

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

Application

Cloverleaf Apartments

Natick, MA

Applicants must first complete a Lease Application at the Leasing Office and be found Lease Eligible before completing the following Affordable Housing Program Application

Affordable Apartments are being made available on a first-come, first-served basis.

MAXIMUM Household Income Limits (please see the Information Packet for more details):
\$46,300 (1 person), \$52,950 (2 people), \$59,550 (3 people), and \$66,150 (4 people)

Approximate MINIMUM Household Income Requirements:
\$29,440 to lease a 1-BR unit, \$35,066 to lease a 2-BR unit

Rents are \$1,104 (1 BR) and \$1,315 (2 BR) and include all utilities except electricity.

This is not subsidized housing. Rents do not change based on applicant's income and tenants will be responsible for paying the full rent themselves. Applicants with Section 8 Vouchers should contact their local housing authorities before applying as these rents are above local FMR.

Please read the **Information Packet** for more details.

Directions:

This application consists of three sections:

- 1) The Program Application
- 2) The Required Forms and Documentation Workbook
- 3) Additional Forms (*if applicable*)

The first two sections must be filled out entirely in order for your application to be processed. If a question does not apply to you, write "N/A" or cross it out. LEAVE NOTHING BLANK.

You must include all income and asset documentation with this application.

You must include all *applicable* forms from Section 3.

Send all applications to:

Affordable Housing Lottery
Re: Cloverleaf Apartments
P.O. BOX 35765
BRIGHTON, MA 02135



For Questions call (617) 782-6900 and leave a message.

Section 1

The Program Application

Cloverleaf Apartments

PROGRAM APPLICATION

Name _____ Home Tel. # _____

Address _____ Work Tel. # _____

City _____ State _____ Zip _____

Email (if available) _____

Unit size(s) for which you are applying (please circle):

1-Bedroom

2-Bedroom

HOUSEHOLD MEMBERS:

Please list **ALL** household members who will occupy the affordable apartment:

Name	Date of Birth	Sex	SS#	Relationship

HOUSEHOLD TYPE (please check one):

- ☐ 4 person household: 1 head-of-household plus 3 members
- ☐ 4 person household: 2 heads-of-household plus 2 members
- ☐ 3 person household: 1 head-of-household plus 2 members
- ☐ 3 person household: 2 heads-of-household plus one member
- ☐ 2 person household: 1 head-of-household plus one member
- ☐ 2 person household: 2 heads-of-household
- ☐ 1 person household: all types

Section 8 (circle yes or no):

Do you currently have a Section 8 Voucher (or similar housing subsidy)? **YES** **NO**

If you answered YES, please contact your Voucher provider before continuing with this application as the rent levels are above Section 8 Fair Market Rents and you may not be able to use your voucher.

PREFERENCE INFORMATION

You are requested to complete the following **optional** section in order to assist in determining preference. Completing this section may qualify you for additional lottery pools. (Please check all boxes that apply):

	APPLICANT	CO-APPLICANT	DEPENDENT
Black			
Hispanic			
Cape Verdean			
Asian/Pacific Islander			
Eskimo/Aleut			
Native American			
White/Non-Minority			

For **Disabled-Accessible or Hearing-Impaired Preference**, check the appropriate box for the following questions:

	YES	NO
<p>Are you, or any member of your household, in need of an accessible unit? (This is defined as persons with a physical or mental disability that meet standards established by the Department of Housing and Community Development and state laws for disabled housing)</p> <p><i>Verification of need of an accessible unit must be provided in the form of a doctor's note or equivalent.</i></p>		
<p>Are you or any of your household, in need of a unit for the hearing-impaired?</p> <p><i>Verification of need of a unit for the hearing impaired must be provided in the form of a doctor's note or equivalent</i></p>		

Instructions for Completing the Following Income Table

- List ALL CURRENT sources of income as requested below for ALL household members over 18 years old.
- Please note that the Income Table is 2 pages and income from Social Security, Pension, interest etc. is all on the second page of the table.
- If you have left a job since January 1, 2008 and are no longer receiving income, do NOT list it in this table.
- For self-employed applicants- include the employer, contract or job name in the space provided.
- “Interest Income” refers to any amount that you receive from any asset including amounts that you may be drawing down from a retirement account or 401K.
- **For any section that doesn’t apply, cross out or write NA.**

In Section 2 of this application, you will be asked multiple questions about your information in the following Income and Asset tables.

