



# BUY-DOWN HOUSING PROGRAM



## FOR FIRST TIME HOMEBUYERS ON THE PATH TO OWNERSHIP

Receive a subsidy of up to **\$175,000** to purchase an affordable home! The Provincetown Community Housing Office, with Community Preservation Act Funds, is offering assistance in purchasing local housing to encourage year-round ownership at an affordable cost.

APPLICATIONS DUE BY:

Monday, NOVEMBER 4, 2019, 5:00 pm

### Are you eligible?

- Income up to 100% AMI
- Maximum of \$100,000 in assets
- Property occupied year-round as primary **sole** residence
- Complete a first-time homebuyer education course



# Provincetown Housing Office



## Ownership Buy-Down Program

The Provincetown Community Housing Office is sponsoring a Buy-Down Program funding round for 1<sup>st</sup> Time Home Buyers in Provincetown. This program will make a grant of up to \$175,000 to a qualified, moderate-income applicant, to help them “buy down” or reduce the purchase of a home. This would assist in bridging the gap between what is available in the open market and what is affordable to a moderate-income Provincetown household. The goal of this program is to increase the availability of affordable homeownership opportunities in Provincetown, using funds provided by the Community Preservation Act. Note that the home purchased will be deed-restricted and cannot be sold at market rates in the future.

Note that the selected buyer will only receive the funds necessary to meet the gap between purchase price of the house, minus the mortgage and down payment amount, not to exceed \$175,000 per unit.

### Buyer Qualifications:

To qualify, your annual household income must be at or below 100% of the Barnstable Median Income, as noted below [for 2019]. You also cannot have more than \$100,000 in assets. The purchased property must be maintained as your sole, year-round residence. A minimum of 1.5% of the purchase price is required, from your own funds. Applicants may also be eligible for Down Payment Closing Cost (DPCC) assistance, of \$10,000 in addition to the buy-down assistance of \$175,000. The property will be deed-restricted in perpetuity to ensure continued affordability.

Household Size	1	2	3	4	5	6
<b>MAXIMUM Income Limits</b>	<b>\$63,910</b>	<b>\$73,040</b>	<b>\$82,170</b>	<b>\$91,300</b>	<b>\$98,604</b>	<b>\$105,908</b>

### Applications:

Application forms and help with how to fill them out will be available at the Community Housing Office at Town Hall, 260 Commercial Street, Provincetown. The application form will be available on the Town of Provincetown’s website, at [www.provincetown-ma.gov](http://www.provincetown-ma.gov).

**Completed applications with all necessary attachments MUST be received no later than Monday, November 4, 2019 by 5:00 pm. Applications must be submitted by the deadline, in hard copy, to the Housing Office, located in Town Hall. All eligible applicants will then be entered into a lottery. Lottery winner will have a limited time to find and close on a property.**

**Completed applications must be submitted no later than Monday, November 4, 2019 at 5:00 pm to:**

**Community Housing Specialist  
Provincetown Town Hall  
260 Commercial Street  
Provincetown, MA 02657**

**For Information Contact:**

To learn more about this program, contact Community Housing Specialist Michelle Jarusiewicz at 508/487-7087 or at [mjarusiewicz@provincetown-ma.gov](mailto:mjarusiewicz@provincetown-ma.gov)

**Detailed information on the Buy-Down Program requirements is provided in the following sections. Make sure you review all information to insure that you understand the Program and that your application is fully complete!**

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### **Provincetown Buy-Down Program Application CHECKLIST**

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Before submitting this application, please make sure you have filled out all pages and have attached the requested documentation. IN ADDITION to completing and signing this application packet, **including** the Signed Summary of Deed Rider / Statement of Understanding and Signed Eligibility Requirements) you will need to attach the following documentation. **PLEASE make and use photocopies; do not attach originals!**

