

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear _____

I am applying to the following waitlist, which I believe is open:

App Generated: _____

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: **617-536-8561**



<input type="radio"/>	Head of Household's FIRST Name
<input type="radio"/>	Head of Household's MIDDLE Name
<input type="radio"/>	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	<input type="radio"/>	GENDER	<input type="radio"/>	HoH's DATE OF BIRTH	<input type="radio"/>
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ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
<input type="radio"/>	<input type="radio"/>

<input type="radio"/>	YOUR MOTHER'S MAIDEN NAME
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YOUR HOME TELEPHONE	SECOND TELEPHONE
<input type="radio"/>	<input type="radio"/>
YOUR EMAIL ADDRESS	
<input type="radio"/>	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
<input type="radio"/>
<input type="radio"/>

SECOND CONTACT ADDRESS
This is:
<input type="radio"/>
<input type="radio"/>

TOTAL HOUSEHOLD SIZE			# BEDROOMS	How much money does your family receive in a year?
<input type="radio"/>	# Adults	# Children	Total #	<input type="radio"/>
				.0 0

INCOME SOURCES
<input type="radio"/>

MOBILE RENTAL ASSISTANCE, if any
<input type="radio"/>

REQUESTED ACCOMMODATIONS
<input type="radio"/>

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
<input type="radio"/>

Affordable Unit Lottery Application

East Main Apartments

Norton, MA

Applications must be completed and received by 2 pm June 1st, 2016.

Maximum Household Income Limits: \$46,000 (1 person), \$52,600 (2 people), \$59,150 (3 people),
\$65,700 (4 people), \$71,000 (5 people), \$76,250 (6 people)

Households must make approximately \$37,028 to lease a 1-BR unit and \$43,097 to lease a 2-BR unit and \$48,445 to lease a 3-BR unit

Rents are \$1,080 (1-BR) and \$1,257 (2-BR) and \$1,413 (3-BR) and do not include any utilities

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 to ensure their voucher will cover these rents.**

Please read the Information Packet for more details.

Directions:

This application consists of the following sections:

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

The first two sections must be filled out entirely in order for your application to be processed. Every space given to initial must be initialed, even if you answer "N/A". If a question does not apply to you, check "N/A". LEAVE NOTHING BLANK.

You must include all income and asset documentation as directed with this application. Send or drop off all applications by the date at the top of this page to the following address. If faxing or emailing, please make sure that both sides of all double sided pages get transmitted. Language assistance available.

SEB

Re: East Main Apartments
165 Chestnut Hill Ave, Unit #2
Brighton, MA 02135

Fax: 617.782.4500

Email: seb.housing@gmail.com

Phone: 617.782.6900x3

TTY: Dial 711



Section 1

The Program Certification and Definitions

Please provide all the following contact information for the Head of Household:

Head of Household: _____

Address: _____

City/State _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Employer: _____

Email address: _____ @ _____

Please note: We will only use your email address to contact you about this Certification. Providing your email should facilitate the process of completing your Certification as you will be notified of missing documentation faster than if we can only send notifications via postal mail. We will not contact you about future lotteries unless requested.

Anticipated Move-In/Lease Renewal/Effective Certification Date: _____

Bedroom Size Information: For which bedroom size are you applying (you can select more than one)

- ☐ 1 bedroom
☐ 2 bedroom
☐ 3 bedroom

Do you currently receive or do you have a Section 8 mobile voucher or certificate? (The Managing Agent does not discriminate based on source of income. This question is asked for the sole purpose of determining ability to pay rent.)

- ☐ Yes ☐ No

Is every member of your household a full-time student or will be a full time student in the next 12 months?

(Please Note: Households entirely comprised of full time students are not eligible for affordable housing unless they meet one of the 5 exceptions listed in the "Student Status Verification" form in the back of this Certification. A "full-time student" is an individual who is or will be a full-time student at an educational organization for 5 of the months in the 12-month lease-term. The 5 months need not be consecutive. The "full-time" status is based on the criteria used at the educational institution. Please see the info packet for more details).

- ☐ Yes ☐ No

Please fill out the chart below for everyone who will be occupying the unit:

NAME A.	AGE B.	HEAD OF HOUSEHOLD OR DEPENDENT C.	RELATIONSHIP TO APPLICANT LISTED AT THE TOP OF THIS PAGE D.

I certify that my Household Size is (total number of entries in column A) _____.

Initial(s): _____

Initial(s): _____

HOUSEHOLD TYPE (please check one, read the Information Packet for more details):

Type A

- ☐ 6 person household: all types
- ☐ 5 person household: all types
- ☐ 4 person household: all types
- ☐ 3 person household: 1 head-of-household plus 2 dependents
- ☐ 3 person household: 2 heads-of-household plus one dependent, where heads of household *cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health*

Type B

- ☐ 3 person household: 2 heads-of-household plus 1 dependent
- ☐ 2 person household: 2 heads-of-household *who cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health*
- ☐ 2 person household: 1 head-of-household plus one dependent

Type C

- ☐ 2 person household: 2 heads-of-household
- ☐ 1 person household: all types

PREFERENCE INFORMATION

Are you, or any member of your household, in need of an accessible unit? This is defined as persons with a physical disability that meet standards established by the Department of Housing and Community Development and state laws for disabled housing.

- ☐ Yes
- ☐ No

If yes, in Section 2: Preferences, you will be required to attach documentation as directed.

Do you or any member of your household qualify for Local Preference? An applicant qualifies for local preference if the applicant or a member of their household fit into one of the following categories (A) a current resident of Norton or (B) a current employee of the Town of Norton or the Norton School Department or (C) an employee of a business or entity located in Melrose.

- ☐ Yes
- ☐ No

If yes, in Section 2: Preferences, you will be required to attach proof of local preference.

REASONABLE ACCOMMODATION

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing.

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you?

☐ Yes

☐ No

If yes, please explain in the space provided here or write a signed statement and attach it:

RACE: (OPTIONAL)

Information will be used to determine effectiveness of affirmative outreach. Response is strictly voluntary and will not affect your Certification. (Please check all boxes that apply):

☐ Alaskan Native and Native American

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ Hispanic or Latino

☐ White (not of Hispanic origin)

☐ Other (please specify)_____

RELATED PARTY

Is any member of the household related to or employed by the developer or related to or employed by the Property Management Company?

☐ Yes

☐ No

If yes, please explain the relationship in the space provided here:

DATABASE INFORMATION

How did you find out about this affordable housing opportunity?

(please be as specific as possible, if found "online" please provide web address)

INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE

Please complete the Income Table on the following two pages. For any section that does not apply, write "NA".
Supporting documentation to verify all income claims will be required as specified in Section 2.

For the purpose of **income determination**, "**Household**" shall mean all persons whose names appear on the lease, and also all persons who intend to occupy the housing unit as their permanent primary residence, even if they are not included on the lease. Legally married couples shall both be considered part of the household, even if separated. The incomes of *all* household members will be included, with the exception of income from employment for household members under the age of 18 or any income over \$480/year of full-time students who are dependents (but please note that documentation of income for those dependents still needs to be supplied).

Please note:

1. Gross income from current wages, salaries, tips, etc. is the full amount, before any deductions, and is the amount used to determine estimated current annualized income.
2. For self-employed applicants- include the contract or job name in the space provided. You will be directed to all the additional documentation you will need to submit in **Section 2**.
3. "Interest Income" refers to any amount that you receive from any asset except for amounts drawn down from a retirement account or 401K as those go on the lines for "pension" or "retirement funds".

INCOME

You cannot use white out on this Certification. If you make a mistake, cross it out and initial the change.

For any section that does not apply, write "NA".

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 (contract/job name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Child Support/Alimony	
	Child Support/Alimony	
	Social Security Income	
	Social Security Income	
	Social Security Income	
	Social Security Income	
	SSDI	
	SSDI	
	Pension (list source)	
	Pension (list source)	
	Retirement Funds	

Household Member Name	Source of Income	Current GROSS Monthly Income
	Unemployment Compensation	
	Workman's Compensation	
	Severance Pay	
	Title IV/TANF	
	Full-Time Student Income (18 & Over Only)	
	Full-Time Student Income (18 & Over Only)	
	Periodic payments from family/friends & Recurring Gifts <i>(i.e. rent assistance from family)</i>	
	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)	
	Gross Monthly Household Income (GMHI)	\$ /month

GMHI x 12 =	Gross Annual Household Income	\$ /year
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ASSETS

If a section doesn't apply, cross out or write NA. In the next section you will be directed to submit detailed bank/balance statements for EVERY ASSET listed here. You cannot use white out on this Certification. If you make a mistake, cross it out and initial the change.

	Bank Name	Last 4 Digits of Acct Number	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?	<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

Required Documentation

Please note: the following questions are applicable to every single person who will be occupying the unit. Therefore, the use of “I” or “my” in the following questions includes all household members.

You MUST initial every question in Section 2 and, where provided, check “N/A” or “Yes”

Every time you answer “Yes”, you MUST follow all directions as directed in that question (which typically details the documentation you need to provide).

1&2. Earnings/Wages (CURRENT EMPLOYMENT): For each current jobs, I have attached copies of the **five (5)** most recent consecutive pay stubs or five most recent statements for every source of employment for household members 18 year or older as listed on the Income Tables in Section 1. All attached pay-stubs or statements have the name of the employer, date, wages, and name of the household member and cover the 5 most recent consecutive pay periods (*which will be a 5 week period if paid every week, or a 10 week period if paid every 2 weeks, or a 5 month period if paid only once each month*).

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

3. Earnings (FORMER EMPLOYMENT): For EACH AND EVERY source of income reported on the most recent tax return where a household member is no longer receiving income (e.g., no longer working for a particular employer), I have attached one of the following:

(A) A letter signed by that household member and a letter signed and dated from the former employer verifying the last day of income and the Year-To-Date income at time of separation OR

(B) Only for jobs where my last day of employment was in the previous calendar year, I have attached the last paystub from the job that shows a Year-To-Date income that matches the Wages on the W-2 for that job OR

(C) The Initial determination of unemployment benefit statement that lists former employers, length of employment, gross income by quarter, and EIN Number OR

I understand proof of termination is required for every single job on my previous years tax returns (no matter how small), that this is to verify my current income and that being terminated from one or multiple jobs will in no way affect my affordable housing program eligibility.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

4. Earnings (Social Security, SSDI, Pension, Retirement, Public Assistance, TANF): I have attached copies of the most recent statements for every source of income listed on the line above for every household member 18 years or older. I understand that for Social Security and/or SSDI payments I need to submit the yearly benefit letter I receive from the Social Security Administration Office detailing my payments for the next 12 months.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

5. Earnings (SELF EMPLOYED ONLY): For every self-employed household member 18 years or older, I have attached copies **ALL** of the following:

(A) The most recent **three years' federal income tax returns** (including any attachments and amendments) AND

(B) The **completed Self Employment Income Affidavit** in the back section of this Certification AND

(C) All supporting documentation including current financial statements, accountant statements, quarterly tax returns (if I file quarterly), and income and expense receipts

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

6. Earnings (Unemployment) For every household member 18 years or older who is currently receiving unemployment income or anticipates receiving unemployment income in the next 12 months, I have **completed the Unemployed Status Affidavit** form in the back section of this Certification and attached it. I have also attached the copies of the **three (3)** most recent consecutive unemployment statements and understand that it must be assumed that the household member will continue to receive unemployment over the next 12 months. **For every household member who reported unemployment on their most recent tax return but who no longer receives it**, I have attached a copy of my current unemployment benefit statement or balance that was obtained online or at my unemployment office. The statement shows the last two unemployment payments received, my current benefit rate, and my current total benefit balance. I understand that if this documentation indicates that I have current benefits and have received recent payments, my unemployment will be calculated as part of my income, regardless of my current employment status.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

7. Earnings (Workman's Comp, Severance pay) I have attached copies of the **three (3)** most recent consecutive pay stubs or three most recent statements for payments I am receiving through Workman's Compensation or Severance settlement and if my current compensation or pay is not going to continue for the next 12 months, I have attached the legal document stating the monthly, yearly or total amount to which I am entitled in addition to the timeline and/or termination of such pay.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

8. Household member with NO EARNINGS: If a member of my household is 18 years or older and is not employed and not receiving any income, I have **completed the Certification of Zero Income** form in the back section of this Certification and attached it.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

9. Divorce and/or Separation: I understand that legally married couples shall both be considered part of the household, even if separated, and that children can only be considered part of the household if a head of household has at least joint physical custody of the child and so **I have attached a copy of my divorce decree AND the divorce agreement to verify my household size claims. I understand that if no legal action has been taken for filing for divorce or separation, my partner's income and asset must be included in my Certification.**

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

10. Child Support and/or Alimony: If I am entitled to receive Child Support and/or alimony (even if I am not receiving it), I have attached **one** of the following:

(A) A copy of my divorce decree or settlement agreement OR

(B) statement from the Department of Revenue (DOR) that shows my payments for the past 3 months OR

(C) In the event that I am not receiving the child support or alimony I am entitled to receive, I have attached a copy of my divorce decree AND proof of a legal claim filed against the person that owes me money and, if applicable, DOR statements and/or legal claims showing payments made and/or owed.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

11. Periodic Payments: If I am receiving any periodic payments, or listed anything under "Other Income", I have attached a signed and dated letter from the source of income that includes **ALL** of the following:

(A) The Year-To-Date income received AND

(B) The anticipated monthly income for the next 12 months AND

(C) The letter has me listed as the recipient of the payments AND

(D) The letter is notarized.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

12. Section 8 mobile voucher or certificate: I have attached a copy of my completed and signed current voucher from the appropriate Housing Authority.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

13. Households with Students: I have completed and attached the **Student Verification Form** in the back of this Certification AND attached proof for every household member who is a full-time student of his/her full-time student status in the form of: Letter from the Registrar, Transcript or other enrollment verification.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

HOUSEHOLD ASSETS:

Assets include but are not limited to the following: Checking or savings accounts, CDs, money market accounts, Treasury bills, stocks, bonds, securities, trust funds, gifts, pensions, IRAs, Keoghs, other retirement accounts, real estate, rental property, other real estate holdings, all property held as an investment, and safe deposit box contents (include the value). All accounts must include complete statements with all pages and list dividend and interest information if applicable *regardless of how little money may currently be in the account.*

14. I have completed the Asset Table in Section 1 and read the above paragraph on Household Assets and have attached every page of complete, detailed statements for EVERY account listed on the table as follows: for checking accounts I have attached the most recent statements for six (6) consecutive months and for all other asset accounts I have attached the most recent monthly or quarterly statement. **All statements must show interest rates, withdrawals, and dividends (when applicable).**

☐ Yes

Initial(s): _____

Initial(s): _____

15. For households with combined total assets under \$5,000, I (We) have completed the Under \$5,000 Asset Certification form in the back of this Certification and attached it.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

16. For every household member who no longer owns an asset that generated income on the most recent tax return (e.g., if a bank account was closed), I have attached a signed letter by the household member who formerly held that account AND either the final bank statement showing a zero balance or a signed and dated statement from the asset source attesting to this fact. And for every household member who divested themselves of an asset for less than full and fair present cash value of the asset within two years prior to this Certification, I have listed the full and fair cash value of the asset at the time of its disposition in the Asset Table AND provided the last statement for that asset showing its full market value AND attached a signed letter by the household member detailing the transaction in which they divested themselves of the asset.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

17. REAL ESTATE: If I currently own property, I have attached documentation supporting the value of the property (such as a recent broker's opinion of the property or tax assessment or value as stated on a divorce decree or settlement statement) AND documentation showing my debt on the property (such as mortgage statements or foreclosure notices). I understand that if I have sold a home in the last calendar year in which taxes were filed, I must include the HUD-1 Settlement statement for that sale.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

TAX DOCUMENTATION:

18. I have attached all W-2s, 1099s and all other tax documentation for all sources of income and assets for the year I most recently filed taxes AND, if I have received a W-2 and/or 1099 for the current calendar year but have not yet filed taxes I have ALSO attached those current W-2s and/or 1099s. I understand that if I have two consecutive calendar years of W-2s for a job that I should submit both W-2s as it will help verify to the Monitoring Agent that the job was worked for more than 12 months. I also understand that W-2s are the tax documents that are given by employers to show wages, salaries and tips and 1099s are the tax documents that are given by other sources of income (ex: interest on savings accounts, income from retirement accounts, income from unemployment etc). These are the tax documents used so that 1040 taxes can properly be filed as detailed in the next question below. (You will have a W-2 for every job worked in the most recent year you filed taxes. Please be sure that the wages in the W-2s you submit add up to the wages you filed on your 1040 tax form. If you are not currently working at any of the jobs for which you have received a W-2, please see Question 3: "Earnings (Former Employment)" on the first page of Section 2 for directions.)