INCOME

Household Member Name	Source of Income	Current GROSS Monthly Income
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Self-Employed (source name)	
	Self-Employed (source name)	
	Self-Employed (source name)	
	Self-Employed (source name)	
	Child Support/Alimony	
	Child Support/Alimony	
	Periodic payments from family/friends <i>(i.e. rent assistance from family)</i>	
	Periodic payments from family/friends <i>(i.e. rent assistance from family)</i>	
	Other Income (name/source)	

Household Member Name	Source of Income	Current GROSS Monthly Income
	Social Security	
	Social Security	
	Social Security	
	Social Security	
	SSDI	
	SSDI	
	Unemployment Compensation	
	Workman's Compensation	
	Severance Pay	
	Pension (list source)	
	Pension (list source)	
	Retirement Funds	
	Title IV/TANF	
	Full-Time Student Income (18 & Over Only)	
	Full-Time Student Income (18 & Over Only)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Total Gross Monthly Household Income (TGMHI)	\$ /month
<div> <div>TGMHI x 12 =</div> <div>Anticipated Gross Yearly Household Income</div> <div>\$ /year</div> </div>		

ANTICIPATED CHANGES IN INCOME (please check one)	YES	NO
<p>1. Is your Anticipated Gross Yearly Household Income (written in the last box at the end of the above Income Table) <i>greater than the Allowable Income Limits</i> for a household of your size as specified on the cover page of this Program Application?</p> <p>If YES, please explain why you think your household is still eligible for entrance into this Lottery (<i>ex: upcoming maternity leave, planned change in employment etc.</i>):</p> <p><i>All claims made above must be supported with documentation submitted with this application.</i></p>		
<p>2. Are there any planned changes in income over the next 12 months?</p> <p>If YES, please explain:</p> <p><i>All claims made above must be supported with documentation submitted with this application.</i></p>		

ASSETS

If a section doesn't apply, cross out or write NA. You will need to submit detailed bank/balance statements for EVERY ASSET listed here.

	Name on Account	Bank	Amount	
Checking Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Trust Account			Balance \$	
Certificates (or CDs)			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Bonds	Maturity Date:		Value \$	
	Maturity Date:		Value \$	
401k, IRA, Retirement Accounts (Net Cash Value)	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
Mutual Funds	Name:	# of Shares:	Interest/ Dividends	Value
			\$	\$
			\$	\$
			\$	\$
Stocks			\$	\$
			\$	\$
			\$	\$
Bonds			\$	\$
			\$	\$
Investment Property			Appraised Value \$	

REAL ESTATE

Do you, or anyone on this application, own any property or have owned property in the past 2 years? <i>(You may currently own property but it must be sold before your move-in date.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or anyone on this application, entitled to receive any amount of money from the sale of any property? (currently or thru an upcoming court settlement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to either question, type of property:</i>	
Location of property:	\$
Appraised Market Value:	\$
Mortgage or outstanding loans balance due:	\$

Section 2

The Required Forms and Documentation Worksheet

Please answer each of the following 15 questions, attach all requested documentation, complete all applicable forms, and check all applicable boxes.

Only send copies of income/asset documentation.
We do not want originals.

