circle one:

YES

NO

Please note: If you are interested in using your Section 8 voucher for homeownership, please contact the agency that administers your voucher for more information.

This section is for the Selection Committee only.

Application Number: _____

10. Credit Information

a. Do you have any bills in your name (for example: telephone, electricity, credit card bills, etc.)?

Circle one: YES NO

If YES, which bills are in your name?

b. Are those accounts currently being paid and are up to date on payments?

Circle one: YES NO

If NO, why not?

c. Do you have any outstanding debts larger than \$100 in your name (for example: student loans, medical bills, credit card bills, etc.)?

Circle one: YES NO

If YES, describe, including amount owed and to whom:

d. To your knowledge, what is the best way to describe your credit history for the past five years?

Circle one: EXCELLENT GOOD FAIR POOR

This section is for the Selection Committee only.

Application Number: _____

13. Do you work?

Circle one: YES NO

If YES, how long have you been at the same job?

_____ years and _____ months

Occupation:

14. Bank Account Information

a. Do you have a Savings Account in your own name?

Circle one: YES NO

b. Do you contribute to your Savings Account on a regular basis?

Circle one: YES NO

c. Do you have a Checking Account in your own name?

Circle one: YES NO

15. Down Payment Information

Applicants to the Home of Your Own Program must have at least \$500 of their own funds available for down payment. Your application will not be evaluated if you do not have at least \$500 currently in a bank account in your name.

a. Do you currently have \$500 of your own funds for a down payment? The excludes any other down payment assistance programs or gifts from family or friends.

Circle one: YES NO

If YES, please describe the source(s) below (for example: personal savings, social security/insurance settlement, a trust established by you or for your benefit, or any other source).

This section is for the Selection Committee only.

Application Number: _____

If NO: STOP! Your application will not be evaluated if you do not have at least \$500 of your own funds available for down payment.

16. Are there any specialized assistive devices (like a lift, grab bars, accessible kitchen or bathroom, lights) that will be necessary for you to live in your own home?

Circle one: YES NO

If YES: Do you currently have funds that you could contribute to making your home accessible?

Circle one: YES NO

If YES, please describe the source(s) below (for example: personal savings, social security/insurance settlement, a trust established by you or for your benefit, gift from a relative, loan from a program such as the Home Modification Program, or any other source).

This section is for the Selection Committee only.

Application Number: _____

The Massachusetts Home of Your Own Program Household Income and Assets

Please fill out the following forms as completely as possible. If you have questions we encourage you to seek the assistance of a homebuyer counselor or service provider, if applicable.

In addition to providing us with income and asset information on the following page, we ask that you **request a copy of your credit report**, regardless of whether you have established credit or not.

- a. Complete the information required in the **Request for Credit Report Letter**
- b. Make a *copy* of this letter for your files
- c. Send the signed *original* letter (final page of this packet) to Equifax (or call for your credit report, but fill out the form letter anyway)
- d. Include a *copy* of the completed letter with this packet and your application.

You may also request credit reports over the phone. The phone number for Equifax is 1-800-685-1111. There are two other credit-reporting agencies: Trans Union, 1-800-888-4213 and Experian, 1-800-397-3742. In approximately six weeks, you will receive a free copy of your credit report. **Please keep this report to present to the Homebuyer Counselor.**

Massachusetts state law requires credit reporting agencies to provide you with one free copy of your credit report each year upon request. Additional copies during the same calendar year are \$8 in Massachusetts (send a check or money order only).

The Massachusetts Home of Your Own Program

Household Income

In this section, please list total annual income for all members of the household.

HOUSEHOLD INCOME SOURCE	Total Household Income Amount
1. Applicant's total annual income (include benefit income such as SSI or SSDI here)	\$
2. Co-applicant's total annual income (if applicable)	\$
3. Total annual income for all children over 18 years old who will continue to live in the household	\$
4. Total annual income of all other household members (including any benefit payments to children under 18)	\$
5. Any other income sources	\$
Total Household Income (add lines 1 – 5)	\$

Available Cash and Assets

In this section, please list the total cash and liquid assets that are available for your homebuying expenses. If you have retirement savings or other assets that *cannot* be used for the purchase of your home, please do **not** include them in this section. If you do plan to use retirement savings for your home purchase, please include that information here.

CASH AND ASSETS	Total Household Amount
1. Savings account(s)	\$
2. Checking account(s)	\$
3. Mutual funds, stocks, and bonds (non-retirement savings)	\$
4. Money Market Accounts/CDs	\$
5. Cash gifts from parents, family members, friends, others for down payment	\$
6. Other donations for down payment - source:	\$
7. Lump sum payment (i.e. legal settlement)	\$
8. Other assets – source:	\$
TOTAL CASH AND ASSETS (add lines 1-9)	\$

This section is for the Selection Committee only.

Application Number: _____

Request for Credit Report

Date

For free annual credit report return this request to:

***Equifax
P.O. Box 740241
Atlanta, GA 30304***

1. Fill in the form completely.
2. Sign the form.
3. Mail the form to the address above.

Please provide me with the free annual copy of my credit report. Below is the information required:

1. Full name, including middle initial and generation (such as Jr., Sr., III, etc.):

2. Social Security Number:

3. Date of Birth:

4. Spouse's Full Name:

5. Current address, including ZIP code:

Number and street, apartment number city or town state ZIP code

6. If you have lived at this address for less than five years, please list your previous addresses for the last five years beginning with the most recent:

If you have any questions or need more information, please contact me at _____.
area code and telephone number

Sincerely,

Signature

Printed name

Application Checklist

Did You:

- ☐ Make a photocopy of your application for your records?
- ☐ Sign the application and get signatures of guardian(s) (if necessary)?
- ☐ Fill in each question on the application?
- ☐ Include your personal statement on a separate piece of paper?
- ☐ Include a copy of your homeownership education workshop certificate?
- ☐ Include a copy of your pre-qualification letter from a lender?
- ☐ Fill in the Household Income and Asset section of the application?
- ☐ Send the request for your credit report to Equifax and include a copy of this request with your application?
- ☐ Put enough postage on your application?

Your application will be considered incomplete and will not be evaluated unless all of the above criteria have been met.

If you have any questions on your application, or would like to have another person look it over before sending it in, we encourage you to contact one of the homebuyer counselors at the back of this packet or your service provider before sending it in.

Send your completed application to:

**Citizens' Housing and Planning Association
18 Tremont Street, Suite 401
Boston, MA 02108**

CHAPA and the Massachusetts Home of Your Own Alliance will send you a postcard notifying you when we receive your application. We will also send you a letter once the Selection Committee has evaluated your application.

Thank you for your interest in the Massachusetts Home of Your Own Program, and for taking the time to fill out the application.

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns): To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A