

Section 1. Instructions and Definitions

Please submit the NHI Lottery Application and all supporting documentation listed below in one package. Applications will be accepted on a rolling basis, although individual projects may have a specific application deadline.

A complete NHI Lottery Application package may be submitted by:

1 MAIL to: **Boston Home Center NHI** Application 26 Court Street, 9th Floor Boston, MA 02108

2. HAND DELIVERY to: **Boston Home Center NHI** Application 26 Court Street. 9th Floor Boston, MA 02108

Please see the Notice of Accommodations to have this document translated.

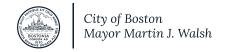
Please submit copies of the following documents with this Application:

Income documentation for all sources of income for each and every Household member age 18 or over. Such documentation includes, but may not be limited to, copies of pay stubs, child support payments, and social security income for the past three (3) consecutive months. Asset documentation for all Household Members. This includes copies of statements for the last three (3) consecutive months from all accounts at banks and/or credit unions, 401(k)s, or any other asset statements. Current Letter of Pre-Approval from a mortgage lender for a single-, two-family, or condo home for a 30-year fixed-rate mortgage loan with a Loan To Value (LTV) ratio of less than or equal to 97%. The pre-approval must be for an amount sufficient to the average NHI purchase price. Copies of the last three (3) years' signed federal tax returns (including schedules and W-2s) for all adult household members. No Income Affidavit, if applicable. No Child Support Affidavit, if applicable. Documentation of Boston residency (i.e., such as a lease or utility bill), if applicable. Documentation of Artist Certification (Artist Certificate letter from Mayor's Office of Arts & Culture, or, if still valid, a letter from the BPDA.) Documentation for Disability Preference (Supporting documentation from a licensed

health professional treating the household member for the disability.)

approved homebuyer class, such as Homebuying 101 (aka "HB101").

If available, certification or confirmation that Applicant has completed a CHAPA-







Definitions

Household Income: the Household Income Information includes the combined income of all persons who intend to live with the Applicant in the dwelling. Income shall include all source(s) of income and current annualized gross amounts of income from any source, both taxable and non-taxable income, including, but not limited to: pay or earnings, overtime, IRA or 401K distributions, part-time employment, bonuses, dividends, interest, annuities, pensions, Veterans Administration (VA) Compensation, gross rental or lease income, commissions, deferred income, welfare payments, Social Security benefits, disability payments, alimony, child support payments, public assistance, sick pay, unemployment compensation, and income received from trusts, business activities, and investments.

For any Household with a child (under the age of 18 years old) for whom the applicant or co-applicant is not receiving child support, please complete a No Child Support Affidavit and submit the Affidavit with this Application.

For Household members age eighteen (18) years or older who do not have income, please complete a No-Income Affidavit for that Household member and submit the Affidavit with this Application.

Boston Resident: shall mean an applicant or co-applicant, at the time of application for an affordable housing unit is a documented full-time resident of the City of Boston.¹

Proof of Boston residency shall include copies of utility bills, voter registration, vehicle registrations, and/or copies of leases where the Applicant was the lessee.

Verification of United States Residency: At least one applicant shall document lawful resident status in the United States as either citizen, permanent resident alien (i.e., applicant has a "green card") or other long-term resident status or visa as of the date of application.

The eligible applicant shall provide at least one of the following documents to document United States residency: affidavit, application disclosure, birth certificate, passport, naturalization documents, resident alien documents, and/or other documentation deemed sufficient by DND.

Asset Limitation: The Applicant may be deemed ineligible if the total of combined Household Assets is more than \$75,000. Further, no more than one-half (50%) of the otherwise eligible buyer's assets may be in the form of a gift. All assets, whether in cash, equity in real estate, investment funds or any other item of value will be included in the determination of assets. The only exception to this is government-approved retirement funds and college savings plan. Only if a retirement account or college savings plans are to be liquidated to support the home purchase will it be added to the asset calculation.

If an asset is necessary to the buyer's primary source of income, such as a business owned by the buyer, some or all of the asset may be exempted from the calculation only to the degree necessary to maintain the buyer's income stream.

1 Excludes temporary residency in university residence halls or other similar temporary housing situations.





Definitions, cont.