Current Employment Questions

1. Is anyone in your household currently employed?
(NOT including self-employment)

How many of the jobs on page 6 of the Program Application are currently being worked? (NOT including self-employment)

For **every** job listed here you need attach BOTH:

- Copies of the 5 most recent pay-stubs
(If you do not receive pay-stubs you will need to attach a note from the employer on company letterhead stating your tenure and Year To Date amount)
- Attach copies of your 2007 W-2 **AND** 2006 W-2s
(if a job was started after January 1, 2008, write NA)

Example of a pay-stub:

Employee Name			SS#	Period End	Check Date	Check No.	Check Amount
Bbbbbb.Bbbbbb B			111-66-7777	10/23/99	11/03/99	208	*****515.40
Description	Hours	Rate of Pay	Earnings	Deductions	Current	Y-T-D	Leave Balance
Reg Pay	6.00	13.65	81.90	Fed Tax	66.39	1,630.67	As of 10/23/99
Vacation	28.00	13.65	382.20	FICA SS	49.32	985.59	
Ben Blank	1.00	90.08	90.08	FICA Med	9.43	230.50	VACATION 41.24
Misc	7.00	13.65	95.55	PA ST TX	18.19	445.06	
				Swat Tax	.00	10.00	
Description	Current		Y-T-D				
GROSS PAY	649.73		15,895.44				
TOTAL DEDUCTIONS	134.33						
NET PAY	515.40						

SWARTHMORE COLLEGE - Swarthmore, PA. 19081

Example of a blank W-2 (these are provided by your employer for your taxes):

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only <input type="checkbox"/>	
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Employer's social security number				9 Advance EIC payment		10 Dependent care benefits	
e Employer's first name and initial		Last name		11 Nonqualified plans		12a See instructions for box 12	
				13a Statutory employee <input type="checkbox"/>		12b	
				Retirement plan <input type="checkbox"/>		12c	
				Third-party sick pay <input type="checkbox"/>		12d	
				14 Other			
f Employer's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

W-2 Wage and Tax Statement 2006
 Form W-2 Wage and Tax Statement 2006
 Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.
 Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.
 Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page

YES

☐

of jobs

☐
☐

ATTACHED

and

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ATTACHED

NO

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Go to question #2

Income Questions

2.

Did you list any sources of Income on page 7 of this application?

(ie: Social Security, SSDI, Pensions, Unemployment, Public Assistance, TANF, Veteran's Benefits, Retirement, Student Income, Interest Income etc.)

How many sources of Income did you list on page 7?

For **every** source of income listed, regardless of the amount of income received (even just \$1), you need to:

- Attach copies of your most recent statements from the source of income.
- Attach copies of all 2006 **AND** 2007 1099s from the source of income (*if received*).

If you do not receive statements (i.e. the amounts are direct deposited), please submit 3 months checking account statements and highlight the appropriate deposits.

YES

NO

☐
☐

of sources

☐

Go to
question #3

☐

ATTACHED

Example of a blank 1099:

7595		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-0115	
PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	\$	2006	
		2 Royalties	\$	Form 1099-MISC	
		3 Other income	\$	Miscellaneous Income	
PAYER'S federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld	\$	Copy A	
		5 Fishing boat proceeds	\$	For Internal Revenue Service Center	
RECIPIENT'S name		6 Medical and health care payments	\$	File with Form 1096.	
Street address (including apt. no.)		7 Nonemployee compensation	\$	For Privacy Act and Paperwork Reduction Act Notice, see the 2006 General Instructions for Forms 1099, 1098, 5498, and W-2G.	
City, state, and ZIP code		8 Substitute payments in lieu of dividends or interest	\$		
Account number (see instructions)	2nd TIN not	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	\$		
		10 Crop insurance proceeds	\$		
		11 Excess golden parachute payments	\$		
		12 Gross proceeds paid to an attorney	\$		
15a Section 409A deferrals	15b Section 409A income	13 State tax withheld	\$	17 State/Payer's state no.	18 State income
\$	\$	\$	\$	\$	\$

Form 1099-MISC 41-0852411 Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

Past Employment Questions

- 3.** Did anyone in your household leave a job between **January 1, 2007 and today's date?**

For **each** job listed here, regardless of the amount of income received, you need to attach **one** of the following:

- a) Attach a letter from the employer on company letterhead Verifying your last day of employment.

