

Stone Castle

APPLICATION

Part I - Applicant Information			
Applicant Name: _____			
Spouse/CoApplicant Name: _____			
Mailing Address: _____			
City: _____	State: _____	Zipcode: _____	
Email: _____			
Home Phone: _____			
Work /Other Phone: _____		# Persons in Household: _____	
Household Members - (List ALL Household members, regardless of age, who will occupy the affordable unit)			
Name	Date of Birth	Social Security #	Relationship to Applicant
			APPLICANT

Part II - Local Preference
<p>Please review the information package and check below if you qualify for a local preference in the lottery.</p> <p><input type="checkbox"/> My household qualifies for a local preference.</p> <p>Please be sure to attach proof of residency (see instructions)</p>

Part III - Race Information for Applicants			
Optional: Please check the appropriate Race Category for each Household member			
	Applicant	Co-Applicant	Dependent(s)
Native American/Alaskan Native			
Asian/Pacific Islander			
African American			
Hispanic/Latino			
Cape Verdean			
White/Non-Minority			
Other			

Part IV - First Time Homebuyer Status
<p>Have you owned a home or joint interest in a home in the three years prior to the date of this application?</p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>If Yes, Please explain: _____</p>

Part V- Adult Full-Time Student		
Is any member of the Owner's Household over age 18 a full time student? (Circle)	Y	N
If yes, list name(s) of full time students: Name: _____	Name: _____	
for each, list school attending: School: _____	School: _____	
(Attach a letter from each school verifying the student is enrolled full-time)		

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Part VI - Applicant's Income

Employment Income

Applicant's Primary Occupation: _____

Employer Name: _____ Years Employed: _____

Supervisor Name: _____ Phone: _____

Employers Address: _____

IF PAID **Weekly** (Attach 5 most recent Paystubs or other documentation) (See instructions)

Amt #1: _____ Amt #2: _____ Amt #3: _____ Amt #4: _____ Amt #5: _____

Annual Total: _____

IF PAID **Bi-Weekly** (Attach 3 most recent paystubs or other documentation) (See instructions)

Amt #1: _____ Amt #2: _____ Amt #3: _____ Annual Total: _____

IF PAID **Bi-Monthly** (Attach 3 most recent paystubs or other documentation) (See instructions)

Amt #1: _____ Amt #2: _____ Amt #3: _____ Annual Total: _____

IF PAID **Monthly** (Attach 2 most recent paystubs or other documentation) (See instructions)

Amt #1: _____ Amt #2: _____ Annual Total: _____

Applicant's Other Employment: _____

Employer Name: _____ Years Employed: _____

Supervisor Name: _____ Phone: _____

Employers Address: _____

IF PAID **Weekly** (Attach 5 most recent Paystubs or other documentation) (See instructions)

Amt #1: _____ Amt #2: _____ Amt #3: _____ Amt #4: _____ Amt #5: _____

Annual Total: _____

IF PAID **Bi-Weekly** (Attach 3 most recent paystubs or other documentation) (See instructions)

Amt #1: _____ Amt #2: _____ Amt #3: _____ Annual Total: _____

IF PAID **Bi-Monthly** (Attach 3 most recent paystubs or other documentation) (See instructions)

Amt #1: _____ Amt #2: _____ Amt #3: _____ Annual Total: _____

IF PAID **Monthly** (Attach 2 most recent paystubs or other documentation) (See instructions)

Amt #1: _____ Amt #2: _____ Annual Total: _____

Retirement Income:

Applicant's Social Security Income

Monthly Benefit Amount: _____

Annual Total: _____

Applicant's Pension (Name): _____

Monthly Benefit Amount: _____

Annual Total: _____

Applicant's Pension (Name): _____

Monthly Benefit Amount: _____

Annual Total: _____

Other Retirement Income (Describe): _____

Enter Amounts Received in three most recent months:

Amt #1: _____ Amt #2: _____ Amt #3: _____ Annual Total: _____

Applicant's Total Annual Income: _____

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Part VI - Co-Applicant's Income

Employment Income

Co-Applicant's Primary Occupation: _____

Employer Name: _____

Years Employed: _____

Supervisor Name: _____

Phone: _____

Employers Address: _____

IF PAID **Weekly** (Attach 5 most recent Paystubs or other documentation) (See instructions)

Amt #1: _____

Amt #2: _____

Amt #3: _____

Amt #4: _____

Amt #5: _____

Annual Total: _____

IF PAID **Bi-Weekly** (Attach 3 most recent paystubs or other documentation) (See instructions)

Amt #1: _____

Amt #2: _____

Amt #3: _____

Annual Total: _____

IF PAID **Bi-Monthly** (Attach 3 most recent paystubs or other documentation) (See instructions)

Amt #1: _____

Amt #2: _____

Amt #3: _____

Annual Total: _____

IF PAID **Monthly** (Attach 2 most recent paystubs or other documentation) (See instructions)

