

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

RIVERBANK LOFTS: APPLICATION FOR AFFORDABLE UNITS

Please complete all pages to the best of your ability. This application will be used to determine your eligibility for a condominium unit at the Riverbank Lofts. If you need assistance, please call 617-923-3505.

RETURN APPLICATIONS BY OCTOBER 9, 2006.

APPLICANT'S INFORMATION

Applicant's Name _____

Co-Applicant's Name _____

Current Address: _____

Telephone: Home _____ Work _____ Cell _____

E-Mail Address _____

Total Number of People in Household _____

Language Preference _____

How did you hear about this opportunity? _____

GENERAL INFORMATION

Are you currently a Watertown resident? _____ Yes _____ No

Are you the parent or child of a Watertown resident? _____ Yes _____ No

Do you work in Watertown? _____ Yes _____ No

If yes, provide verification by including a current utility bill or pay stub as third party supporting documentation.

Has any member of the household owned a home or joint interest in a home in any real estate during the past three years?

☐ No ☐ Yes If yes, please explain _____

Have you completed a certified homebuyer education course? ☐ Yes ☐ No

Check which unit type you are applying for (check all that apply): ☐ Studio ☐ 1 Bedroom

Optional: Do you or any member of your household classify yourself as any of the following? (This may include more than one group). Responses will help us track the diversity of the applicant pool.

☐ White/Caucasian ☐ Latino/a ☐ Native Hawaiian/Pacific Islander ☐ Native American
☐ Black/African-/Caribbean-American ☐ Another race (please specify): _____



INCOME INFORMATION – Complete this section for all household members earning income.

Applicant's Current Gross Monthly Income _____ Overtime, Bonuses, etc. _____

Employer's Name _____ Length of Employment _____

Employer's Address _____

All Other Sources of Income (social security, pension, Veteran's Administration, unemployment, child support, etc. If you need more space, please attach a separate sheet of paper.)

Source _____ Monthly Amount _____

Source _____ Monthly Amount _____

Co- Applicant's Current Gross Monthly Income _____ Overtime, Bonuses, etc. _____

Employer's Name _____ Length of Employment _____

Employer's Address _____

All Other Sources of Income (social security, pension, Veteran's Administration, unemployment, child support, etc.)

Source _____ Monthly Amount _____

Source _____ Monthly Amount _____

List all household members (include yourself, any children, and those without income)

NAME	SEX	BIRTH DATE	RELATIONSHIP TO APPLICANT	ANNUAL GROSS INCOME & TYPE

If any member of your household is over 18 and is a full-time student, please provide documentation from their school describing their enrollment status.

Name _____ School Attending _____

If any member of your household is over 18 and is claiming "no income," please have them sign below.

I certify that at this time (time of application) I am not earning any income.

Name _____ Signature _____



ASSETS

List all liquid assets available to your household. Liquid assets include cash, savings, and checking accounts, stocks, bonds, and other forms of capital investment. Do *not* include the value of personal property such as furniture and automobiles.

Bank #1 Name and Address _____

Name on Account _____

Checking Account Current Balance \$ _____ Savings Account Current Balance \$ _____

Other (e.g. Certificate of Deposit) Current Balance \$ _____

Bank #2 Name and Address _____

Name on Account _____

Checking Account Current Balance \$ _____ Savings Account Current Balance \$ _____

Other (e.g. Certificate of Deposit) Current Balance \$ _____

Bank #3 Name and Address _____

Name on Account _____

Checking Account Current Balance \$ _____ Savings Account Current Balance \$ _____

Other (e.g. Certificate of Deposit) Current Balance \$ _____

List all other assets (including stocks, bonds, treasury bills, mutual funds, money market accounts, retirement and pension funds, whole life insurance, revocable trusts).