OR

- b) Attach a copy of the last pay-stub from 2007 along with the matching 2007 W-2. The YTD amount on the pay-stub must match the wages shown on the W-2. (*Only valid for jobs left before December 1st, 2007*)

OR

- c) Complete the "Verification of Terminated Employment" attached on the back of this application in Section 3. Once we have received the form, we will send this form to the previous employer. Verification normally takes an additional 1-2 weeks. Employers may not send these forms back- in which case, you will need to submit 3a or 3b (from above). If you choose to use the attached form, ***only fill in the top section of the form!***

YES

NO

☐☐

of jobs
left

Go to
question #4

☐☐

ATTACHED

or

☐

ATTACHED

or

☐

ATTACHED

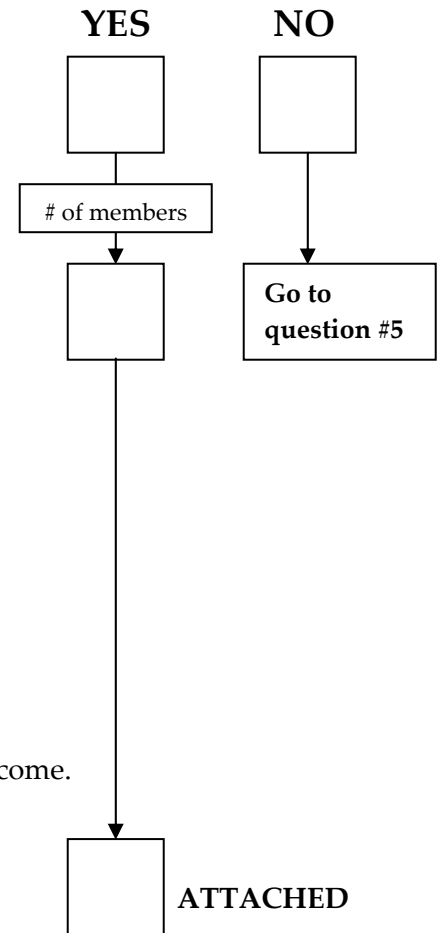
Self-Employment Questions

4. Is anyone in your household currently self-employed?

How many household members are self-employed?

For each self-employed job, complete the attached "Self-Employment Income Affidavit" in the back of this application. Be sure to include (all that apply):

- a) Copies of all 2007 1099s (*or most recent*)
- b) A Copy of Schedule C of your 2007 1040s (*or most recent*)
- c) Copies of current financial statements,
- d) Accountant's statements of Net Business Income
- e) Copies of income receipts
- f) Any other documentation you can provide to corroborate income.

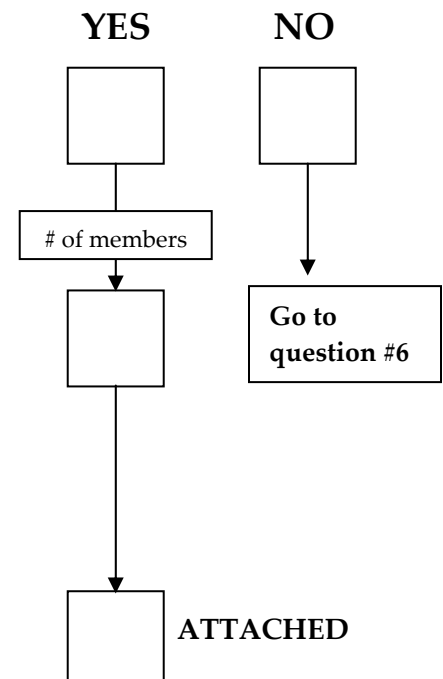


Household Members with No Income

5. Are there any household member over 18 years old that are claiming to currently make zero income?

How many household members over 18 years old are claiming to currently make zero income?

For each one of these household members, complete the "Certification of Zero Income" form attached in the back of this application.



