

Section Two

AFFORDABLE HOUSING LOTTERY APPLICATION

**The Turn at River Bend
W. Bridgewater, MA
AFFORDABLE HOUSING LOTTERY APPLICATION**

Date: _____

| | |
|----------------|---------------------------|
| Name | Home Phone () () |
| Address | Cell Phone () () |
| Address | Work Phone () () |
| | Email Address |

Number of Household Members (circle one): 1 2 3 4 5 6 7 8

Complete the following section for *each* Household Member

| | Applicant | Member #2 | Member #3 | Member #4 |
|--------------|-----------|-----------|-----------|-----------|
| Name | | | | |
| Age | | | | |
| D.O.B. | | | | |
| Employer | | | | |
| School Name | | | | |
| Relationship | | | | |
| | | | | |
| | Member #5 | Member #6 | Member #7 | Member #8 |
| Name | | | | |
| Age | | | | |
| D.O.B. | | | | |
| Employer | | | | |
| School Name | | | | |
| Relationship | | | | |
| | | | | |

The developer, staff and consultants are committed to the intent and spirit of both state and federal fair housing laws in the selection of lottery applicants. They will not knowingly discriminate against any protected class in the selection of applicants.

Please list the address of any home, land or property that **any household member has owned or had joint interest in** the past three years. Please include a copy of the Deed and HUD Settlement Statement for each property.

Property #1 Address _____

Property #2 Address _____

Please explain why you do not own this property anymore:

MINORITY STATUS: This is an optional section that you may complete to assist in meeting Affirmative Marketing Goals.

| | Applicant | Co-Applicant | Dependent | Dependent |
|--------------------|-----------|--------------|-----------|-----------|
| Black | _____ | _____ | _____ | _____ |
| Hispanic or Latino | _____ | _____ | _____ | _____ |
| Asian | _____ | _____ | _____ | _____ |
| Pacific Islander | _____ | _____ | _____ | _____ |
| Native Hawaiian | _____ | _____ | _____ | _____ |
| Native American | _____ | _____ | _____ | _____ |
| Alaska Native | _____ | _____ | _____ | _____ |
| Other (non white) | _____ | _____ | _____ | _____ |

MARKETING INFORMATION:

(Write your answer in the space provided and please be as specific as possible)

How did you find out about this affordable housing opportunity?

Have you or will you apply to other housing lotteries? (Circle one) **YES** **NO**

Please list the names of the developments and their location for which you are applying for.

DISABLED-ACCESSIBLE PREFERENCE OR REASONABLE ACCOMMODATIONS:

This is defined as persons with a physical or mental disability that meet standards established by the Department of Housing and Community Development and state laws for disabled housing.

Please provide 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 the position to know about the individual's disability. Evidence of Social Security Disability Insurance benefits is acceptable.

Circle the appropriate answers for the following questions:

- Are you, or any member of your household, in need of an accessible unit? YES NO
- Does any member of the household need to use an alternative way to communicate with us? YES NO

If yes, please explain: _____

INCOME AND ASSET INFORMATION:

Please complete the following section listing income for ALL household members including children. Include the most recent statements for each account and all other supporting documentation.

| Type of Acct. or Income | Name: | | | Type of Acct. or Income | Name: | | |
|----------------------------|--------------|---------|------------------|----------------------------|--------------|---------|------------------|
| | Acct. Number | Balance | Amt. Pd. Monthly | | Acct. Number | Balance | Amt. Pd. Monthly |
| Checking | | | | Checking | | | |
| Savings | | | | Savings | | | |
| Unemployment | | | | Unemployment | | | |
| Worker's Comp. | | | | Worker's Comp. | | | |
| Social Security | | | | Social Security | | | |
| SS Disability | | | | SS Disability | | | |
| Alimony | | | | Alimony | | | |
| Child Support | | | | Child Support | | | |
| Type of Acct. or Income | Name: | | | Type of Acct. or Income | Name: | | |
| | Acct. Number | Balance | Amt. Pd. Monthly | | Acct. Number | Balance | Amt. Pd. Monthly |
| Checking | | | | Checking | | | |
| Savings | | | | Savings | | | |
| Unemployment | | | | Unemployment | | | |
| Worker's Comp. | | | | Worker's Comp. | | | |
| Social Security | | | | Social Security | | | |
| SS Disability | | | | SS Disability | | | |
| Alimony | | | | Alimony | | | |
| Child Support | | | | Child Support | | | |

If you need additional space, please use a separate piece of paper.

