

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

Section 1

The Program Application

Edgewood 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.*

Homeowners (circle one):

Do you currently own a home? YES NO

This includes property to be sold through an upcoming divorce or any property that you plan to sell in the near future.

Are ALL of your household members UNDER the age of 55? YES NO

If you answered YES to both questions, you are not eligible for an affordable unit at Edgewood. Please read the Information Packet for more details.

If anyone in your household has owned a home in the past 3 years, do they qualify as a **displaced homeowner?** (i.e. they are an adult, they have owned a home only with a spouse, they are currently legally separated from a spouse, AND they do not currently own the home previously owned with a spouse)? YES NO N/A

If you answered NO to the above question, you are not eligible for an affordable unit at Edgewood. Please read the Information Packet for more details.

Disabled-Accessible Preference (circle one):

Are you, or any member of your household, in need of an accessible unit? YES NO

(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) Verification of need of an accessible unit must be provided in the form of a doctor's note or equivalent if applicant is selected to rent one of the affordable accessible units.

PREFERENCE INFORMATION

You are requested to complete the following **optional** section in order to assist in determining preference. (Please check all boxes that apply):

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

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 long** 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.e. Rental Assistance, allowances etc.)	
	Periodic payments from family/friends (i.e. Rental Assistance, allowances etc.)	
	Full-Time Student Income (18 & Over Only)	

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	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Other Income (name/source)	
	Other Income (name/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

You may only currently own a home if one of your household members is over the age of 55

Do you currently own a home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 13 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 weekly gross income, tenure and Year To Date amount)
- Attach copies of your 2007 W-2s
(if a job was started after January 1, 2008, write NA)

YES

NO

☐
☐

of jobs

☐

Go to question #2

☐

ATTACHED

and

☐

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Example of a pay-stub:

Employee Name			SS#	Period End	Check Date	Check No.	Check Amount
Bbbbbbb.Bbbbbbb 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	VACATION 41.24
Vacation	28.00	13.65	382.20	FICA SS	40.32	985.59	
Ben Blank	1.00	90.08	90.08	FICA Med	9.43	230.50	
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	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	
d Employer's social security number		7 Social security tips		8 Allocated tips		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		12b	
f Employee's address and ZIP code		13 State income tax		14 Other		15 Local income tax		16 Locality name	
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 For Social Security Administration — Send this entire page with Copy A to the Social Security Administration; photocopies are not acceptable.
Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy B.
Cat. No. 10134D

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

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 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:

9595		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-0115		2006		Miscellaneous Income	
PAYER'S name, street address, city, state, ZIP code, and telephone no.				1 Rents	Form 1099-MISC		Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2006 General Instructions for Forms 1099, 1098, 5498, and W-2G.		
				2 Royalties					
				3 Other income					
				4 Federal income tax withheld					
PAYER'S federal identification number	RECIPIENT'S identification number			5 Fishing boat proceeds	6 Medical and health care payments				
RECIPIENT'S name				7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest				
Street address (including apt. no.)				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				
City, state, and ZIP code				11	12				
Account number (see instructions)		2nd TIN not <input type="checkbox"/>		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney				
15a Section 409A deferrals	15b Section 409A income			16 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):

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

YES

10

of members

NO

11

Go to
question #5

ATTACHED

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.

YES

7

of members

NO

7

Go to
question #6

ATTACHED

Child Support/Alimony Questions

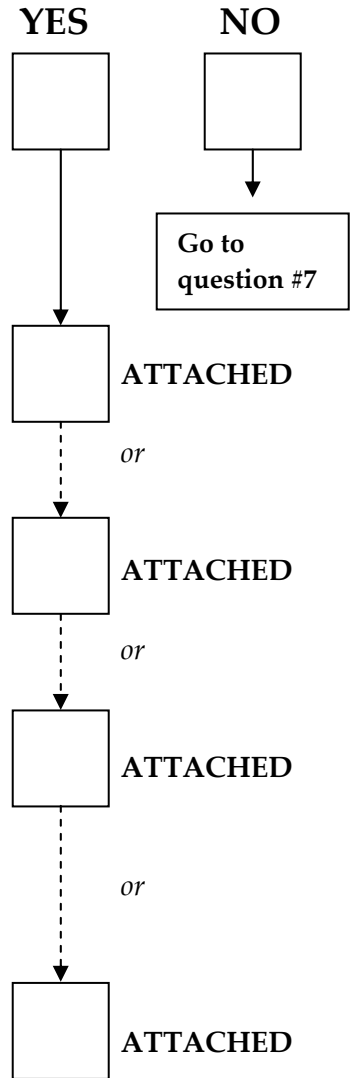
- 6.** Are you currently receiving child support or alimony
OR are you *legally* entitled to receive child support
or alimony?

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)

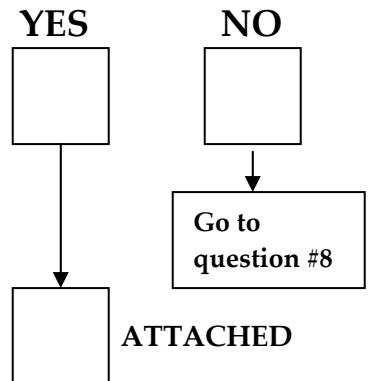


Divorce/Separation Questions

- 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.