Child Support/Alimony Questions

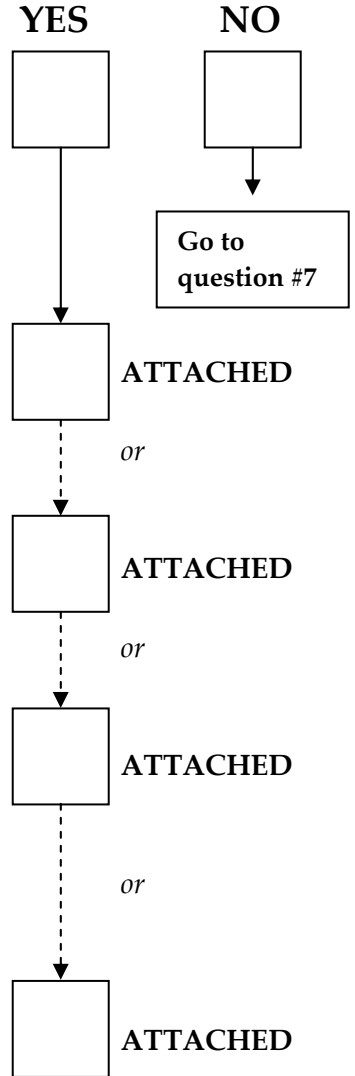
- 6.** Are you currently receiving child support or alimony
OR are you *legally* entitled to receive child support
or alimony?

If you answered YES *and* you are receiving the amount you are
entitled to receive, you will need to attach **one** of the following:

- a) A copy of your divorce decree or settlement agreement
- OR
- b) A statement of payments from the Department of Revenue (DOR)
(if they have your payments on record)
- OR
- c) 3 detailed checking account statements that show
Child Support/Alimony deposits

If you answered YES *but* you are NOT receiving the amount
you are entitled to receive, you will need to attach:

- d) A copy of your divorce decree, proof a legal claim filed against
the person that owes you money and, if applicable, statements
from the DOR showing payments made
(If you do not show proof of a legal claim, it will be assumed you are
receiving the full amount entitled when determining your eligibility)

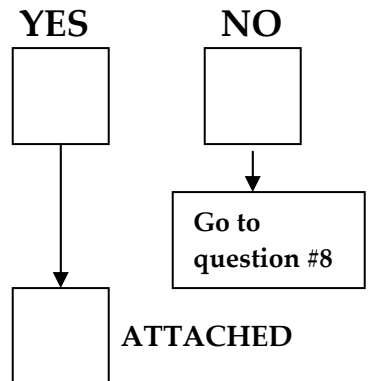


Divorce/Separation Questions

- 7.** Have you been divorced/separated since January 1st, 2007 or
are you currently in the process of getting divorced/separated?

If you answered YES, you will need to attach:

- a) A copy of your divorce decree/separation agreement OR
Proof that you have filed for divorce/separation.



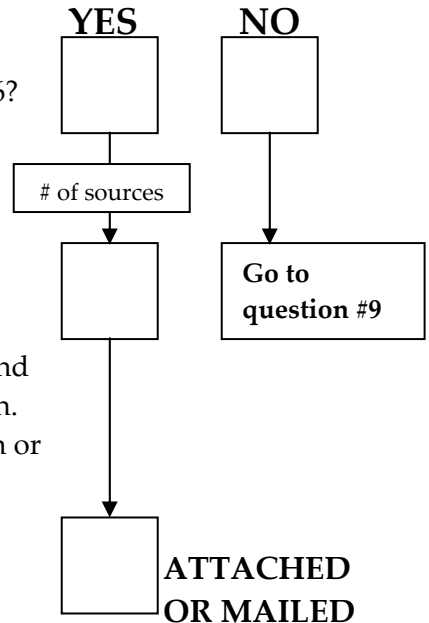
If you have not taken any legal action in filing for divorce or separation, you cannot apply as a single head-of-household. Your partner's income and assets will need to be included in your application.

Periodic Payment Questions

8. Did you list any sources under “Periodic Payments” on page 6?
(i.e. rental assistance from family members or recurring gifts)

How many sources did you list?