Description of Asset _____ Estimated Value \$ _____

Description of Asset _____ Estimated Value \$ _____

Description of Asset _____ Estimated Value \$ _____

Are any additional funds available for a down payment? ☐ Yes ☐ No

Will any portion of your down payment be derived from GIFT money? ☐ Yes ☐ No

Describe amount and source of additional down payment _____

Is at least 3% of the down payment your own funds? ☐ Yes ☐ No



DEBT INFORMATION

Applicant's Present Monthly Rent \$_____

Do you have a lease? ☐ Yes ☐ No If yes, when does it end? _____

When did you move into your current residence? _____ (mm/dd/yyyy)

List any debt other than credit cards that *requires a scheduled payment* for any household member (i.e. school, car, furniture, appliances, jewelry, etc.)

SOURCE OF DEBT	BALANCE DUE	PAY OFF DATE	MONTHLY PAYMENT

List all credit cards, with present balance due and monthly payments being made.

CREDIT CARD NAME	BALANCE DUE	MONTHLY PAYMENT

Have you ever been declared bankruptcy? ☐ No ☐ Yes

If yes, when? please explain: _____

Is there any other information you would like us to be aware of?

PLEASE CONTINUE TO THE NEXT PAGE

NOTIFICATION AND CERTIFICATIONS

All information you provide here will be treated as confidential and used by our office to determine eligibility to be a participant in the lottery.

In addition to this form, all applicants must provide WCH with documentation and further verification of all information related to income, assets, and household members. A checklist of the documents needed is attached.

CERTIFICATIONS

Certification of Information

I/we certify that all information furnished in this application for affordable housing is true and complete to the best of my/our knowledge.

I/we understand that any false statement, made knowingly and willfully, will be sufficient cause for rejection of my application.

Release of Information

I/we hereby authorize Watertown Community Housing to obtain verification from any source named in this application.

Certification of First-time Homebuyer Status

I/we certify that I/we have not owned or had partial ownership of any residential property within the last three years, or that my/our household includes a displaced homemaker.

Deed Restrictions

I/we understand that this home has been made affordable by the above agencies so that it can be purchased by a household of low or moderate income, and it must remain affordable permanently. I understand that there are deed restrictions attached to this home that will determine the sale price of the unit when I sell it.

I/we have read the Deed Rider Summary and understand my/our obligation thereunder or I/we shall see a legal or other counsel to understand our obligations.

Application

I/we understand that submission of an incomplete application makes me/us ineligible for the lottery.

I/we understand that, if selected as a qualified buyer, I/we will be expected to submit an offer to purchase within 5 days of selection.

I/we understand that all decisions made by Watertown Community Housing are final, and that any appeals must be submitted in writing as outlined in the application information packet.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Please return the completed form by **OCTOBER 9, 2006 (5 p.m)**

Watertown Community Housing

Attn: Riverbank Lofts Lottery

63 Mt. Auburn St.

Watertown, MA 02472



APPLICATION CHECKLIST

Your application is not considered complete without the following documents. Incomplete applications will not be eligible. Documents will not be returned; please submit copies only.

- ☐ First-Time Homebuyer Course certificate
- ☐ A pre-approval letter from a bank or mortgage company indicating that your household qualifies for a mortgage sufficient enough to purchase a home at the Riverbank Lofts, 290 Pleasant St., Watertown, MA
- ☐ Local preference documentation (current utility bill or written statement)
- ☐ Income documentation, for each household member:
 - ☐ If applicable, four weeks' worth of most recent pay stubs
 - ☐ If applicable, documentation of all other sources of income you have declared (such as copies of child support, alimony, social security, or pension payments)
 - ☐ If applicable, a letter and supporting documentation explaining any unusual employment or household circumstances and any other income received since the beginning of the current year (for example: bonus, inheritance etc.)
 - ☐ If applicable, no-income-statement, signed and notarized, for any household member over 18 who has no source of income
- ☐ Past three year's Federal Tax Returns for all household members who have filed a return. For the most recent year, include all associated W-2 and 1099 forms for each household member over 18. (If a household member is not listed on the federal tax return and has not submitted an individual tax return, provide an explanation and appropriate documentation.)
- ☐ Three months of the most recent statements for all bank (checking and savings) accounts, and documentation of 401K, stocks, or other investments
- ☐ Signed Certification Form (p5)
- ☐ Deed Rider Signature of Understanding (attached)



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