- Three (3) most recent years Federal Tax Income Taxes: 2018, 2017, and 2016.  
(For all household members 18 years of age, or older. PLEASE MAKE SURE COPIES ARE SIGNED)
- Two (2) most recent months of Paystubs  
(For all household members 18 years of age, or older)
- Three (3) most recent months of Bank Accounts/Asset Accounts – checking, savings, investment accounts, retirement accounts, etc.  
(For all household members 18 years of age, or older)
- Employment Verification for all household members 18 years of age, or older  
(Form provided on page 17; make additional copies as needed)
- Asset Verification for all asset accounts  
(Form provided on page 18; make additional copies as needed)
- If Applicable: Two (2) months documentation of OTHER INCOME: If any household member receives Social Security, Veteran’s Benefits, Disability, income from pensions, income from IRAs or other retirement accounts, income from unemployment statements, or other income not shown on Paystubs

- Completion of a Home Buyer Education Course is required. If you have, or are currently taking this, please attach your Certificate -or- class schedule with identified upcoming class to be taken.
- PRE-APPROVAL LETTER FROM A MORTGAGE LENDER FOR THE PURCHASE PRICE THAT YOU ARE ELIGIBLE FOR. THIS IS CRITICAL. WITHOUT THIS, YOUR APPLICATION WILL NOT BE INCLUDED IN THE LOTTERY.**

\_\_\_\_\_ YES, I have included a completed and signed application (all 18 pages)

*Discrimination on the basis of race, creed, color, sex, age, disability, marital status, familial status, veteran's status, sexual orientation, national origin, and any other basis prohibited by law is specifically prohibited in the selection of applicants for this housing opportunity. Disabled persons are entitled to request reasonable accommodation of rules, policies, practices, services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing.*

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## **Program Eligibility / Application Certification**

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**Please check the Homeowner Status category that applies to you. To be eligible for this program, you must fit into one of the following categories (additional documentation may be required for verification of status)**

- First-Time Homebuyer**  
(Applicant households must not have had an ownership interest in a residential property for the preceding three (3) years. Applicant households may not have owned a home included in a trust)
- Age Qualified Household**  
(A household in which at least one member is age 55 or over)
- Displaced Homemaker, while a homemaker, owned a home with a partner or resided in a home owned by the partner**  
(Displaced Homemaker: an adult who has not worked full-time for a number of years in the labor force, but has, during such years, worked primarily without remuneration to care for the home and family)
- Single Parent, where the individual owned a home with his/her partner or resided in a home owned by the partner and is a single parent**  
(Is unmarried, or legally separated from a spouse and either has one (1) or more children of whom the individual has custody or joint custody, or is pregnant)
- A household that owned a principal residence not permanently affixed to a permanent foundation in accordance with applicable regulations OR a household that owned a property that was not in compliance with State, local or model building codes and which cannot be brought into compliance for less than the cost of constructing a permanent structure**

**You must be able to obtain a mortgage in order to purchase the home. The mortgage must meet following minimum standards:**

- The loan must have a fixed interest rate through the full term of the mortgage
- The loan must have a current fair market interest rate (no more than 2 percentage points above the current MassHousing rate: [www.masshousing.com](http://www.masshousing.com))
- The loan can have no more than 2 points
- The buyer must provide a down payment of at least 3%, at least half of which must come from the buyer's own funds. The buyer may also apply for up to \$10,000 in down payment and closing cost assistance in addition to the \$175,000
- The buyer may not pay more than 38% of their monthly income for monthly housing costs (inclusive of principle, interest, property taxes, hazard insurance, private mortgage insurance and condominium or homeowner association fees)
- Non-household members shall not be permitted as co-signers of the mortgage
- YES, a pre-approval letter from an approved mortgage lender is attached to this application (REQUIRED)**

**HomeBuyer Education:** Completion is REQUIRED before closing on the property. Classes are offered through the Community Development Partnership: (508) 240-7873 or through the Housing Assistance Corp.: (508) 771-5400

**Income Limit:** Total household annual income must be at or below the 100% Barnstable Median Income Level, as adjusted for family size (see chart below for 2019)

Household Size	1	2	3	4	5	6
Income Limits	\$63,910	\$73,040	\$82,170	\$91,300	\$98,604	\$105,908

**Asset Limit:** Total Household assets cannot exceed \$100,000, with required documentation of such.

**Purchase Price:** The maximum purchase price of a unit is a function of the mortgage amount allowed by the financial institution and the down payment provided, less the Buy-Down award and potentially the Down Payment & Closing Cost assistance.