Please have your Contributor complete the “Recurring Gifts and Contributions Verification” form in the back of this application. You can either attach the completed form with this application or have your Contributor mail it in.

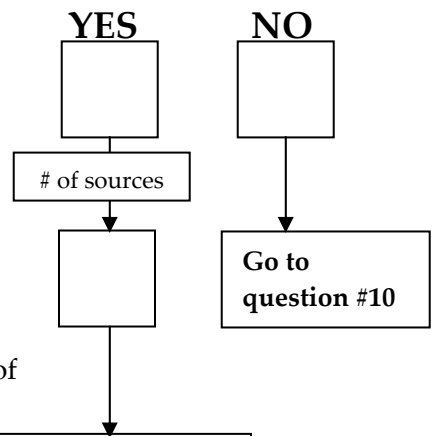


“Other Income” Questions

9. Did you list any sources under “Other Income” on page 6 of Section1?

How many sources did you list?

Please provide all necessary information to verify this source of Income and describe the source here:



Asset Questions

- 10.** How many different Assets did you list on page 9?
(This includes **Net Cash Value of Retirement Accounts**, i.e. the value of your Retirement Account after penalties if you were to withdraw all funds today, Checking Accounts, Savings Accounts, Stocks, Bonds etc.)

For **every** asset listed, REGARDLESS of the amount of money in the account (even just \$1), you need to:

- a) Attach copies of any of your most recent statements from the source of income (for checking accounts, attach **3** detailed statements)
- b) Attach any copies of 2007 1099s or end-of-year statements you may have received from the asset source.

of Assets

ATTACHED

Real Estate Questions

- 11.** Do you currently own a home or property?
(All property must be sold prior to move in to Cloverleaf Apartments.)

YES

NO

of properties

How many different properties/homes do you currently own?

For every property you need to submit all of the following:

- a) Attach a copy of a broker's opinion of the property
- b) Attach a statement from your lender showing your current balance on your mortgage or outstanding loans
- c) *If you are divorced/separated or in the process of a divorce/separation:*
Attach a copy of the divorce decree/separation agreement showing the terms asset distributions. If you are currently living in the home to be sold, it must be a requirement of the divorce decree or separation agreement that the home IS TO BE SOLD.

Go to
question #12

ATTACHED

Section 8 Questions

- 12.** Are you a Section 8 certificate holder or holder of a housing voucher from a subsidized housing program?

If YES, please contact your Voucher provider immediately as the rents at Cloverleaf Apartments are higher than Fair Market Rents and **it is likely that you will NOT be able to use your voucher**. Only if your Voucher provider says you may use it at these rent levels should you complete this application and **attach a copy of your Section 8 Voucher here**.
(You can get this from your local Housing Authority)

```
graph TD; Q12[Question #12] -- YES --> A[ATTACHED]; Q12 -- NO --> Q13[Go to question #13];
```

Households with Students

- 13.** Are any household members over 18 years old are currently students or have been students in the past 12 months?

How many?

For each student you need to attach **School Transcripts** for the past 12 months.

```

graph TD
    Q13[Question #13] --> YES[YES]
    Q13 --> NO[NO]
    YES --> Box1[ ]
    Box1 --> CountBox[# of students]
    CountBox --> Box2[ ]
    Box2 --> Attached[ATTACHED]
    NO --> GoTo14[Go to the question #14]
  
```

The flowchart for Question #13 starts with a box labeled "Question #13". It branches into "YES" and "NO". The "YES" path leads to an empty box, then to a box labeled "# of students", then to another empty box, and finally to a box labeled "ATTACHED". The "NO" path leads to a box labeled "Go to the question #14".

Households with a member with a Disability

14. Is anyone in your household applying as a person that falls under any one of the following 3 categories?

- 1.) In need of a Disabled-Accessible Unit *or*
- 2.) In need of a Unit for the Hearing Impaired *or*
- 3.) Shall not be required to share a bedroom as the consequence of sharing would be a severe adverse impact on his or her mental or physical health?

