

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



Regency Place, 111 West Street, Wilmington, Massachusetts

Lottery Application

PLEASE COMPLETE THE APPLICATION AND ATTACHMENTS IN FULL AND RETURN WITH VERIFICATION DOCUMENTATION BY U.S. MAIL. APPLICATION MUST BE **RECEIVED NO LATER THAN, SATURDAY, JUNE 21, 2008**. IF YOU NEED ADDITIONAL SPACE FOR ANY CATEGORY, PLEASE COMPLETE THE INFORMATION ON A SEPARATE PIECE OF PAPER AND ATTACH IT TO THE APPLICATION. Please check appropriate box:

(8) 1 Bedroom 1-Bath	(20) 2 Bedroom 2-Bath	(2) 3-Bedroom 2 Bath
Monthly Rent \$1,104 760 Avg. SF	Monthly Rent \$1,324 1070 Avg. SF	Monthly Rent \$1,530 1294 Avg. SF
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

See packet for details on tenant paid utilities

Household Information: List all household members who will occupy an affordable unit.)

Name	Date of Birth	Occupation	Soc. Sec #	FT Student	Relationship

Adult Employment & Income Information: Please list all adult household members over age 18, who have income (unless full time dependent student under age 23) who will occupy the unit AND complete the Employment and Income Information for those individuals. **See attached Information Packet for further details on income. ATTACH VERIFICATION FORMS; 3 Recent Pay Stubs, Social Security Documentation, Pension documentation, ETC. for all Adult Household Members Listed Above who have income & 2007 W-2's and 1099's and Page 1 of the 2007 tax return.** If the information requested is not applicable, mark N/A.

Employment & Income Information

Applicant Name : _____
 Address: _____
 City/Town _____ State: _____ Zip: _____
 Telephone No. (Day) () _____ Evening () _____
 Employer Name _____
 Date of Hire _____ Supervisor Name _____
 Employer Telephone Number _____
 Other Income Amount _____ Source _____
 Other Income Amount _____ Source _____

Applicant Name : _____
 Address: _____
 City/Town _____ State: _____ Zip: _____
 Telephone (Day) () _____ Even () _____
 Employer Name _____
 Date of Hire _____ Supervisor Name _____
 Employer Telephone Number _____
 Other Income Amount _____ Source _____
 Other Income Amount _____ Source _____

If there are other adult household members, as defined above, with income please attach a separate sheet with their employment information.

Current Household Asset Information

Complete the following Asset Information for all household members. **While there is no asset limitation, an imputed interest rate equal to the passbook rate will be used to calculate interest & dividend income accounts on assets over \$5,000 and added to all income sources to arrive at gross annual income. See attached Appendix A Definition of Assets, ATTACH MOST RECENT ONE MONTH STATEMENTS:**

Name on the Account: _____
Savings Account No. _____ Account Balance _____
Bank Account _____ Bank Address _____
Savings Account No. _____ Account Balance _____
Checking Account No. _____ Account Balance _____
Other Account No. _____ Amount _____
Other Account No. _____ Amount _____
Other Account No. _____ Amount _____

Name on the Account _____
Savings Account No. _____ Account Balance _____
Bank Account _____ Bank Address _____
Savings Account No. _____ Account Balance _____
Checking Account No. _____ Account Balance _____
Other Account No. _____ Amount _____
Other Account No. _____ Amount _____
Other Account No. _____ Amount _____

i.e. Certificates of Deposit, Retirement Accounts, Insurance, etc. see attached list of assets-Attached separate sheet, if necessary

Does any member of the household own real estate? Yes _____ No _____

ATTACH A COPY OF THE ESTIMATED MARKET VALUE (NO OLDER THAN SIX MONTHS) FROM A LICENSED REAL ESTATE BROKER AND A CURRENT MORTGAGE STATEMENT. REAL ESTATE TAX BILLS ARE NOT ACCEPTABLE FORMS OF VALUE. Please read information packet regarding imputed income on assets.

LOCAL PREFERENCE - You are NOT required to complete the information to be included in the open pool lottery category. However, you will need to complete the following information and provide the necessary documentation, in order to qualify for a local preference category in the lottery selection process. Please refer to the Lottery Information Packet for definitions of the local preference categories. Check box if household qualifies for a local preference & wishes to be included in the local preference category.