First-time homebuyer shall mean the applicant, co-applicant or spouse has never owned in whole or in part a residential property except under the following circumstances:

- Legally Divorced Single Parent. A single-parent with primary custody² of minor children or who is pregnant, who previously owned in whole or in part a residential property but no longer has any rights to the property as a result of a divorce or legally binding separation agreement or,
- Inheritance. A household that received in whole or in part, a residential property as an inheritance but currently has no legal rights to that or any other residential property.
- *Mobile Home.* A household that has owned in whole or in part a mobile home but leased the land on which the property was located.
- Certain Forms of Co-operative Housing. While normally ownership of a cooperative
 housing unit would be considered homeownership, there are certain forms of
 cooperatives that are closer to rental housing than homeownership. Only co-operatives
 in which the shareholder received a mortgage interest tax deduction from the IRS will
 be considered to be homeownership for the purposes of this policy.

² Includes joint custody

Minimum Household Size shall equal the number of bedrooms in the property minus one.

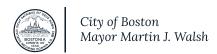
Household shall mean all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements.

DND's Participating Lenders: First-time homebuyers who also want to participate in the City of Boston's Financial Assistance Program, will need to use a Participating Mortgage Lender. A list can be found at http://www.cityofboston.gov/dnd/bhc/Participating_Mortgage_Lenders.asp. Applicants do not need to use a Participating Lender if they are only applying to the NHI Program.

NHI Maximum Program Income Limit by Median Income: Program Income Limits are established by the US Department of Housing and Urban Development (HUD) and are subject to change. Maximum Income Limits for participation in the Neighborhood Homes Initiative is 100% of median income. However, some units may have lower maximum income limits.

| NHI Program Maximum Income Limits | | | | |
|-----------------------------------|-----------|-----------|--|--|
| Household Size | 80% | 100% | | |
| 1 | \$63,500 | \$79,350 | | |
| 2 | \$72,550 | \$90,650 | | |
| 3 | \$81,600 | \$102,000 | | |
| 4 | \$90,650 | \$113,300 | | |
| 5 | \$97,950 | \$122,400 | | |
| 6 | \$105,200 | \$131,450 | | |

DND's housing policies are subject to change; policies in place at the time of a lottery application will apply.







Section 2. Household Data - Please complete for each and every person who will live with the Applicant at the new property.

Please print, read carefully, and answer all questions. Your signature is required on page 8.

| Buyer Informati | on: | | | | |
|------------------|-------------------|------------------|--------|------------|-----|
| Applicant: | irst | MI Last | | SSN: | |
| JS Citizen ? Y | | sident Alien? Y | N | TIN: | |
| Address: | | | | | |
| Street | | | City | State | Zip |
| Phone: | | | | | |
| Home | | Work | | | |
| Cell: | | Email | : | | |
| Co-Annlicant | | | | SSN: | |
| Co-Applicant: | First | MI Last | | | |
| JS Citizen ? Y | N Do | sident Alien ? Y | N | TIN: | |
| | | | | | |
| f different than | Applicant's addre | ess: | | | |
| Address: | | | | | |
| Street | | | City | State | Zip |
| Phone: | | | | | |
| Home | | Work | | | |
| Cell: | | Emai | l: | | |
| | | | | | |
| \CE | 0-6 years | 35-39 y | ears 6 | 5-69 years | |
| AGE RANGE | 7-17 years | 40-45 y | ears 7 | 0-74 years | _ |
| CHART | 18-24 years | 45-49 y | ears 7 | 5-79 years | _ |
| | 25-29 years | 50-54 y | | 0-84 years | _ |
| | 30-34 years | 55-59 ye | ears | 85+ years | |





60-64 years



Section 2. **Household Data** – Please complete for each and every person who will live with the Applicant at the new property.

Please print, read carefully, and answer all questions. Your signature is required on page 8.

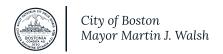
LIST THE NAME, AGE RANGE, AND RELATIONSHIP TO THE BUYER OF ALL PERSONS WHO INTEND TO RESIDE IN THE PROPERTY. ALL INCOME MUST BE LISTED FOR HOUSEHOLD MEMBERS OVER THE AGE OF 18. USE THE AGE RANGE CHART ON PAGE FOUR.

| A, HOUSEHOLD NAMES | B. AGE RANGE | C, RELATIONSHIP TO HOMEBUYER | D. SOURCE OF INCOME OR EDUCATIONAL INSTITUTION | E. ANNUAL INCOME |
|--------------------|-----------------|---------------------------------|--|---------------------|
| | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

I certify that my household size is (total column A) _____ and my combined Household

| SAVINGS OR ASSET TYPE | AMOUNT | NAME OF BANKING INSTITUTION |
|---|--------|--------------------------------|
| A. | B. | |
| 1. Cash on Hand | | |
| 2. Stocks/Bonds | | |
| 3. Certificates of Deposit | | |
| 4. Deposits in all financial institutions | | |
| Checking Accounts | | |
| Savings Accounts | | |
| 5. Monetary gifts to assist with purchase | | |
| 6. Real Estate: | | Address: |
| 7. Other: | | |

| The expected annual income from interest is \$ |
|--|
|--|



TOTAL

income is (total column E) \$_____.

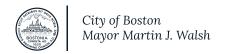




Section 2. Household Data - continued

Please print, read carefully, and answer all questions. Your signature is required on page 8.

| Homebuyer Education and Boston Resid | lency: | | |
|---|------------------------------------|--------------|----------------|
| Have you taken an approved Homebuyer | Education class? | Yes | No |
| Certificate Expiration Date: _ | | | |
| Are you registered for an HB101 class? | | Yes | No |
| Are you a Boston Resident? | | Yes | No |
| Are you a Certified Artist? | | Yes | No |
| If yes, please provide documentation Office of Arts & Culture, or, if still va | | | • |
| Are you looking for a unit built for person | s with disabilities? | Yes | No |
| If yes, please provide supporting do treating the household member fo | | censed healt | h professional |
| Please complete the following section to ments. Check as many of the following it | | | |
| Race of Applicant: | | | |
| American Indian/Alaskan Native | American India Black or Africar | | cive & |
| Asian | Asian & White | | |
| Black or African American | Black or Africar | n American & | White |
| Native Hawaiian or Other Pacific Islander | Other Multi-Rac | ial | |
| White | | | |
| Are you Hispanic? Yes No _ | | | |
| Gender: | | | |







Section 3. Application Affidavit and Certifications

(Please note, the use of the singular "I" or "my" below, shall include the plural in the case of more than one "Homebuyer".)

I, as an applicant for the Neighborhood Home Initiative Lottery, do hereby certify and warrant as follows:

The information in this Affidavit and Disclosure is true, correct, accurate and complete in all respects, and incorporated herein and made part of this affidavit.

The Household Income Information includes all persons who intend to reside in the Property which I will occupy. I am including their age(s), relationship to me, their source(s) of income and current annualized gross amounts of income from any source, both taxable and non-taxable income, including, but not limited to: earnings, overtime, IRA distributions, part-time employment, bonuses, dividends, interest, annuities, pensions, Veterans Administration (VA) Compensation, gross rental or lease income, commissions, deferred income, welfare payments, social security benefits, disability payments, alimony, support payments, public assistance, sick pay, unemployment compensation, and income received from trusts, business activities, and investments.

I have attached documentation of my household income, to include among other appropriate documentation, Federal Income Tax Returns, weekly (or other periodic) pay stubs, or receipts for each Household Member who has reached the age of 18.

I am a first-time homebuyer. I have not had an ownership interest in a residential property.

I understand that the eligible buyers for the Neighborhood Home Initiative properties will be selected by lottery. I understand that these properties will be sold to a household at or below 100% of the median income. The income limits are attached.

I understand that if selected by lottery, I must occupy the property as my primary residence within 60 days after the closing of the mortgage and continually occupy the residence as my primary residence.

I understand that certain conditions are placed on the use and resale of these properties. I understand that the properties are subject to an Affordable Housing Covenant.

I am not currently, nor have I been within the last twelve (12) months, an employee of the Department of Neighborhood Development (DND). I am not an immediate family member of a current or former employee of the Department of Neighborhood Development.