YES

☐

NO

☐

Go to the
question #15

☐

ATTACHED

1040 Tax Transcripts for 2007 (or most recent)

of members

15.

How many members are in your Household?

EVERY one of your household members should be listed on a 1040 Tax Transcript. You need to provide the Tax Transcripts for your most recent taxes filed. **These should be your 2007 1040s.** Be sure to send in every page!

Do NOT send in a copy filled out by hand. If you had a professional prepare your taxes, they will have the transcripts you need. You can also call the IRS at (800) 829-1040 and they can mail or fax you a copy of any of these transcripts.

For each household member that has not filed Taxes nor been on a Tax Transcript for any of the last 3 years, you must submit a Statement from the IRS showing "NO RECORD" of filing. Please call (800) 829-1040 to request a statement. Only if a member has not filed for approx. 5+ years, will the IRS not be able to provide a statement.

If a household member moved to this country in the past 3 years and does not have 3 years of tax transcripts, you need to also submit proof of his date of immigration.

ALL 1040s ATTACHED

Example of a **blank** 1040. The 1040s you send in must be **complete and computer generated**. Do not send in the form you filled out by hand!

Form 1040 Department of the Treasury—Internal Revenue Service **2005** 699 Use Only—Do not write or stamp in this space.

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning , 2005, ending , 20

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.

AB Your first name and initial Last name Your social security number

CD If a joint return, spouse's first name and initial Last name Spouse's social security number

EF Home address (number and street). If you have a P.O. box, see page 10b. Apt. no. You must enter your SSN(s) above.

GH City, town or post office, state, and ZIP code. If you have a foreign address, see page 10. Checking a box below will not change your tax or refund.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 10) ☐ You ☐ Spouse

Filing Status

1 ☐ Single 4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.

2 ☐ Married filing jointly (even if only one had income) 5 ☐ Qualifying widow(er) with dependent child (see page 17)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here.

Exemptions

a ☐ Yourself. If someone can claim you as a dependent, do not check box 6a.

b ☐ Spouse

c Dependents:

(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If/when filing with you (see page 10)

If more than four dependents, see page 19.

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

8b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

9b Qualified dividends (see page 29)

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 29)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions 15a Taxable amount (see page 25)

15b Pensions and annuities 15b Taxable amount (see page 25)

16 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17 Farm income or (loss). Attach Schedule F

18 Unemployment compensation

19 Social security benefits 19a Taxable amount (see page 27)

20 Other income. List type and amount (see page 29)

21 Add the amounts in the far right column for lines 7 through 21. This is your total income

Adjusted Gross Income

23 Educator expenses (see page 29)

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see page 30)

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN

32 IRA deduction (see page 31)

33 Student loan interest deduction (see page 33)

34 Tuition and fees deduction (see page 34)

35 Domestic production activities deduction. Attach Form 4603

36 Add lines 23 through 31a and 32 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 78. Cat. No. 11320B Form 1040 (2005)

The information given in this application will be used to check that you are income qualified to be given an *opportunity* to lease an affordable unit in the Town of Natick as part of this program. **THIS IS NOT A LEASE APPLICATION.**

This development does not discriminate based on race, color, national origin, religion, sex, familial status, and handicap (disability).

THE UNDERSIGNED HEREBY CERTIFY THAT THE INFORMATION SET FORTH ABOVE IS TRUE AND CORRECT. THE UNDERSIGNED ACKNOWLEDGE THAT IF ANY OF THE INFORMATION ABOVE IS NOT TRUE AND ACCURATE THIS APPLICATION MAY BE REMOVED AT ANY POINT. THE UNDERSIGNED ACKNOWLEDGE THAT THE LEASE OR RESIDENCY AGREEMENT FOR THE UNIT TO BE OCCUPIED BY THE UNDERSIGNED MAY BE SUBJECT TO CANCELLATION IF ANY OF THE INFORMATION ABOVE IS NOT TRUE AND ACCURATE.