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

19. **1040 Tax Transcripts:** I have attached a computerized print out of the **most recent federal income tax returns** (i.e. **1040 tax transcripts**) including any and all schedules, attachments and amendments for every household member 18 years or older. Every page of the tax transcript must be sent (including, if applicable, Schedules A, B, C etc). I understand I can obtain these transcripts from the tax professional who filed my taxes last year or I can download these transcripts immediately for free by going to www.irs.gov/Individuals/Get-Transcript or by calling the IRS at 1.800.829.1040 and they will mail or fax the transcripts in 7-10 days. For every household member who has not filed in the past 3 years, I have attached a statement from the IRS showing "No Filing" for that household member for each and every year in the past three years when taxes were not filed. I understand I can call 1.800.829.1040 and the IRS will mail it or fax it to me in 7-10 days. I understand I can download these statements of no filing for the applicable year immediately for free by going to www.irs.gov/Individuals/Get-Transcript or by calling the IRS at 1.800.829.1040 and they will mail or fax the statements in 7-10 days. I understand that when I visit www.irs.gov/Individuals/Get-Transcript I will need to sign up for an account by providing an email address where the IRS can email me a verification code that can then be used to access my records, that I will need to answer a few security questions, and then my tax transcripts or statements of "No Filing" for the past 5 years will be available.

Initial(s): _____

Initial(s): _____

FINAL CERTIFICATION OF HOUSEHOLD INCOME:

20. I certify that my combined **Gross Annual Household Income** is \$ _____
(total on the bottom of the Income Table)

Initial(s): _____

Initial(s): _____

21. My **Gross Annual Household Income** listed above is greater than the Allowable Income Limits for our household size as specified on the cover page of this Program Certification and I have therefore attached a signed and dated statement detailing why my income listed above does not reflect my income over the next 12 months AND have attached supporting documentation.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

22. There are planned changes in my household income over the next 12 months and I have therefore attached verification of these planned changes in income.

- ☐ N/A
☐ Yes

Initial(s): _____

Initial(s): _____

PREFERENCES:

23. **Disabled Accessible Unit preference:** I certify that I am in need of an accessible unit AND I have attached supporting documentation. Supporting documentation can be verification from a doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability. Proof of receiving Social Security Disability Insurance benefits is also sufficient. Need of an accessible unit is defined as persons with a physical disability that meet standards established by the Department of Housing and Community Development and state laws for disabled housing.

- ☐ N/A
☐ Not Interested
☐ Yes

Initial(s): _____

Initial(s): _____

24. **For Norton Local Preference:** I certify that I/we qualify for Local Preference and have provided the required documentation. A household qualifies for Local Preference if the applicant or a member of their household fit into one of the following categories (A) a current resident of Norton or (B) a current employee of the Town of Norton or the Norton School Department or (C) an employee of a business or entity located in Melrose.

Required Documentation:

If qualifying under definition (A) as detailed above: I have submitted a Copy of two (2) utility bills 1 from each utility company in my name dated within the last 60 days, e.g., (1) electric, (1) oil, (1) cable, (1) gas, or (1) telephone **landline (not cell phone)**. If utility bills cannot be provided the following documentation **must** be provided: current signed lease **AND** proof of voter registration from Town of Norton Election Department

If qualifying under definition (B or C) as detailed above: I have submitted copies of pay-stubs (these should already be submitted as directed in the **Earnings** section above) **AND IF THE PAY STUBS DO NOT SHOW THE ADDRESS OF THE JOB** I have submitted a **signed statement** from my employer on company letterhead the states the address of the job and the employees name.