Amt #1: _____

Amt #2: _____

Annual Total: _____

Co-Applicant's Other Employment: _____

Employer Name: _____

Years Employed: _____

Supervisor Name: _____

Phone: _____

Employers Address: _____

IF PAID **Weekly** (Attach 5 most recent Paystubs or other documentation) (See instructions)

Amt #1: _____

Amt #2: _____

Amt #3: _____

Amt #4: _____

Amt #5: _____

Annual Total: _____

IF PAID **Bi-Weekly** (Attach 3 most recent paystubs or other documentation) (See instructions)

Amt #1: _____

Amt #2: _____

Amt #3: _____

Annual Total: _____

IF PAID **Bi-Monthly** (Attach 3 most recent paystubs or other documentation) (See instructions)

Amt #1: _____

Amt #2: _____

Amt #3: _____

Annual Total: _____

IF PAID **Monthly** (Attach 2 most recent paystubs or other documentation) (See instructions)

Amt #1: _____

Amt #2: _____

Annual Total: _____

Retirement Income:

Co-Applicant's Social Security Income

Monthly Benefit Amount: _____

Annual Total: _____

Co-Applicant's Pension (Name): _____

Monthly Benefit Amount: _____

Annual Total: _____

Co-Applicant's Pension (Name): _____

Monthly Benefit Amount: _____

Annual Total: _____

Co-Applicant Other Retirement Income: _____

Enter Amounts Received in three most recent months:

Amt #1: _____

Amt #2: _____

Amt #3: _____

Annual Total: _____

Co-Applicant's Total Annual Income: _____

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Part VI - Other Household Member(s) Income

Employment Income

Household Member Name: _____

Primary Occupation: _____

Employer Name: _____

Years Employed: _____

Supervisor Name: _____

Phone: _____

Employers Address: _____

IF PAID **Weekly** (Attach 5 most recent Paystubs or other documentation) (See instructions)

Amt #1: Amt #2: Amt #3: Amt #4: Amt #5:
Annual Total:

IF PAID **Bi-Weekly** (Attach 3 most recent paystubs or other documentation) (See instructions)

Amt #1: Amt #2: Amt #3: Annual Total:

IF PAID **Bi-Monthly** (Attach 3 most recent paystubs or other documentation) (See instructions)

Amt #1: Amt #2: Amt #3: Annual Total:

IF PAID **Monthly** (Attach 2 most recent paystubs or other documentation) (See instructions)

Amt #1: Amt #2: Annual Total:

Other Employment: _____

Employer Name: _____

Years Employed: _____

Supervisor Name: _____

Phone: _____

Employers Address: _____

IF PAID **Weekly** (Attach 5 most recent Paystubs or other documentation) (See instructions)

Amt #1: Amt #2: Amt #3: Amt #4: Amt #5:
Annual Total:

IF PAID **Bi-Weekly** (Attach 3 most recent paystubs or other documentation) (See instructions)

Amt #1: Amt #2: Amt #3: Annual Total:

IF PAID **Bi-Monthly** (Attach 3 most recent paystubs or other documentation) (See instructions)

Amt #1: Amt #2: Amt #3: Annual Total:

IF PAID **Monthly** (Attach 2 most recent paystubs or other documentation) (See instructions)

Amt #1: Amt #2: Annual Total:

Retirement Income:

Social Security Income

Monthly Benefit Amount:

Annual Total:

Co-Applicant's Pension (Name): _____

Monthly Benefit Amount:

Annual Total:

Pension (Name): _____

Monthly Benefit Amount:

Annual Total:

Other Retirement Income: _____

Enter Amounts Received in three most recent months:

Amt #1: Amt #2: Amt #3: Annual Total:

Household Member's Total Annual Income:

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Part VII - Household Assets				
(Attach statements for last 6 months and enter amounts below)(Round to nearest dollar)				
Name on Account: <input style="width: 100%;" type="text"/>				
Enter Info and Balances Below (See Instructions)				
Bank/Brokerage Name	Bank/Brokerage Address(City/State)	Account Type (See Instructions)	Interest Rate %	Current Balance
Total Assets:				
Name on Account: <input style="width: 100%;" type="text"/>				
Enter Info and Balances Below (See Instructions)				
Bank/Brokerage Name	Bank/Brokerage Address	Account Type (See Instructions)	Interest Rate %	Current Balance
Total Assets:				
Name on Account: <input style="width: 100%;" type="text"/>				
Enter Info and Balances Below (See Instructions)				
Bank/Brokerage Name	Bank/Brokerage Address	Account Type (See Instructions)	Interest Rate %	Current Balance
Total Assets:				

Home Equity Calculation for Current Residence	
Current Value of Home :	<input style="width: 100%;" type="text"/>
Less Outstanding Balance of Mortgage(s):	<input style="width: 100%;" type="text"/>
Less Estimated Realtor Fees (5% of Value)	<input style="width: 100%;" type="text"/>
Estimated Equity in Current Home:	<input style="width: 100%;" type="text"/>

Calculation of Income from Assets	
Total Value of Assets:	<input style="width: 100%;" type="text"/>
If Total Value of Assets greater than \$5,000, multiply by 0.5%	<input style="width: 100%;" type="text"/>

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Part VIII - Applicant Signatures and Authorizations

I/We certify that the information contained in this application is true and accurate to the best of my/our knowledge.