- **Current Resident of Wilmington** Attach supporting documentation i.e. Rent receipt, census listing or voter registration.
- **Employee of the Town of Wilmington** - Attach supporting documentation – Pay stub
- **Child (at least 18 years of age), parent, sibling, spouse, aunt, uncle, nephew, niece, grandparent or great grandparent of a current Wilmington resident. whose Primary residence is in Wilmington.** State relationship & provide the address of the related Wilmington family. _____ Provide census listing or voter registration of Wilmington family member

☐

Check box if any member of the household requires an accessible or adaptable unit? See packet for details

☐

OPTIONAL SECTION: Information will be used only as required by DHCD guidelines to ensure affirmative marketing requirements. DHCD, Mass Housing and the lottery agent may collect information regarding the number of minority applicants for this housing development. No personal information will be released. A minority household is one in which any member of the applicant household belongs to one of the following categories defined as minority by the Commonwealth of Massachusetts, 760 CMR 47.00 as follows: **Native American or Alaskan Native, Asian, Native Hawaiian or Pacific Islander or other non-white: Black or African-American, and the ethnic classification Hispanic or Latino.** See packet for details. Please check box if the household qualifies and wishes to be included in the pre-lottery category.

☐

Applicant Signature/Date

Co-Applicant Signature/Date

Attach Lottery Application Certification, Consent Form, Verification Documentation



Regency Place Lottery Application Certification

I/We certify that our household size is _____ persons **(DO NOT LEAVE BLANK)**, as documented herein.

I/We certify that our household income is \$_____, **(DO NOT LEAVE BLANK)** as documented herein, and does not exceed the income limits provided in the Lottery Information Packet. I/We understand that total income may change due to an imputed interest figure on assets, which may cause income to exceed the HUD income limitations.

I/We certify that our household assets (**cash, savings, checking, insurance proceeds, cash value of whole life insurance, foreign bank accounts, brokerage accounts, stocks, etc. plus net value of a residence(s) to be sold, if applicable, as noted on the application, see attached APPENDIX A: DEFINITION OF ASSETS for complete description**) total \$_____, **(DO NOT LEAVE BLANK)** as documented herein. This information will be used to impute an income amount which must be added to total income.

I/We certify that all information in this lottery application and supporting documentation, including information and documentation regarding preference status, if applicable, is true and correct to the best of my/our knowledge and belief.

I/We certify that, if selected, we are able to provide the security deposit of \$500 and first month's rent and can afford the monthly rent plus utilities, as require by the Management Agent as outlined in the Lottery Information Packet.

I/We understand that if I/we are selected to rent an affordable unit, that I/we intend to occupy the unit and I/we must continue to meet all eligibility requirements of the Town of Wilmington, Guttierrez Company., Mass Housing, Princeton Properties during the lottery selection and approval process.

We understand that income will be recertified annually to determine if we continue to meet the program requirements and that if income exceeds program requirements, the rent will be adjusted in accordance with program requirements.

I/We understand that any false statement may result in disqualification from further consideration in the lottery process.

I/We understand that the use of this lottery application is for placement in a lottery to provide an opportunity to rent an affordable unit at the Regency Place, Wilmington, Massachusetts and does not guarantee an affordable unit.

I/We certify that I/We and no member of our family have a financial interest in the development.

Applicant Signature/Date

Co-Applicant Signature/ Date

**Regency Place
111 West Street
Wilmington, Massachusetts**

**AUTHORIZATION FOR CONSENT
TO RELEASE INFORMATION**

The undersigned authorizes JTE Realty Associates, LLC to verify any and all income and asset and other financial information, to verify any and all household, resident location and workplace information and any and all information provided with the application of the undersigned and directs any employer, landlord or financial institution to release any information to JTE Realty Associates, LLC for the purpose of determining eligibility in the lottery process to rent an affordable unit at Regency Place, 111 West Street, Wilmington, Massachusetts.

Print Name: _____

Signature of Applicant

Date

Print Name: _____

Signature

Date

Print Name: _____

Signature

Date

Print Name: _____

Signature

Date

All household members with income and assets must provide the information, as required on the application and sign and return this form with the application.

Appendix II – A.2

Definition of Assets

The value of necessary items of personal property, such as furniture or automobiles shall be excluded. Determination of assets shall be based upon a full and fair present cash value of the asset at the time of application to the program. If a potential purchaser divests himself or herself of an asset for less than full and fair present cash value of the asset within one year prior to application, the full and fair cash value of the asset at the time of its disposition must be declared and shall be included for purposes of calculation eligibility.

Household Assets include the following:

1. Cash held in savings and checking accounts, safe deposit boxes, homes, etc. Assets held in foreign countries are considered assets.
2. Revocable trusts: The cash value of any revocable trust available to the applicant.
3. Equity in rental property or other capital investments: The current fair market value less (a) any unpaid balance on any loans secured by the property and (b) reasonable costs that would be incurred in selling the asset (e.g., penalties, broker fees, etc.).
4. Stocks, bonds, Treasury bills, certificates of deposit, mutual funds, and money market accounts: The value of stocks and other assets vary from one day to another and should be determined within a reasonable time in advance of the applicant's submission of an application to participate in the subject housing program.
5. Individual retirement, 401K, and Keogh accounts: When the holder has access to the funds, even though a penalty may be assessed. If the applicant is making occasional withdrawals from the account, determine the amount of the asset by using the average balance for the previous six months. (Do not count withdrawals as income.)
6. Retirement and pension funds,
 - a. While the person is employed: Amounts the applicant can withdraw without retiring or terminating employment. Count the whole amount less any penalties or transaction costs.
 - b. At retirement, termination of employment or withdrawal: Periodic receipts from pension and retirement funds are counted as income. Lump-sum receipts from pension and retirement funds are counted as assets. Count the amount as an asset or as income, as provided below. If benefits will be received in a lump sum, include the lump-sum receipt in net household assets. If benefits will be received through periodic payments, include the benefits in annual income. Do not count any remaining amounts in the account as an asset. If the applicant initially receives a lump-sum benefit followed by periodic payments, count the lump-sum benefit as an asset as provided in the example below and treat the periodic payment as income. In subsequent years, count only the periodic payments as income. Do not count the remaining amount as an asset.
NOTE: This paragraph assumes that the lump-sum receipt is a one-time receipt and that it does not represent delayed periodic payments. However, in situations in which a lump-sum payment does represent delayed periodic payments, then the amount would be considered as income and not as an asset.
7. Cash value of life insurance policies available to the applicant before death (e.g., the surrender value of a whole life policy or a universal life policy): It would not include a value for term insurance, which has no cash value to the applicant before death.
8. Personal property held as an investment: Gems, jewelry, coin collections, or antique cars held as an investment. Personal jewelry is NOT considered an asset.
9. Lump-sum receipts or one-time receipts: Inheritances, capital gains, one-time lottery winnings, victim's restitution, settlements on insurance claims (including health and accident insurance, worker's compensation, and personal or property losses), and any other amounts that are not intended as periodic payments
10. A mortgage or deed of trust held by an applicant: Payments on this type of asset are often received as one combined payment of principal and interest with the interest portion counted as income from the asset. This combined figure needs to be separated into the principal and interest portions of the payment. (This can be done by referring to an amortization schedule that relates to the specific term and interest rate of the mortgage.)
To count the actual income for this asset, use the interest portion due, based on the amortization schedule, for the 12-month period following the certification. To count the imputed income for this asset, determine value at the end of the 12-month period following the certification.
11. A life estate: A life estate in an interest in real property which entitles the life tenant to benefit from the property until his or her death. Usually, the life tenant is entitled to the use of a house for life and may be entitled to sell his or her interest. This right is of value to the life tenant, but is rarely sold on an open market. (Purchases of real property would typically not be tempted by such an uncertain term of ownership.) The value of an applicant's life estate is included when calculation his or her assets based upon the Internal Revenue Service's latest guidance to determine the value of life estates (see Internal Revenue Service Publication 1457, "Actuarial Values, Book Aleph," (7-1999).

Household Assets DO NOT include the following:

1. Personal property (clothing, furniture, cars, wedding rings, other jewelry that is not held as an investment, vehicles specially equipped for persons with disabilities).
2. Interests in Indian trust land.
3. Term life insurance policies (i.e., where there is no cash value).
4. Equity in the cooperative unit in which the applicant lives.
5. Assets that are part of an active business: "Business" does NOT include rental of properties that are held as investments unless such properties are the applicant's main occupation.
6. Assets that are NOT effectively owned by the applicant: Assets that are not effectively owned when they are held in an individual's name, but (a) the assets and any income they earn accrue to the benefit of someone else who is not the applicant, and (b) that other person is responsible for income taxes incurred on income generated by the assets.

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