

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to  
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10  
double-window envelope, saving you time.

← **Mail this application to the address at left.**  
**Do not fax!**

Date Generated:

Fold on this line —

**Dear**

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

**THIS SECTION IS FOR WAITLIST ADMINISTRATORS ONLY:**

**LANDLORD: IF REJECTING THIS APPLICATION**, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto:support@housingworks.net)

**HousingWorks**  
**P.O. Box 231104**  
**Boston, MA 02123**  
**617-536-8561 fax**

☐ **This waitlist is closed. The only waitlists open at present are:**

\_\_\_\_\_

☐ **This is not the right application. We have enclosed the correct application.**

☐ **You do not appear to qualify for this property, because:** \_\_\_\_\_

Name of Waitlist Administrator optional \_\_\_\_\_

Phone of Waitlist Administrator optional: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

← *Date Time Stamp – for Office Use Only*

1. Either type your answers, or else print small enough so that your answers stay within the lines of each box. Don't use *cursive*.
2. The adult completing this application is considered the *Head of Household*.

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN? ☐ Yes ☐ No **DATE OF BIRTH** **NODE ID** **GENDER**

We will reject all applications with a partial SSN or ITIN Y Y Y Y - M M - D D Office will enter this F M T

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused) RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = **X** ☐ I don't need any of the accommodations listed below

- ☐ Fully Accessible Wheelchair Unit ☐ Bathroom modifications ☐ Vision Impaired Unit ☐ Need an Interpreter
- ☐ No-Steps unit (elevator to any floor) ☐ Hearing Impaired Unit ☐ Domestic Violence Victim
- ☐ First-Floor unit only ☐ Unit designed for Environmental Allergies ☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE: ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD: ☐ Yes ☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction? ☐ Yes ☐ No Any Misdemeanor Conviction? ☐ Yes ☐ No

Other HH Members: Any Felony Convictions? ☐ Yes ☐ No Any Misdemeanor Conviction? ☐ Yes ☐ No

Is anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

ANY PETS: ☐ Yes ☐ No Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION: **ANNUAL INCOME** **DOCUMENTED DISABILITY?**

← # Adults ← # Children ← Total # in Household \$ .00 ☐ Yes ☐ No

CURRENT HOUSING STATUS: ☐ Homeless ☐ Housing Loss 14 days ☐ Fleeing Dom. Violence ☐ At risk of homelessness ☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No ☐ by Accessibility/health issues ☐ by Addiction behaviors ☐ by Cost of living ☐ by Pandemic ☐ by fire/flood/earthquake

☐ by Domestic Violence or Sexual Assault ☐ by Urban development, eminent domain ☐ by Condemnation of home, code violations ☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER: SECOND TELEPHONE PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

☐ Email ☐ Mail

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #): ☐ where I currently live ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

BACKUP ADDRESS ☐ same as above ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

# BEDROOMS NEEDED→ NONE OF THESE PRIORITIES and PREFERENCES APPLY TO GRANT MANOR



- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ Fleeing domestic violence ☐ HUD VAWA Certificate
- ☐ Victim of Hate Crime ☐ Community Based Housing
- Displaced by: ☐ Urban Renewal ☐ Sanitation Code ☐ Natural Forces ☐ Other: \_\_\_\_\_

**Affordable Unit Application**  
**(For 50%, 80% and 100% AMI Restricted Apartment Units)**  
**Richmond Meadows II Rental Apartment Development**  
**(Phase 2A) and (Phase 2B) (2022 Lottery)**

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**2 Wildflower Drive, 1 Bluestem Place, 2 Bluestem Place and  
47 and 49 Beach Grass Road - Nantucket, MA**

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**Applications must be completed and received by:  
2:00 pm on May 10th, 2022.**

**The MAXIMUM Household Income Limits to Qualify are as follows:**

50% AMI Restricted Units: \$42,900 (1 Person), \$49,000 (2 People)

80% AMI Restricted Units: \$58,950 (1 Person), \$67,350 (2 People), \$75,750 (3 People), \$84,150 (4 People)

100% AMI Restricted Units: \$85,960 (1 Person), \$98,240 (2 People), \$110,520 (3 People), \$122,800 (4 People)

*\*These limits are based on 2021 HUD income limits.*

**The (Monthly) Rents are:**

50% AMI Restricted Unit Monthly Rents: Studios @ \$955 \*, 1BR's @ \$1,088 \*

80% AMI Restricted Unit Monthly Rents: 1BR's @ \$1,546 \*, 2BR's @ \$1,707 \*

100% AMI Restricted Unit Monthly Rents: Studios @ \$1,725 \*, 1BR's @ \$2,319 \*, 2BR's @ \$2,577 \*

*\*These monthly rents are based on the 2021 HUD income limits. In addition to the monthly rent, Tenants will pay for their own Electricity (Heat, Hot Water, and Cooking are all electric). The Landlord will pay for water and sewer charges.*

**The MINIMUM Annual Household Incomes are:**

50% AMI units: \$22,920 to lease a Studio, \$26,110 to lease a 1BR

80% AMI units: \$37,100 to lease a 1BR, \$40,970 to lease a 2BR

100% AMI units: \$41,400 to lease a Studio, \$55,650 to lease a 1BR, \$61,850 to lease a 2BR

(Please read the Information Packet for more details). 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 the Fair Market Rents (FMR) (for FY 2022) in Nantucket are \$1,587 (Studio), \$1,848 (1BR) and \$2,388 (2BR). Some housing authorities may not allow their voucher holders to use the voucher when the affordable rents are this close to the FMR so it is in the best interest of ALL voucher holders to verify that their voucher is usable here before going through this entire process. Please read the Information Packet for more details.

## **Directions for Completing and Submitting the Application:**

Lottery Applications must be completed and delivered by the date and time listed at the top of this document.

If you are applying for Local Preference, you **MUST** include the Local Preference documentation as specified in this Lottery Application.

**This Lottery Application must** be filled out entirely in order for your application to be processed. Every space which is provided to be initialed by the applicant must be initialed, even if you answer "N/A". If a question does not apply to you, check "N/A". **LEAVE NOTHING BLANK.**

Send or drop off all applications by the date and time above to:

SEB Housing  
Re: Richmond Meadows II  
257 Hillside Ave  
Needham, MA 02494  
Fax: 617.782.4500  
Email: [info@sebhousing.com](mailto:info@sebhousing.com)

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.



**Richmond Meadows II (Phase 2A) and (Phase 2B):**

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

Applicant's Name: \_\_\_\_\_

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 application. Providing your email should facilitate the process of completing your application 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 Date:** \_\_\_\_\_

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

- ☐ Studio  
☐ 1 bedroom  
☐ 2 bedroom

**Do you currently receive or do you have a Section 8 mobile voucher or certificate?** (The Lottery 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

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 III

- ☐ 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 II

- ☐ 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 I

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

**RACE:** (OPTIONAL)

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):

- |                                                             |                                                              |
|-------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Alaskan Native and Native American | <input type="checkbox"/> Asian                               |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Hispanic or Latino                 |                                                              |
| <input type="checkbox"/> White (not of Hispanic origin)     | <input type="checkbox"/> 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:

## **PREFERENCE INFORMATION**

(Please note that documentation **will** be required to verify preferences after the lottery and **households who incorrectly apply for a preference will be dropped from all waiting lists**)

**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 Nantucket or (B) an employee of a business located in Nantucket including Town employees or (C) a current student in the Nantucket school system (such as METCO students)

☐ Yes

☐ No

***If yes, you MUST provide the following:***

### **Required Documentation:**

If qualifying under definition (A) as detailed above: please submit a copy of two (2) utility bills 1 from each utility company in your 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 Nantucket Election Department

If qualifying under definition (B) as detailed above: please submit copies of pay stubs **AND IF THE PAY STUBS DO NOT SHOW THE ADDRESS OF THE JOB** please submit a **signed statement** from the Town of Nantucket on official letterhead that states the employer and address of the job and the employee's name.

If qualifying under definition (C) as detailed above: please submit copies of pay stubs **AND IF THE PAY STUBS DO NOT SHOW THE ADDRESS OF THE JOB** please submit a **signed statement** from your employer on company letterhead that states the address of the job and the employee's name.

If qualifying under definition (D) as detailed above: please submit copies of Nantucket school transcripts **AND** proof of relation to the student (by birth certificate or legal guardianship or divorce decree)

**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 accessible housing and who needs the features of a disabled-accessible unit.

☐ Yes

☐ No

## **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:**

## **INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE**

Please complete the Income Table on the following two pages. You will later be asked to attach supporting documentation in the form of the **five most recent consecutive pay stubs and/or income statements for all sources of income, W-2 statements** and the **most recent federal income tax returns** (including all attachments and amendments) for each member of the household.

**For seasonal employment, you must indicate the average monthly income you expect to earn over the next 12 months. FOR EXAMPLE: if you have a job where you make \$3,000/month for 4 months and do not work that job the rest of the year, you would earn \$12,000 in a year at that job, which is an average of \$1,000/month. So if you are going to work that job sometime in the next 12 months, you would list the job in the Income Table on the next page with a monthly income of \$1,000/month EVEN IF YOU ARE NOT CURRENTLY WORKING THERE.**

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 once your application has been completed.
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

Household Member Name	Source of Income	Current GROSS Monthly Income
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Seasonal Employer (name)	
	Seasonal Employer (name)	
	Seasonal Employer (name)	
	Seasonal Employer (name)	
	Seasonal 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
<b>GMHI x 12 =</b> Gross Annual Household Income      \$ /year		

## 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. If any household member has divested themselves of an asset for less than full and fair present cash value of the asset within two years prior to this application, the full and fair cash value of the asset at the time of its disposition must be listed below.

	Bank Name	Last 4 Digits of Acct Number	Amount	
<b>Checking Accounts</b>			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
<b>Savings Accounts</b>			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
<b>Venmo/Paypal/ Cash-Apps</b>			Balance \$	
			Balance \$	
<b>Trust Account</b>			Balance \$	
<b>Certificates (or CDs)</b>			Balance \$	
			Balance \$	
			Balance \$	
<b>Savings Bonds</b>	<b>Maturity Date:</b>		Value \$	
	<b>Maturity Date:</b>		Value \$	
<b>401k, IRA, Retirement Accounts (Net Cash Value)</b>	<b>Company Name:</b>		Value \$	
	<b>Company Name:</b>		Value \$	
	<b>Company Name:</b>		Value \$	
	<b>Company Name:</b>		Value \$	
<b>Mutual Funds</b>	<b>Name:</b>	<b># of Shares:</b>	<b>Interest/ Dividends</b>	<b>Value</b>
			\$	\$
			\$	\$
			\$	\$
<b>Stocks</b>			\$	\$
			\$	\$
			\$	\$
<b>Bonds</b>			\$	\$
			\$	\$
<b>Investment Property</b>			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:	\$

**You must now read, sign and date the following page.**

**If you are applying for Nantucket local resident preference, you must also attach the documentation as directed by the question on the page 4.**

**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 application is true and correct. I understand that if any sources of income or assets are not disclosed on this application, or any information provided herein is not true and accurate, this application may be removed immediately from further consideration and I will no longer be allowed to reserve a unit.
2. I understand that all anticipated income over the next twelve (12) months must be disclosed in this application, including any and all seasonal employment or unemployment. I understand that failure to report any and all income change will result in removal of my application from further consideration, and I will not be allowed to reserve a unit.
3. I understand that, if my household is given the opportunity to move forward in the process of leasing an affordable unit, at Program Certification any changes to income at the same job or income source will need to be documented by at least four pay stubs showing that the change has already taken place.
4. I understand that this application will be incomplete if I do not sign and date this page and initial at all indicated points in the application and that the failure to timely and/or fully supply information in accordance with the application may result in the denial of my application and loss of position on all Waiting Lists.
5. The undersigned certify that none of the people listed in this application, or their families, have a financial interest in the development and none of the people listed in this application can be considered a Related Party by the affordable housing guidelines that govern this property.
6. 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.
7. I understand that while previous years' tax transcripts and documentation are required, SEB Housing LLC does not use income reported on the previous years' tax documentation to calculate current annualized income.
8. 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.
9. I understand that this is a preliminary application and the information provided **does not** guarantee housing. I also understand this is not the lease application used by the management company where the management company (not SEB Housing) will use criteria such as credit score, tenant history and criminal background screening (in addition to affordable housing eligibility) to determine eligibility for an affordable unit.
10. I understand that any material change in the income or assets of my household that occurs after the submission of this application may make me ineligible for affordable housing. I understand that any changes to income or assets that may put my household into another income tier must be reported to SEB Housing.
11. Co-signers and Guarantors **are not** permitted unless they are co-tenants who will reside in the unit.
12. I acknowledge that if my email address is provided in this application, SEB Housing, LLC will correspond with me by email instead of postal mail unless I make a written request otherwise. I understand that any changes to my contact information or household composition must be reported to SEB Housing.
13. I acknowledge that the determination of eligibility by SEB Housing is based upon the guidelines that govern the Affordable Housing Program for the development and, as such, barring any confirmed error by SEB Housing in applying the guidelines and/or calculating income, the decision is final and I further agree to hold harmless SEB Housing from any claim(s) related to this application.
14. The undersigned give consent to the Town of Nantucket, SEB Housing LLC and Meadows II to verify the information provided in this application. 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

**Send applications with ALL Local Preference Documentation (if applicable) as directed on the cover page. For Questions contact [info@sebhousing.com](mailto:info@sebhousing.com) or (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.