I/We Understand that only applications that are complete and eligible under the guidelines and that contain all necessary documentation and certifications will be entered into the lottery. (See list of enclosures required)

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Please submit this application along with ALL of the listed documents in a single large (9x12" or 11x14") envelope to: **COMMUNITY DEVELOPMENT STRATEGIES, 65 BOSTON ST, SOMERVILLE, MA 02143.**
MARK THE ENVELOPE "STONE CASTLE APPLICATION"

Required Enclosures: (DO NOT ENCLOSE ORIGINALS OF TAX OR FINANCIAL DOCUMENTS. COPIES ONLY).

	Signed Disclosure Form from Information Package (Check all appropriate items and sign)
	Signed Deed Rider Signature of Understanding Form from Information Package
	Proof of Methuen Residency if claiming Local Preference (current utility bill, town census listing)
	Mortgage Pre-Approval Letter from a Bank or Mortgage Company showing the Applicant is pre-approved for a mortgage sufficient (in addition to funds available for a down payment) to purchase a home valued at \$183,500 (Please note that a Pre-Qualification Letter will NOT be accepted, Letters
	If an adult member of the applicant household is a full-time student, a letter from the school or college stating full time enrollment status and anticipated date of graduation.
	Income Documentation for all members of the Applicant Household (not just the applicant and co-applicant) as outlined below: Note all documentation should be for most current time period
	Proof of Wage Income (5 most recent paystubs OR salary verification letter on employer stationary, signed by an authorized individual) (for each job - and each household member)
	Proof of Social Security, Disability, SSI, Veterans Benefits, Unemployment Compensation, or other government benefits in the form of a letter from the appropriate agency. (for each member of the household receiving such benefits)
	Complete Tax Returns for the past three years, including W2's, 1099's all schedules and other attachments for each member of the Applicant Household
	For Self-Employment income, submit Income and Expense data certified by an independent accountant for the past two quarters if available, or contact CDS to discuss
	Proof of Alimony or Child Support in the form of a Divorce or Settlement Agreement, or other documentation showing the amounts received and schedule of payments.
	Documentation of income from Pensions, annuities, or other investments in the form of statements, 1099R forms, etc. Most recent statements for each
	Documentation of Assets owned by any member of the Applicant Household with Current Valuation. This includes the value of real-estate owned; investments such as stocks and bonds or mutual fund accounts; Savings and Checking Accounts and Certificates of Deposit (statements);
	Copies of Savings and Checking Account Statements (or copies of passbook pages) for each Account held by a member of the Applicant Household for the most recent 3 months. Include ALL pages of each statement.
	Copies of Investment Account Statements (3 most recent) for each Account held by a member of the Applicant Household
	Appraisal or most recent tax bill for Real Estate owned, stating valuation. If a mortgage exists, include most recent three statements.
	Market Analysis and Valuation from a licensed realtor for Current Home to be sold in order to purchase at Stone Castle.
	Evidence of funds available for Downpayment and Closing Costs. (May be identified from savings or signed and notarized gift letter from a person or organization providing funds)

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Part IX - APPLICATION REVIEW AND PRE-SCREEN

(This Page for CDS Use Only)

Lottery Pre-Screening

Income Eligibility	
Household Size	Maximum Income
1	\$45,100
2	\$51,550
3	\$58,000
4	\$64,400
5	\$69,600

Total Household Income:		
Household Size (# Persons):		
Total Household Asset Amount:		
Applicant is Income Eligible (Circle Y or N):	Y	N
Applicant is a First Time Homebuyer:	Y	N
Applicant is a Resident of Methuen:	Y	N
Applicant is a Qualified Minority:	Y	N
Applicant is 55 yrs or Older	Y	N
Applicant meets Asset Limit Test:	Y	N
Application is Complete:	Y	N
Application Received by Deadline:	Y	N

This Application has been pre-screened by the Community Development Strategies

Excluded (Not eligible/Complete):	Y	N
Included in Residency Preference Pool:	Y	N
Included in General Pool:	Y	N

Lottery Number Assigned:

Reviewed By: _____ Date: _____
Community Development Strategie

LOTTERY RESULTS

This Application was drawn in the Lottery.

Order Chosen in Local Preference Pool:

Order Chosen in General Pool:

Application Sent to CHAPA (Date):

CHAPA Certification Received (Date):

P&S Signed (Date):

Closing Held (Date):

Notes:
