

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 ☐ _____

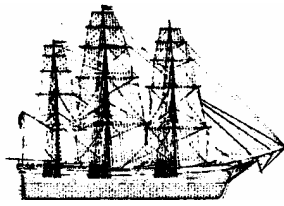
☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ 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



METRO MANAGEMENT COMPANY

A DIVISION OF EBCDC, INC.

Dear Applicant:

Enclosed please find your application kit for the "**Carlton Wharf Condos**". East Boston's first waterfront condos will be available for occupancy in the Spring of 2005. This application and all supporting documentation are necessary to participate in the lottery that will determine an order of potential buyers.

DUPLICATE APPLICATIONS WILL NOT BE ACCEPTED.

This package should contain

- 1 . Copy of the newspaper ad
2. Application form
3. Acknowledgement of BRA income certification
4. BRA Disclosure Statement

All items must be completed, signed and returned on or prior to the deadline of December 20th. Also, you are required to obtain a mortgage pre-qualification letter from a lending institution.

Please do not hesitate to contact us if you fail to find any documents listed above, desire help in completing the forms, or have general questions.

Very truly yours,

Erin Nanstad
Site Manager

CARLTON WHARF CONDOS

EBCDC/Metro Management, 201 Sumner Street, East Boston, MA 02128

Application deadline:

In person to the above location by December 20th at 5:00 pm
Or by mail postmarked by December 20th to the same address.

Your completed application must include:

- _____ Completed and signed application forms
- _____ Copies of the last 2 consecutive pay stubs for each household members 18 or older
- _____ Copies of current back-up information for all assets held by each household member, including members under 18 (e.g. bank statements, mutual fund statements, etc.)
- _____ Copies of most recent Federal Income Tax Returns with all attachments and W-2 forms for each household member 18 years or older
- _____ Mortgage pre-qualification letter from lending institution
- _____ Signed BRA Disclosure Statement
- _____ Signed BRA Certificate - Acknowledgment of BRA Income Certificate
- _____ Completed and signed preference information with supporting documentation for Boston Resident preference (if applicable) copy of two consecutive bills from the same utility in your name for the past 60 days.

Applicant's
Name: _____ Application # _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

I believe I will be eligible for the following pool. (Please refer to the income limits per household.

80 _____ 10 _____ 120 _____

I desire to purchase a unit with _____ bedrooms.

Optional Section: The following information is requested for use for the Fair Housing Program only, as required by State and Federal laws.

{ } American Indian/Alaskan Native	{ } Asian or Pacific Islander
{ } Black (not of Hispanic origin)	{ } Hispanic
{ } White (not of Hispanic origin)	

Application to: **Carlton Wharf** **113 Sumner Street, East Boston, MA 02128**

Income Verification Everyone who intends to occupy the Unit will be included in the household. The incomes of all household members will be included, with two exceptions:

- Income from employment is not counted for household members under 18; and
- Only the first \$480 of income from employment is included for household members who are currently registered as full-time students and who are not the head of household or spouse.

	Household Members	Gross Annual Income	Source of Income
1			
2			
3			
4			
5			
6			

Asset Verification Everyone who intends to occupy the Unit will be included in the household. The assets of all household members will be included, including members under 18.

	Household Members	Value	Type & Source/Account Number
1			
2			
3			
4			
5			
6			

Information provided above only serves to determine which units an applicant may qualify for. Once a buyer is selected, formal income verification will be done by the developer or its agent in conjunction with the Boston Redevelopment Authority.

PREFERENCE INFORMATION

The following are the preferences attached to this project. After the lottery, applicants who qualify for these preferences will be ranked higher than those that do not. Please make sure to initial next to the preferences that apply to you.

- **"Boston Resident"** shall mean any individual whose principal residence, where he or she normally eats, sleeps and maintains his or her normal personal and household effects, is in the City of Boston.

Are you seeking preference as a resident of the City of Boston? Yes _____ No _____

If yes attach proof of residency-copy of two consecutive bills from the same utility in your name for the past 60 days.

- **"Household"** shall mean all persons who intend to occupy the housing unit as their primary residence, whether or not they are on the deed or lease. Legally married couples shall both be considered part of the household, even if separated. Children shall be considered part of the household if they spend more than 50% of the year (183 days, including partial days) in the residence. Everyone included on the deed or lease, whether or not they intend to occupy the unit, shall also be considered part of the household.

Households of at least one person per bedroom have preference over candidates who do not. My household size is _____

- **"First-time homebuyer"** shall mean a buyer who has never previously owned a residential property. The Director of the BRA may, at his/her discretion and on a case-by-case basis make exceptions for buyers. Buyers wishing an exemption should submit their requests to the Boston Redevelopment Authority explaining the unique circumstances and include documentation verifying their claim.

Are you seeking preference as a first time home buyer? Yes _____ No _____

Please read each item below carefully before you sign.

1. I hereby certify that the information provided in this preliminary application is correct to the best of my knowledge.
2. I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications will be necessary to complete the standard application process.
3. I understand that I may submit only one application per household and that duplicate household applications will disqualify my household from the lottery.

Applicant's Signature

Date

Co-Applicant Signature

Date

CERTIFICATE
Acknowledgement of BRA Income Certification

I/We understand that the Unit I/we propose to purchase at **Carlton Wharf in East Boston** will be deed-restricted by the Boston Redevelopment Authority (the "BRA")

I/We further understand that these restrictions include an income-eligibility requirement. I/We shall submit an Affidavit of Eligibility to the BRA with all necessary back-up information to verify my/our household income, so that the BRA can certify whether my/our household is eligible to purchase the Unit

If the BRA determines that my/our household is eligible, the BRA shall prepare a Certificate of compliance with the- deed restrictions. This Certificate shall be good for 90 days and shall be recorded with the Unit Deed at purchase. I/we understand that if more than 90 days elapse between the execution of the Certificate and my/our purchase of the Unit, my/our household income will need to be re-certified by the BRA. If my/our household is still income-eligible, the BRA shall issue a new Certificate.