EMPLOYMENT INFORMATION:

| | | | |
|-----------------------------|-------|-----------------------------|-------|
| Name: | _____ | Name: | _____ |
| Occupation: | _____ | Occupation: | _____ |
| Employer Name: | _____ | Employer Name: | _____ |
| Employer Address: | _____ | Employer Address: | _____ |
| Employer Phone: | _____ | Employer Phone: | _____ |
| Employer Email: | _____ | Employer Email: | _____ |
| Supervisor's Name: | _____ | Supervisor's Name: | _____ |
| Date of Hire: | _____ | Date of Hire: | _____ |
| Hourly Wage: | _____ | Hourly Wage: | _____ |
| Average Weekly Tips: | _____ | Average Weekly Tips: | _____ |
| Hours per Week: | _____ | Hours per Week: | _____ |
| Weekly Gross Amount: | _____ | Weekly Gross Amount: | _____ |
| Annual Salary: | _____ | Annual Salary: | _____ |
| Avg. Gross Last 4 wks x 52: | _____ | Avg. Gross Last 4 wks x 52: | _____ |

If Applicant or Co-Applicant has more than one (1) job or other adult household members over the age of 18 that are employed, please attach a separate sheet of employment information.

In addition to the above, please attach all income documentation including:

- | | | |
|--|-------------------------------|------------------------------|
| Five (5) most recent pay stubs | Social security documentation | Pension documentation |
| State & Federal tax returns last 3 years | W-2's last 3 years | Child support & Alimony docs |
| Pre approval from lender | *Checking accounts 3 months | * Savings accounts 3 months |

**All financial documents must show account holders name and address*

ASSET INFORMATION:

Include but not limited to stocks, bonds, retirement accounts such as 401K, Keogh, etc. For a comprehensive explanation, please refer to the section of the application title "Frequently Asked Questions".

- STOCKS, BONDS & CD'S:** Applicant must list the average value and provide documentation such as bank account numbers and value.

Do you have any stocks, bonds or CD's? (Circle one) YES NO
If yes, list value \$ _____ and enclose the last three quarterly portfolio statements.

- RETIREMENT, 401K AND KEOUGH ACCTS:**

Do you have any of these accounts? (Circle one) YES NO
If yes, are you employed or retired? _____

Are you making occasional withdrawals? (Circle one) YES NO
If yes, how much are you receiving per month? \$ _____

What is the total value of **all** accounts? \$ _____ *Enclose last 3 quarterly statements.*

SECTION 8:

Do you currently have a Section 8 Voucher from a Housing Authority? (Circle one) YES NO

If yes, which agency issued your voucher or subsidy? _____

ANTICIPATED CHANGES IN INCOME:

Are you expecting a change in any household members income in the next 12 months? (Circle one) YES NO

If yes, please explain. _____

REAL ESTATE:

You may currently own property but it must be sold before your move-in date.

Are you, or anyone on this application, entitled to receive any amount of money from the sale of ANY property currently owned or through an upcoming court settlement? (Circle one) YES NO

If yes, please explain. _____

For property you plan on selling you must submit all of the following:

- Attach a copy of a broker's opinion of the property
- Attach a statement from your lender showing your current balance on your mortgage or outstanding loans

RENTER CERTIFICATION

I/We certify that I/We have read the entire lottery package including the Frequently asked Questions.

I/We certify that our household is _____ persons; and that our household income does not exceed the income limits provided in the Lottery Information Packet.

I/We certify that I/We meet the Minimum Income criteria as stated within this lottery package.

I/We certify that Lottery Agent or any other employee shall not be held liable for any decisions made pertaining to the applicants' eligibility or their application.

Information missing from the application, including, but not limited to the following could be considered an incomplete application, thus being ineligible for the lottery.

- Income documentation

We understand that the **initial determination of eligibility** (for entry into the lottery) in no way guarantees that we are eligible to rent one of the affordable units. Final eligibility will be determined by DHCD after the lottery has been completed.

I/We understand that if selected I/we will be offered a specific unit. I/we will have the option to accept the available unit, or to reject the available unit. If I/we reject the available unit I/we will move to the bottom of the waiting list and may not have another opportunity to rent at this development.

Program requirements and guidelines are established by the Department of Housing and Community ("DHCD") in accordance with 760 CMR 56.00 and the guidelines. I/We agree to be bound by whatever program changes that may be imposed at any time throughout the process.

I/we certify that no member of our family has a financial interest in this development.

I/We have completed an application and have reviewed and understand the process that will be utilized in selecting eligible applicants. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.

I/We certify that the information in this application and in support of this application is true and correct to the best of my/our knowledge and belief under full penalty of perjury. I/We understand that perjury will result in disqualification from further consideration.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

AUTHORIZATION TO RELEASE

I/We hereby authorize the Developer, DHCD and the Lottery Agent to inquire of credit agencies, employers and banking institutions to allow and assist them to determine my/our determination of eligibility of an affordable unit.

This authorization includes all application information including, but not limited to credit reports, former lease history, criminal background and employment history.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

CHECK LIST

DID YOU REMEMBER TO ENCLOSE THE FOLLOWING:

Your application may not be considered complete without the following documents. Incomplete or ineligible applications will not be entered into the lottery.

- Completed and signed application
- Most recent pay stub
- Most recent State and Federal tax returns
- Most recent W-2
- Any additional income documentation such as but not limited to social security, pension, and alimony.
- All asset information including most recent checking and savings account bank statements, evidence of the value of CDs, brokerage statements, etc.
- Narrative stating applicant's history for last 2 years including work, and information such as marriage, divorce and personal information you may want us to know. (attach to application)
- Child support documentation

*All financial documents must show the account holders name, address and account number. All pages of banking statements must be submitted.

Here's a Tip for you! It is always best to send in your application and documentation a few weeks earlier than the due date to allow yourself time to obtain additional or missing information if it is needed.

All applications must be received **BY MAIL RETURN RECEIPT or HAND DELIVERED** no later than **May 4, 2015**. It is recommended that the application be submitted as soon as possible and should be mailed in sufficient time to arrive no later than the due date, preferably one week early. Late and incomplete applications received after the due date of **May 4, 2015** will not be accepted under any circumstances.

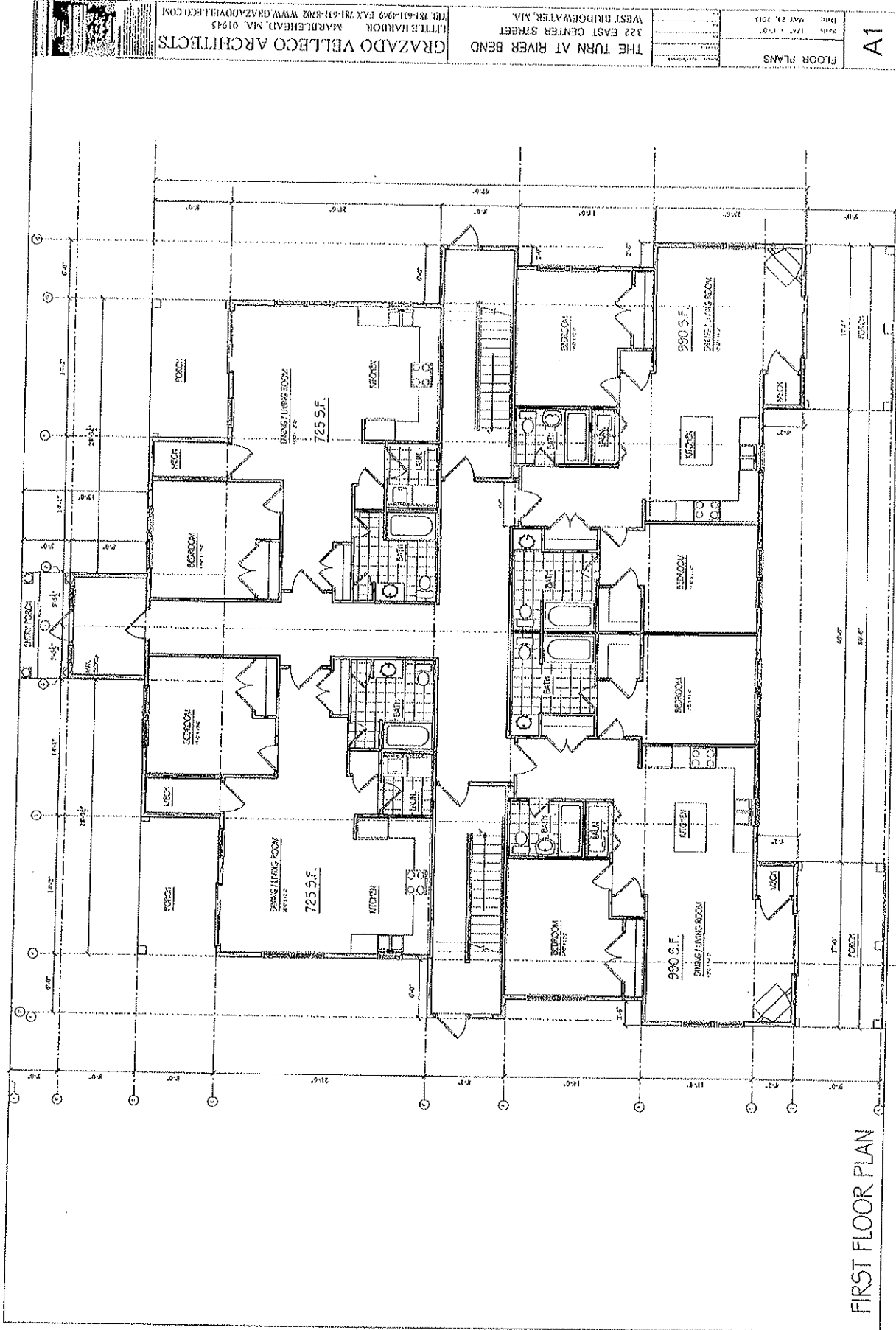
In order to obtain proof of delivery, we suggest that you mail your application and supporting documentation "Certified Return Receipt" or if hand delivered with a request of proof of delivery to:

**Delphic Associates, LLC
651 Orchard Street - Suite 308
New Bedford, MA 02744
REF: The Turn at River Bend**

A "Certified Return Receipt" or proof of hand delivery will provide you proof of when your application was received. We are not responsible for lost or late applications.

Section Three

FLOOR PLANS AND ELEVATIONS



FIRST FLOOR PLAN

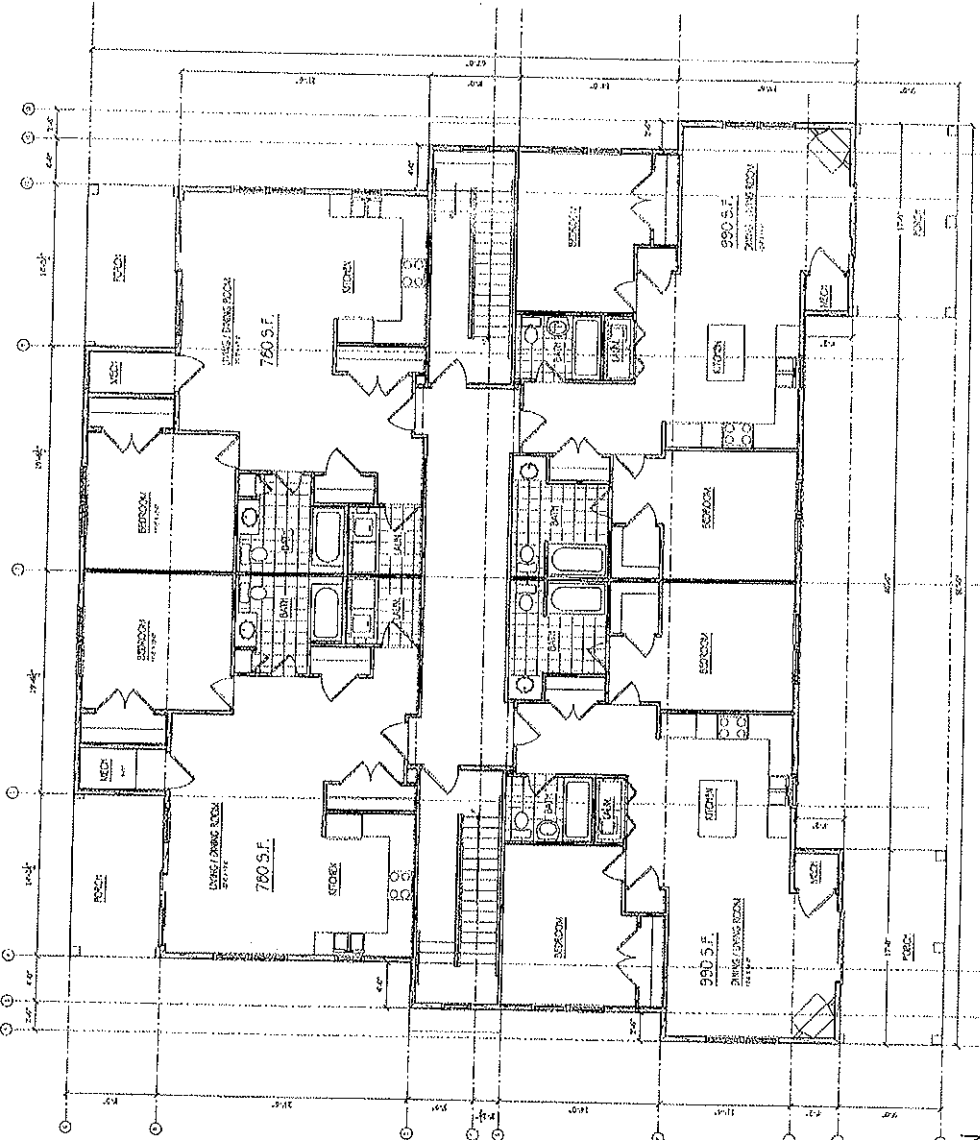
FLOOR PLANS

A1

THE TURN AT RIVER BEND
322 EAST CENTER STREET
WEST BRIDGEWATER, MA

GRAZADO VILLECOS ARCHITECTS
LITTLEHARDOR MARLBOROUGH, MA 01945
TEL 978-691-0949 FAX 978-691-8202 WWW.GRAZADOVILLECOS.COM





SECOND FLOOR PLAN

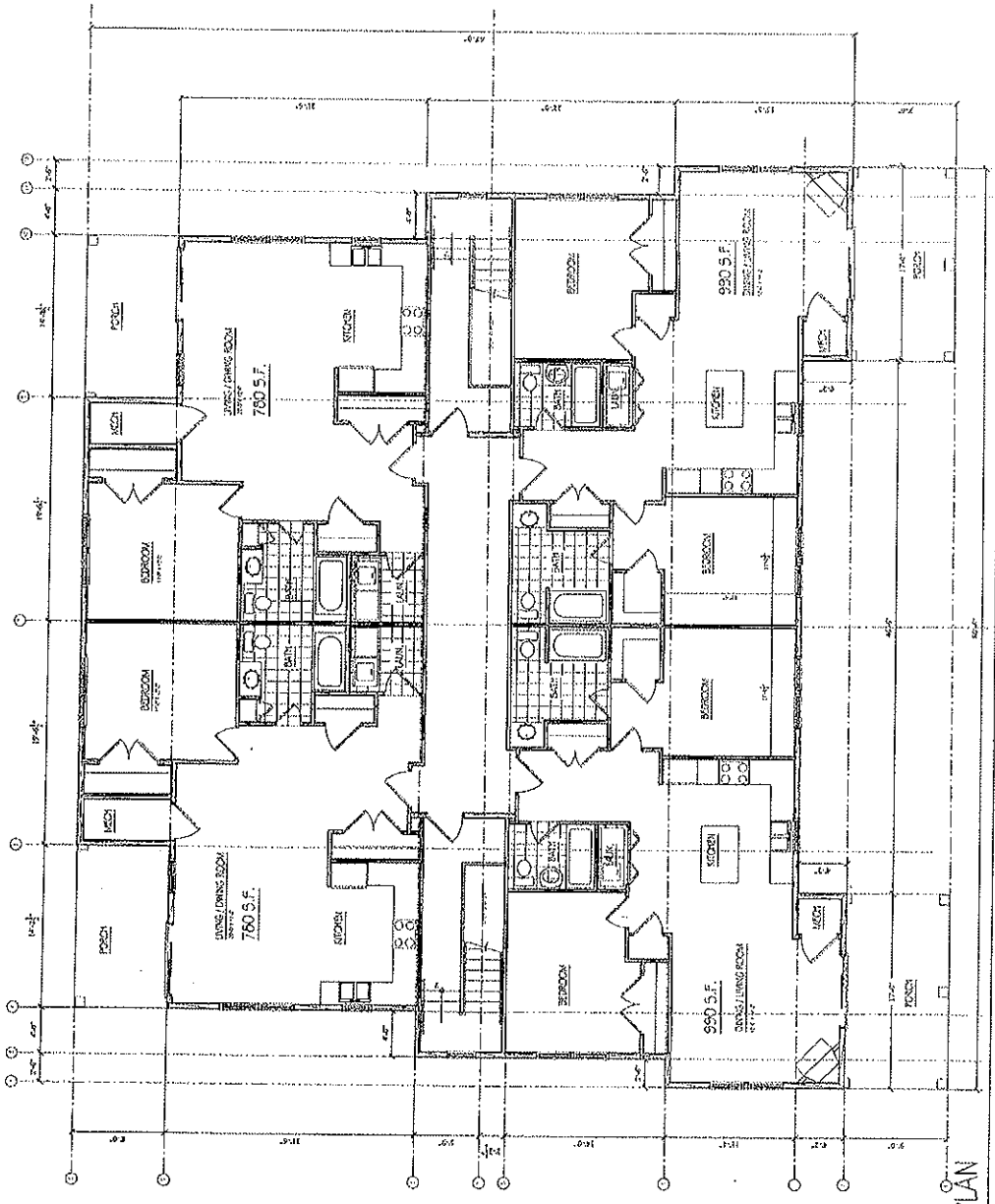


GRAZADO VELLECO ARCHITECTS