I have never been convicted of real property arson, tenant harassment in Housing Court or violating Fair Housing Laws. I am not presently in mediation with the Boston Fair Housing Commission or the Massachusetts Commission Against Discrimination. I am not presently a defendant in a criminal complaint in Housing Court for a Fair Housing violation or in an arson case.

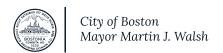
I do not presently, nor have I in the past, owe (d) any past due real estate taxes to the City of Boston.





Section 3. Application Affidavit and Certifications, continued

| Please initial the appropriate st | atement: | |
|---|---|---|
| (I/We) am not currently, an emplement (spouse, parent, child of please initial | | (I/We) am not an immediate family oyee of the City of Boston. |
| Or | | |
| (I/We) am currently, an employ member (spouse, parent, child o please initial | | /We) am/are an immediate family oyee of the City of Boston. |
| If you or an immediate family memployee's name, job position, a | | ee of the City of Boston, please list |
| Name | Job Position | City Department |
| | | a current employee of the City of form with the City Clerk's office in |
| | g, DND of any changes to | ject to verification by DND, or its the above statements or to the |
| | nformation requested, this | ts in the foregoing representations, misstatement or omission will be articipation in this program. |
| I declare under penalties of p accurate, complete, and correct | | representations are true, correct, |
| I hereby certify the information | provided is accurate and co | rrect to the best of my knowledge. |
| I hereby authorize the City of B and also to investigate my recor | oston to independently ver ds of credit. | rify the information provided here |
| Applicant's Signature: | | Date: |
| Co-Applicant's Signature: | | Date: |
| For DND Use Only | | |
| Program Manager: | | Date: |







APPLICATION CHECKLIST

Please note that the completed and signed application with copies of all of the requested documentation should be submitted in one package. Incomplete applications will not be eligible for participation in lotteries.

| Applicant | Name: |
|-----------|--|
| | Completed and signed Neighborhood Home Initiative Application |
| | Proof of all sources of income for all household members age 18 or over. This includes copies of the most recent 3 months' pay stubs, child support payments, social security income, etc. |
| | Savings and asset documentation for all applicants. This includes copies of the last three consecutive months' bank and/or credit union, 401k, or any other asset statements for all accounts. |
| | Current Letter of Pre-Approval from a mortgage lender for a single- or two-family home for a 30-year fixed-loan with a Loan To Value (LTV) less than or equal to 97%. The preapproval must be for an amount sufficient to support our average purchase prices. |
| | Copies of the last three years' signed federal income tax returns (including all schedules and W-2s) for all adult household members. |
| | Certificate for an approved homebuyer education class if available. Please note that you must complete a homebuying course prior to purchasing the home. |
| | Proof of Boston residency: this documentation includes copies of utility bills, voter registration, vehicle registrations and/or copies of leases. Please include, if applicable. |
| | No Income Affidavit for any adult household member 18 or older who does not have any source of income. Please include, if applicable. |
| | No Child Support Affidavit. Please include, if applicable. |
| | Documentation of Artist Certification (Artist Certificate letter from Mayor's Office of Arts & Culture, or, if still valid, a letter from the BPDA.) |
| | Documentation for Disability Preference (Supporting documentation from a licensed health professional treating the household member for the disability.) |







NO CHILD SUPPORT AFFIDAVIT

| l, for my children listed be Application and affidavit | | y that I do not re dents on my Nei | eceive any child support payments ghborhood Home Initiative Lottery |
|--|--|---|---|
| Dependent's Name: | | | Age: |
| I declare that under pen- complete, and correct in | | at the foregoing | representations are true, accurate, |
| Signed, sealed and delive | ered on this | day of | , 20 |
| Print name | Signat | ure | |
| Current Address | | Telephone | <u> </u> |
| COMMONWEALTH OF M | ASSACHUSETTS | | |
| Suffolk, ss. | | | |
| bearing a photographic i knows the above signator | ned Notary Public proved to me by s): [] driver's license mage, [] oath or a bry, or [] my own p name is signed abo | r satisfactory evide e or other state of ffirmation of a coersonal knowled ove, and acknow | eared the above-named dence of identification, being or federal governmental document redible witness known to me who dge of the identity of the signatory, rledged the foregoing to be signed |
| Notary: | | | |
| My Commission Expires: Qualified in the Commo | nwealth of Massac | husetts | |







NO INCOME AFFIDAVIT

| l,have any income from any source, but not limited to: earnings, overt dividends, interest, annuities, pensental or lease income, commission benefits, disability payments, alimunemployment compensation, an investments. | , both taxable incon ime, IRA distributio sions, Veteran Admi ons, deferred income nony, support payme | ne, and non-taxable i ins, part-time employ inistration (VA) Comp e, welfare payments, ents, public assistanc | ncome, including ment, bonuses, pensation, gross social security e, sick pay, |
|--|--|---|--|
| I understand that I have been incl and no income has been recorded | | | tive Application, |
| I declare that under penalties of p complete and correct in all respec | | going representation | s are true, accurate, |
| Signed, sealed and delivered on th | nis day of | , 20 | |
| Print name | Signature | | |
| Current Address | Telep | ohone | _ |
| COMMONWEALTH OF MASSACHU | JSETTS | | |
| Suffolk, ss. | | | |
| On this day of , 20_ appeared the above-named_ evidence of identification, being (of federal governmental document k credible witness known to me wh knowledge of the identity of the s acknowledged the foregoing to be | check whichever ap bearing a photograp to knows the above ignatory, to be the p | plies): [] driver's licer ohic image, [] oath o signatory, or [] my o person whose name | e by satisfactory use or other state or affirmation of a own personal is signed above, and |
| Notary: My Commission Expires: Qualified in the Commonwealth o | of Massachusetts | | |









English: Interpretation and translation services are available to you at no cost. If you need them, please contact us at first.last@boston.gov or 617-635-4663.

Spanish:Tiene servicios de interpretación y traducción a su disposición sin costo alguno. Si los necesita, póngase en contacto con nosotros en el correo electrónico first.last@boston.gov o llamando al 617-635-4663.

Haitian Creole: Sèvis entèpretation ak tradiksyon disponib pou ou san sa pa koute w anyen. Si w bezwen yo, tanpri kontakte nou nan <u>first.last@boston.gov</u> oswa 617-635-4663.

Traditional Chinese: 我們可以向您提供口頭翻譯和書面翻譯服務,並不向您收取費用。如您需要,請與我們連絡,發電子郵件至<u>first.last@boston.gov</u> 或致電 617-635-4663。

Vietnamese: Các dịch vụ thông dịch và biên dịch được cung cấp cho quý vị hoàn toàn miễn phí. Nếu quý vị cần những dịch vụ này, vui lòng liên lạc với chúng tôi theo đia chỉ <u>first.last@boston.gov</u> hoặc số điện thoại 617-635-4663.

Simplified Chinese: 我们可以向您提供口头翻译和书面翻译服务,并不向您收取费用。如您需要,请与我们联系,发电子邮件至first.last@boston.gov或致电617-635-4663。

Cape Verdean Creole: Nu ta oferese-bu sirvisus di interpretason y traduson di grasa. Si bu meste kes sirvisu la, kontata-nu pa email <u>first.last@boston.gov</u> ó pa telefóni, pa númeru 617-635-4663.

خدمات الترجمة الفورية والترجمة التحريرية متوفرة لك دون أي تكلفة. إذا كنت بحاجة إلى تلك الخدمات، يرجى Arabic: و على الرقم 6176354500 first.last@boston.gov الاتصال بنا عبر

Russian: Услуги устного и письменного перевода предоставляются бесплатно. Если Вам они нужны, просьба связаться с нами по адресу электронной почты <u>first.last@boston.gov</u>, либо по телефону 617-635-4663.

Portuguese: Você tem à disposição serviços gratuitos de interpretação e tradução. Se precisar deles, fale conosco: <u>first.last@boston.gov</u> ou 617-635-4663.

French: Les services d'interprétation et de traduction sont à votre disposition gratuitement. Si vous en avez besoin, veuillez nous contacter à <u>first.last@boston.gov</u> ou au 617-635-4663.











Language and Communications Access Program