- ☐ N/A
☐ Yes

Initial(s): _____

Initial(s): _____

25. Household Type: On page 4 for Household Type I stated that we have two household members who cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health and have attached supporting documentation. Supporting documentation can be verification from a doctor or other medical professional.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

PROOF OF IDENTITY:

26. Proof of Identity: I have attached proof of identity to this Certification. Proof of identity can be a copy of a driver's license, social security card, or birth certificate.

Initial(s): _____

Initial(s): _____

All applicants who are at least 18 years old must now read, sign and date the following page.

Please read each item below carefully before you sign.

1. I hereby declare under pain and penalty of perjury that the information provided on every page of this Certification is true and correct.
2. I hereby declare under pain and penalty of perjury that the information provided on every page of this Certification is true and correct and that leaving any area (on the income table, or asset table, or any question in Section) blank is identical to stating that the income or asset type in question does not apply to any person listed in this application.
3. I understand that if any of the information provided above is not true and accurate, this Certification may be removed at any point in the process.
4. The undersigned certify that the affordable unit will be undersigned's principal residence and the undersigned cannot own a home elsewhere or in trust while living in an affordable unit.
5. I understand that while previous years' tax transcripts and documentation are required, SEB LLC does not use income reported on the previous years' tax documentation to calculate current annualized income.
6. I understand that the lease or residency agreement for the units to be occupied through this affordable housing program may be subject to cancellation if any of the information above is not true and accurate.
7. I understand that this is a preliminary Certification and the information provided **does not** guarantee housing.
8. I understand that any material change in the income or assets of my household that occurs after the submission of this Certification may make me ineligible for affordable housing.
9. Co-signers and Guarantors **are not** permitted unless they are co-tenants who will reside in the unit.
10. I acknowledge that if my email address is provided in this Certification, SEB will correspond with me by email instead of postal mail unless I make a written request otherwise.
11. The undersigned give consent to the Town of Norton, SEB LLC, MHP, East Main Apartments or their assigns to verify the information provided in this Certification.
12. The undersigned authorize the release of information necessary in determining income and assets from third-party references.

Applicant's Signature

Date

Applicant's Signature

Date

Applicant's Signature

Date

Attach all documentation as directed and send to:

**SEB
Re: East Main Apartments
165 Chestnut Hill Ave #2
Brighton, MA 02135
Fax: 617.782.4500
Email: seb.housing@gmail.com**

If you fax or email the Certification, MAKE SURE THAT ALL DOUBLE SIDED PAGES GET TRANSMITTED!!!
For Questions call (617) 782-6900

This development does not discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.

Section 3

Additional Forms *(if applicable)*

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

Student Status Verification

Head of Household Name: _____

Complete this form if your household contains at least one student. **If your household contains no students, you do not need to complete this form.**

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

A. _____ Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, student status documentation is required for other household members **who are students**. (If nobody in the household is a student, you should not complete this form).

B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household.

C. _____ Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

- | | | |
|--|------------|-----------|
| 1. Is at least one student receiving assistance under Title IV of the Social Security Act? | Yes | No |
| 2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care?(provide documentation of participation) | Yes | No |
| 3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation) | Yes | No |
| 4. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent? | Yes | No |
| 5. Are the students married and entitled to file a joint tax return? | Yes | No |

Households composed entirely of full-time student(s) that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.

Applicant Signature: _____

Date completed: _____

CERTIFICATION OF ZERO INCOME

(To be completed by all adult household members with no reported income)

Applicant/Tenant: _____ **Unit #:** _____

1. I currently have no income of any kind and I do not expect this to change in the next 12 months [] YES [] NO

2. I have been living with zero income for _____ years and _____ months

3. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonus, etc.)
- b. Income from the operation of a 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 from persons not living in my household
- i. Sales from self employed resources (Avon, Mary Kay, etc.)
- j. Cash payments
- k. Any other source not named above

4. The reason I have no income is: _____

5. I will be using the following sources of funds to pay for:

Rent:

Utilities:

Food:

Clothing:

Transportation:

Internet/Cable/Phone: _____

Toiletries:

Credit cards/loans/bills: _____

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 that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

(Signature of Tenant)

Date

(Signature of Manager)

Date

SELF EMPLOYMENT INCOME AFFIDAVIT

Use this form for any applicant or resident who receives income as a business owner, independent contractor, sole proprietorship, cash pay, odd jobs, etc.

Applicant/Tenant: _____

Name of Business: _____

Business Address: _____

Type of Business: _____

Position Held: _____

Start Date: _____

Anticipated Gross Annual Income: \$ _____

Anticipated Annual Business Expenses: \$ _____

Anticipated Annual Profit: \$ _____

Previous Year Profit (or Loss): \$ _____

Cash Withdrawals from Business: \$ _____

Do you file tax returns? ☐ YES Taxpayer ID# _____ ☐ NO

If YES please submit tax returns with schedule C for past 3 years

If NO please state why: _____

- *If tax returns were not filed please submit a profit/loss report for each month since the business started*
- *Please include documents such as invoices, receipts, written business plan, or accountant statement of business income.*

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 that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant Signature

Date

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets are less than \$5,000. Complete only one form per household; include assets of children.

For any section that does not apply, write "NA" as failure to do so will result in your application being sent back to you.

Applicant/Tenant: _____ **Unit #:** _____

Complete 1 or 2:

1. ☐ I/we do not have any assets at this time (skip to #5)
2. ☐ I/we do have assets as follows:

Cash on hand	\$ _____	
Balance on prepaid debit card	\$ _____	Interest/Dividend Income: _____
Avg 6 mo checking acct balance	\$ _____	Interest/Dividend Income: _____
Current savings acct balance	\$ _____	Interest/Dividend Income: _____
401k/IRA/CD/Money Market	\$ _____	Interest/Dividend Income: _____
Stocks/Bonds/Retirement	\$ _____	Interest/Dividend Income: _____
Life Insurance (except Term)	\$ _____	Interest/Dividend Income: _____
Safe Deposit Box	\$ _____	Interest/Dividend Income: _____
Equity in Real Estate	\$ _____	Rental Income: _____
Lump Sum Amounts received	\$ _____	<i>i.e. lottery/inheritance/insurance/lawsuit</i>
Other:	\$ _____	Interest/Dividend Income: _____
Other:	\$ _____	Interest/Dividend Income: _____
Other:	\$ _____	Interest/Dividend Income: _____

- For all assets list the cash value which is the market value minus the cost of converting the asset to cash such as broker fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- List only amounts accessible to the household members. For instance, do not list pension or retirement account balances that cannot be accessed without terminating employment
- Do not list necessary personal property such as clothing, furniture, televisions, etc.
- Include any personal property held as an investment such as artwork, antique cars, coin collections, gems, etc.

3. The net household assets above are less than \$5,000.0 ☐ YES ☐ NO
4. Total annual income from all assets is: _____
5. In the past 2 years I/we have sold or given away assets (such as cash, real estate, etc.) for less than fair market value: ☐ YES ☐ NO
If YES list asset disposed: _____ Date of disposal: _____
Fair market value: _____ Amount received: _____

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 that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

(Signature of Tenant)

Date

(Signature of Tenant)

Date

(Signature of Tenant)

Date

(Signature of Tenant)

Date

UNEMPLOYED STATUS AFFIDAVIT

All adults who are unemployed should complete this form

Full Name: _____

I am currently unemployed: ☐ YES ☐ NO

I work on a seasonal basis depending on the time of year: ☐ YES ☐ NO

I receive benefit income such as unemployment, disability, workers compensation: ☐ YES ☐ NO

[] If my employment status changes between now and the move in (or recertification) date I understand that I must inform the manager before moving into this apartment

I have been unemployed for _____ years and _____ months

My last job paid \$ _____ per hour and I worked _____ hours per week

*****Please Complete Either Section A, B, or C as applicable*****

Section A

I [print name], _____, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

Section B

I [print name], _____, state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months.

Based upon my prior employment history and educational training, I anticipate earning \$ _____ from anticipated employment over the next twelve months.

(Please supply documentation to support this, such as previous tax returns and/or W-2)

Section C

I [print name], _____, state that I am currently unemployed but I have been hired for a new job which has not yet begun.

The company is: _____ The start date is: _____ The salary is: _____

**Manager will contact employer for verification of this income*

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

Applicant/Tenant Signature: _____ Date _____