 LITTLE HARBOR MARLBOROUGH, MA 01943
 TEL 978-681-4919 FAX 978-681-8382 WWW.GRAZADOVELLECO.COM

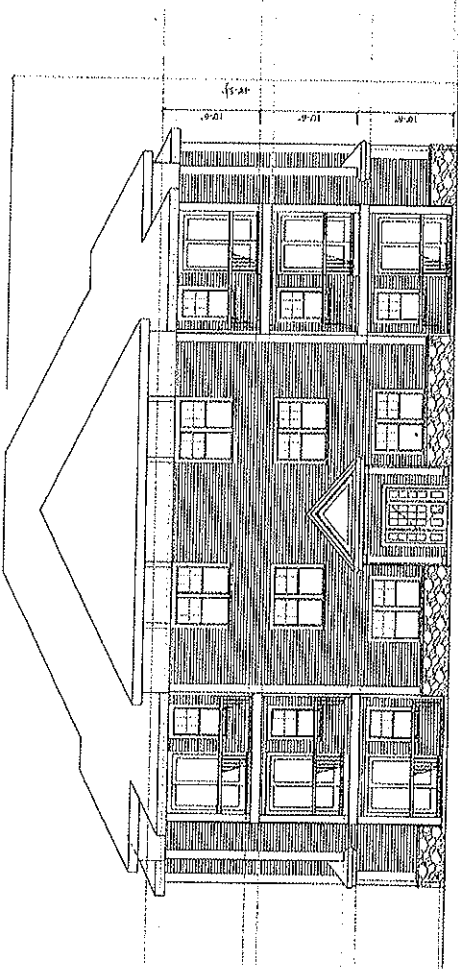
THE TURN AT RIVER BEND
 222 EAST CENTER STREET
 WEST BRIDGEWATER, MA

FLOOR PLANS
 REV 12/11/2011
 REV 02/11/2011

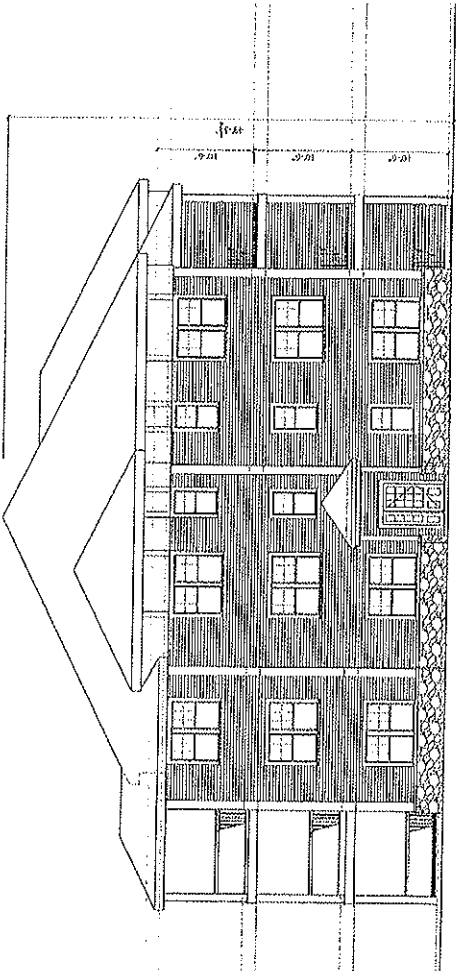
A3



THIRD FLOOR PLAN



FRONT ELEVATION



LEFT SIDE ELEVATION