NEIGHBORHOOD HOMES LOTTERY APPLICATION

Neighborhood Homes

Section 1. Instructions and Definitions

*Please submit the 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.

The complete the NHI Lottery Application package may be submitted using one of the following methods:

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

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

Translation services are available upon request.

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, 401ks, or any other asset statements.
- ☐ Current Letter of Pre-Approval from a mortgage lender for a single- or two-family 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.
- ☐ If available, certification or confirmation that Applicant has completed a CHAPA-approved homebuyer class, such as Homebuying 101 (aka "HB101"). The buyer must complete an approved homebuying course on or before the real estate closing.
- ☐ Documentation of Boston residency (i.e., such as a lease, or utility bill), if applicable.
- ☐ No Income Affidavit, if applicable.
- ☐ No Child Support Affidavit, if applicable.

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, bank statements, 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. 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 custody[2] 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 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

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	$54,950	$68,650
2	$62,800	$78,500
3	$70,650	$88,300
4	$78,500	$98,100
5	$84,750	$105,950
6	$91,050	$113,800
7	$97,300	$121,650
8	$103,600	$129,500

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 Information:

Applicant: _____ SSN: _____-___--____
First MI Last

US Citizen ? Y N Resident Alien ? Y N

Date of Birth: _____ Gender: _____

Address: _____
Street City State Zip

Phone: _____ _____
Home Work

Cell: _____ Email: _____

Co-Applicant: _____ SSN: _____-___--____
First MI Last

US Citizen ? Y N Resident Alien ? Y N

Date of Birth: _____ Gender: _____

If different than Applicant's address:

Address: _____
Street City State Zip

Phone: _____ _____
Home Work

Cell: _____ Email: _____

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.****

Household Income Information:

LIST ALL PERSONS WHO INTEND TO RESIDE IN THE PROPERTY. ALL INCOME MUST BE LISTED FOR ALL HOUSEHOLD MEMBERS AGE 18 OR OVER.

A, HOUSEHOLD NAMES	B. DATE OF BIRTH	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 income is (total column E) $_____.

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:		
TOTAL		

The expected annual income from interest is $_____.

Section 2. Household Data – continued

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

Homebuyer Education and Boston Residency:

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 ____

Please complete the following section to assist us in fulfilling affirmative marketing requirements. Check as many of the following items which apply.
(Your response is voluntary.)

Race of Applicant:

_____ American Indian/Alaskan Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

____ American Indian/Alaska Native & Black or AfricanAmerican

____ Asian & White

____ Black or African American & White

_____ Other Multi-Racial

_____ _____

Are you Hispanic? Yes ____ No _____

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 statement:

(I/We) am not currently, an employee of the City of Boston. (I/We) am not an immediate family member (spouse, parent, child or sibling) of a current employee of the City of Boston. _____ please initial

Or

(I/We) am currently, an employee of the City of Boston. (I/We) am/are an immediate family member (spouse, parent, child or sibling) of a current employee of the City of Boston. _____please initial

If you or an immediate family member is a current employee of the City of Boston, please list employee's name; job position and city department

Name	Job Position	City Department
_____	_____	_____
_____	_____	_____

Please note that if you or an immediate family member is a current employee of the City of Boston, you will also be required to file a Conflict of Interest form with the City Clerk's office in order to close on the property.

I am aware that the information contained herein is subject to verification by DND, or its agents. I will notify, in writing, DND of any changes to the above statements or to the information I have provided with this application.

I understand that if I have made any material misstatements in the foregoing representations, or if I have omitted any of the information requested, this misstatement or omission will be considered an event of default, and may disqualify me for participation in this program.

I declare under penalties of perjury that the foregoing representations are true, correct, accurate, complete and correct in all respects.

I hereby certify the information provided is accurate and correct to the best of my knowledge.

I hereby authorize the City of Boston to independently verify the information provided here and also to investigate my records of credit.

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, bank statements 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.

NO CHILD SUPPORT AFFIDAVIT

I, _____, certify that I do not receive any child support payments for my children listed below and as dependents on my Neighborhood Home Initiative Lottery Application and affidavit.

Dependent's Name: _____ Age: _____

Dependent's Name: _____ Age: _____

Dependent's Name: _____ Age: _____

Dependent's Name: _____ Age: _____

I declare that under penalties of perjury that the foregoing representations are true, accurate, complete and correct in all respects.

Signed, sealed and delivered on this day of , 20__

Print name Signature

_____ _____

Current Address Telephone

COMMONWEALTH OF MASSACHUSETTS

Suffolk, ss.

On this day of , 20__
, before me, the undersigned Notary Public, personally appeared the above-named _____ proved to me by satisfactory evidence of identification, being (check whichever applies): [] driver's license or other state or federal governmental document bearing a photographic image, [] oath or affirmation of a credible witness known to me who knows the above signatory, or [ ] my own personal knowledge of the identity of the signatory, to be the person whose name is signed above, and acknowledged the foregoing to be signed by him/her voluntarily for its stated purpose.

_____

Notary:
My Commission Expires: _____
Qualified in the Commonwealth of Massachusetts

NO INCOME AFFIDAVIT

I, _____, being an adult over 18 years of age, certify that I do not have any income from any source, both taxable income, and non-taxable income, including but not limited to: earnings, overtime, IRA distributions, part-time employment, bonuses, dividends, interest, annuities, pensions, Veteran 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 understand that I have been included on the Neighborhood Home Initiative Application, and no income has been recorded for me on the application.

I declare that under penalties of perjury that the foregoing representations are true, accurate, complete and correct in all respects.

Signed, sealed and delivered on this day of , 20__

Print name Signature

_____

Current Address Telephone

COMMONWEALTH OF MASSACHUSETTS

Suffolk, ss.

On this day of , 20__, before me, the undersigned Notary Public, personally appeared the above-named_____ proved to me by satisfactory evidence of identification, being (check whichever applies): [] driver's license or other state or federal governmental document bearing a photographic image, [] oath or affirmation of a credible witness known to me who knows the above signatory, or [ ] my own personal knowledge of the identity of the signatory, to be the person whose name is signed above, and acknowledged the foregoing to be signed by him/her voluntarily for its stated purpose.

_____

Notary:
My Commission Expires: _____
Qualified in the Commonwealth of Massachusetts