I/we understand that if my/our household income is determined to exceed the income limits for this Unit at certification or recertification, I/we will not be eligible to purchase this unit.

I/we understand that the BRA determination of my/our household income is based on information provided by me/us, as verified by the BRA, and that such determination is administrative in nature and therefore final when made.

Buyer

Buyer

Date

DISCLOSURE STATEMENT

BRA Deed-Restricted Home Ownership Units

WHY ARE THERE SPECIAL CONDITIONS ON THE USE AND RESALE OF THESE HOMES?

The Boston Redevelopment Authority ("BRA") has made a commitment to provide affordable homeownership opportunities to Boston residents. Using public land, financing assistance, and relief from regulation, housing is made affordable by reducing the purchase price to below market values, thus reducing monthly mortgage payments and requiring lower down payments.

With this help, many families who could not afford to purchase a home in the private market will be able to own their own home. To preserve these benefits for future buyers, certain conditions are placed on the use and resale of the property. They are designed to balance the interests of initial and future owners in a fair way.

To ensure that these special use conditions are maintained, you will receive yearly monitoring letters from the BRA. Included in the letter will be an Affidavit of Owner Occupancy. You must sign and return the affidavit to the BRA within twenty (20) business days.

WHEN CAN I SELL MY HOME?

You may sell your home at any point after which you have notified the BRA of your plans to sell and have received your ""Maximum Resale Price" front the BRA.

FOR HOW MUCH WILL I BE ABLE TO SELL MY HOME? WHAT IS MY MAXIMUM RESALE PRICE?

The sales price of your home must be no more than the Maximum Resale Price. After notifying the BRA that you would like to sell your home, you will receive your Maximum Resale Price. The Maximum Resale Price is set in accordance with a formula that gives a fair return on your investment but keeps the house affordable to the next buyer. The BRA will calculate your Maximum Resale Price as follows:

The "Maximum Resale Price" - 5% Formula: Your initial purchase price will be multiplied by 5 % per year for each year you lived in the home.

Adding the Cost of Home Improvements: Certain home improvement costs can be included in the Maximum Resale Price. Eligible costs include "capital improvements," as defined by the IRS, which significantly increase the value of your home, such as an addition. Routine

repair and replacement costs are not eligible. These additional costs are limited to an annual increase of 1 % of the purchase price. These costs must be properly documented at the time the property is sold. (NOTE: the full cost of additional bedrooms and some bathrooms may be added.)

TO WHOM CAN I SELL MY HOME?

When you sell your home, you must sell to a person whose income category is the same as yours at the time of your purchase of your home and whom the BRA has approved as an eligible buyer. For example, if you qualified as a moderate-income household below 80% of the Boston area median income, you must sell your home to another moderate-income household below 80%. You must also comply with the BRA's household size requirements in effect at the time of sale. To receive BRA approval on your potential buyer, the BRA must income certify the candidate similar to the way you were certified at the time you purchased the unit.

However, the BRA will also have the right to purchase the unit or to find a buyer to purchase the unit. This is called an Option to Purchase. The sales price will be the Maximum Resale Price. (If, in unusual cases, the market value is less than the Maximum Resale Price, the BRA will use an appraisal to determine the sales price.) If the BRA does not exercise its Option, you may sell your home to an eligible buyer, as described above, for a price that is within the Maximum Resale Price.

CAN I RENT MY HOME TO SOMEONE ELSE?

You must agree to live in this property as your principal place of residence. You cannot rent out your unit without the written consent of the BRA. If consent is given, the maximum rent you may charge a tenant is 15% above your monthly housing cost (mortgage payment, taxes, insurance, condo fees).

HOW LONG DO THESE RESTRICTIONS APPLY TO THE PROPERTY?

The use and resale restrictions described here apply to the property for 50 years from the date of the initial purchase.

WILL I HAVE TO PAY CONDO FEES?

When purchasing a BRA deed restricted unit, as with most condo units, you may be required to pay periodic condo fees. Because condominium fees are based on the value of the unit, your fees should be lower than those paid by the owners of comparably-sized market-rate units. Although the exact rate may not be determined at the time of purchase, the seller should be able to provide an estimate.

WHAT LEGAL DOCUMENTS DO I NEED TO REVIEW AND SIGN?

The unit restriction information in this document includes the most important items from the Covenant for Affordable Housing, recorded at the Suffolk Registry of Deeds along with the deed to your unit, a complete version of which is available to all lottery winners. If you are a lottery winner, you should review this document carefully before you sign a Purchase and Sale Agreement. At the closing, if you decide to purchase a deed-restricted unit, you will be required to execute a Principal Residence Affidavit, and a BRA Note and Mortgage to secure any penalties incurred if the affordability covenants are not followed. AN ATTORNEY'S ADVICE WILL BE HELPFUL TO YOU IN REVIEWING THESE DOCUMENTS.

I/We hereby acknowledge that I/we have read and understand this Disclosure Statement.

Execution at Time of Application for Deed-Restricted Housing

Applicant

Co-Applicant

Dated: _____

Reaffirmation at Title Closing

I/ we have received and read a copy of the Covenant for Affordable Housing that is referenced on page 2 of this Disclosure Statement.

Witness:

Buyer

Co-Buyer

Dated: _____

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