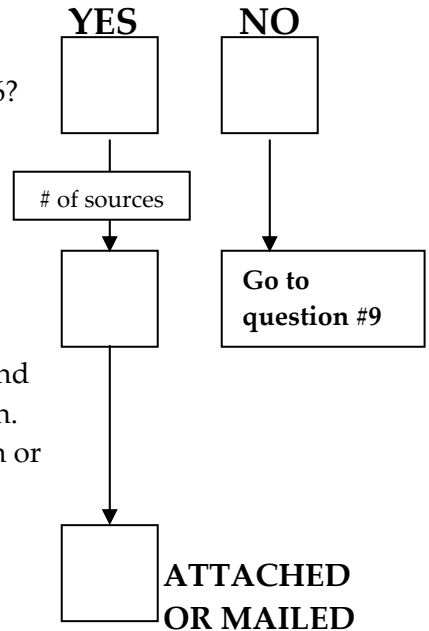
If you have not taken any legal action in filing for divorce or separation, you cannot apply as a single head-of-household. Your partner's income and assets will need to be included in your application.

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.

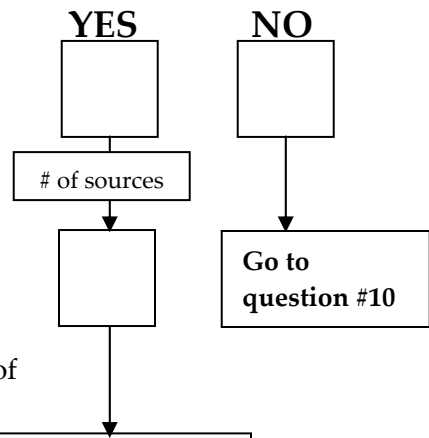


“Other Income” Questions

9. Did you list any sources under “Other Income” on page 7 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:

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

of Assets

ATTACHED

Households with Students

- 11.** 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.

YES	NO
<div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>
# of students	Go to the question #12
<div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>	
<div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>	
ATTACHED	

(Current Homeownership is only allowed for Elderly Households)

(Current Homeownership is only allowed for Elderly Households)

12. Do you currently own a home or property?

How many different properties/homes do you currently own?


Are you **over the age of 55**?

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

YES

NO



of properties

Go to
question #13

YES

11

NO

**YOU ARE NOT
ELIGIBLE FOR
ONE OF
THESE
AFFORDABLE
UNITS**

ATTACHED

1040 Tax Transcripts for 2005, 2006 and 2007

of members

13.

How many members are in your Household?

EVERY one of your household members should be listed on a 1040 Tax Transcript for **2005, 2006 AND 2007**. You need to submit all these 1040 Tax Transcripts from the past 3 years. 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		OMB No. 1545-0074			
Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.	1	Your first name and initial	Last name	Your social security number					
	2	If a joint return, spouse's first name and initial	Last name	Spouse's social security number					
	3	Home address (number and street). If you have a P.O. box, see page 10.			Apt. no.	You must enter your SSN(s) above.			
	4	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) <input type="checkbox"/> You <input type="checkbox"/> Spouse							
Filing Status		1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. <input type="checkbox"/> 4 <input type="checkbox"/> 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. <input type="checkbox"/> 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)							
Exemptions		a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> 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.							
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required. 8b 9a Ordinary dividends. Attach Schedule B if required. 9b 10 Qualified dividends (see page 29) 11 Taxable refunds, credits, or offsets of state and local income taxes (see page 29) 12 Alimony received 13 Business income or (loss). Attach Schedule C or C-EZ 14 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 15 Other gains or (losses). Attach Form 4797 16a IRA distributions 16b Taxable amount (see page 25) 17a Pensions and annuities 17b Taxable amount (see page 25) 18 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 19 Farm income or (loss). Attach Schedule F 20a Social security benefits 20b Taxable amount (see page 27) 21 Other income. List type and amount (see page 29) 22 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							

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 North Reading as part of this program. Entrance into the Lottery does not guarantee you a unit.

THIS IS NOT A LEASE APPLICATION.

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 NORTH READING AND STOCKARD ENGLER BRIGHAM, LLC TO VERIFY ALL INFORMATION PROVIDED IN THIS APPLICATION.

THE UNDERSIGNED AUTHORIZE THE RELEASE OF INFORMATION NECESSARY IN DETERMINING 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: Edgewood Apartments
P.O. Box 35765
Brighton, MA 02135**

**Applications are processed on a first-come, first-served basis.
For Questions call (617) 876-5919 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) 576-6612 or mail to: Affordable Housing Lottery
Re: Edgewood Apartments
P.O. Box 35765
Brighton, MA 02135

--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: Edgewood Apartments
Address: 100 Lowell St.
North Reading, MA

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) 576-6612 or have the Contributor mail it to:

The Affordable Housing Lottery
Re: Edgewood Apartments
P.O. Box 35765
Brighton, MA 02135

--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