THE UNDERSIGNED GIVE CONSENT TO DHCD, THE TOWN OF NATICK AND SEB, LLC TO VERIFY ALL INFORMATION PROVIDED IN THIS APPLICATION.

THE UNDERSIGNED AUTHORIZE THE RELEASE OF INFORMATION NECESSARY IN DETERMING INCOME AND ASSETS FROM THIRD-PARTY REFERENCES.

Applicant Signature

Date

Co-Applicant Signature

Date

Send applications with ALL required documentation to:

**Affordable Housing Lottery
Re: Cloverleaf Apartments
P.O. BOX 35765
BRIGHTON, MA 02135-9998**

For Questions call (617) 782-6900 and leave a message.

Section 3

Additional Forms *(if applicable)*

**These are the forms that you only need to complete
if directed to do so in Section 2**

Verification of Terminated Employment

To Be Completed By Applicant:

Applicant/Tenant: _____

Soc. Security #: _____

Contact Info of previous employer:

Name of Contact					
Company Name					
Street Address					
Town, State, Zip					
Tel. #		Fax #		email	

To Be Completed By Previous Employer:

Date of Termination: _____ Last Day Actually Worked: _____

Total Gross Income paid to employee over the last calendar year employed: _____

Reason for Termination: ☐ Employee Quit ☐ Other _____

Do you anticipate rehiring this employee? ☐ Yes ☐ No If yes, when: _____

Will the employee receive additional paychecks for Workman's Compensation? ☐ Yes ☐ No

If yes, provide the name and address of the company through which this can be verified:

Total severance pay anticipated for the next 12 months: _____

Is employee entitled to receive unemployment compensation? ☐ Yes ☐ No

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

Please Fax form to SEB at (617) 782-4500 or mail to: SEB

Re: Cloverleaf Apartments
P.O. Box 35765
Brighton, MA 02135-9998

--OFFICE USE ONLY--

Date Sent: _____

Date Received: _____

Comments: _____

Self-Employment Income Affidavit

Anticipated Self-Employment earnings for this calendar year	\$
Previous year's Self-Employment income	\$

Please attach a current financial statement, accountant's statement of Net Business Income for this calendar year, income receipts, or any documentation you can provide to corroborate the income and earnings stated above.

Also attach a copy of last year's executed tax return including Schedule C.

CERTIFICATION

I certify that the above listed income amounts are accurate and I have provided all of the above requested information.

Signature:	
Print Name:	
Date:	

Certification of Zero Income

(To be completed by **adult** household members only, if appropriate)

Household Name: _____ Development Name: _____

1. I hereby certify that I have not received income from any of the following sources during the previous 12 months:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Cutco, etc.);
 - j. Any other source not named above.
2. I will be using the following sources of funds to pay for rent and other necessities:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

Recurring Gifts and Contributions Verification

To Be Completed By Applicant:

Applicant/Tenant: _____
Soc. Security #: _____
Property Name: Cloverleaf Apartments
Address: 325 Speen St.
Natick, MA, 01760

To Be Completed By Contributor:

Please complete the following:

I, (Contributor's Name) _____,
contribute \$ _____ per _____ to the above named household
for the purpose of: _____

Non-Monetary Contributions:

I, (Contributor's Name) _____,

Contribute any of the following on a regular basis:

Gas for the car	\$ _____	Car Payments Directly to Bank	\$ _____
Alcohol	\$ _____	Utility Payments	\$ _____
Cigarettes	\$ _____	Clothing	\$ _____
Diapers	\$ _____	Other	\$ _____
Child Care Payments	\$ _____	NOTE: Food is excluded	

Print Name: _____	Signature: _____
Telephone: _____	Date: _____
Witnessed By: _____	Date: _____
Print Name: _____	

Include this form with the Program Application, fax it to (617) 782-4500 or have the Contributor mail it to:

The Affordable Housing Lottery
Re: Cloverleaf Apartments
P.O. Box 35765
Brighton, MA 02315

--OFFICE USE ONLY--

Date Sent: _____ Date Received: _____

Comments: _____

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