For example [actual price will vary]:

Market Price	\$400,000
Less down payment [5%]	-20,000
Less Buy-Down assistance:	<u>-175,000</u>
Mortgage amount	\$205,000

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### 3 Steps to HOMEOWNERSHIP

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#### Step 1: APPLY

- Contact an institutional lender familiar with deed restricted homes to obtain pre-approval. It will take a lender about one week to be able to determine if you can obtain a mortgage.

- Collect all the documentation that is required to be submitted with your application (checklist above)
- Submit the complete package: application, documentation, and pre-approval letter from the lender by the deadline of [NO LATER THAN] MONDAY, NOVEMBER 4, 2019, 5:00 pm
- The lottery drawing will be held within about 30 days after the application deadline.

### **Step 2: BE SELECTED BY LOTTERY**

- All eligible applicants will be notified of the time and place of the lottery, and their assigned lottery number
- All numbers will be drawn at the lottery, to which applicants are encouraged, but not required to attend
- 1 applicant will be selected to purchase a home, and the rest of the applicants will be put on an “alternate” list, should the selected applicant not move forward with the purchase of the home

### **Step 3: SELECT YOUR HOUSE**

- Buyers will have 90 days from selection to find a home **in Provincetown** that is priced within the parameters of the program and obtain an accepted offer that is a Purchase & Sale Agreement.
- Have a Home Inspection to determine if the home meets program guidelines
- Obtain financing commitment
- Program fund money will be **paid to the seller** at closing

#### **Don't Forget!**

- **Obtain a pre-approval letter** from a lender that is in accordance with the guidelines stated in this package
- Please return application to Provincetown Housing Office on or before [NO LATER THAN] MONDAY, NOVEMBER 4, 2019, 5:00 pm
- Complete application and return all attachments that apply to your household
- Please send **only copies** of all documentation required, as we **cannot** copy your originals and return them to you
- Applications that do NOT have a pre-approval letter are NOT complete, and will NOT be a part of the lottery

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## Lottery Process

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### **What happens after I submit the complete Application Package?**

A complete Application Package includes the application form, required documentation and pre-approval letter. The Provincetown Housing Office will review this information to determine eligibility to participate in the lottery. If eligible, applicants will receive a registration number by e-mail prior to the date of the lottery. The number of applications received determines how long this process takes. **Only eligible applicants will be entered into the lottery.**

### **What happens after the lottery?**

Applicants who are selected and have the opportunity to purchase a unit, will speak or meet with the Housing Specialist to review your application to verify all the information. Applicants must submit a pre-approval letter before the entry into the lottery. Applicants selected for funding will need to start working with your local lending institution immediately to secure the necessary mortgage commitment. Please be advised that the final income verification will be done within 60 days of the purchase of a unit. Meaning, if a significant time has passed before an applicant locates a house to purchase, income verification will happen again. Any applicant who is over income at that time will not be allowed to participate in the program.

Buyers will be responsible for paying for home inspections and necessary testing. **These can run about \$300-\$600.** If inspections highlight structural, code or rehab issues that would need to be addressed in the first five years of home-ownership (i.e. a roof with 2-3 years more “life” on it), the remedy would have to be worked out so that the affordable buyer did not incur the additional cost. Home inspections should include a lead risk analysis if the home was built prior to 1978. Solutions would include the work being done by the sellers prior to closing, or an escrow account established for the repair (if approved by the buyer’s lender). If the inspection highlights more aesthetic, less structural issues (i.e. floor finishes, cabinet upgrades) the buyer may agree to accept the house in its current condition and may decide to do the work him/herself. The buyer will not be eligible to take on any work that would require a special license or building permit.

**Buyer Contribution:** The home buyer will need to contribute a minimum of 3% of the maximum affordable price: at least 1.5% of the purchase price must be their own funds.

### **LOTTERY DESCRIPTION**

- An application will be available on-line and sent to anyone interested in the Buy Down Program. Notice of the Buy Down Program will be advertised, and communicated widely through local, regional and state channels.
- Applications received will be date stamped, and then checked for completion of all required components. An application will be considered complete when all required items on the checklist have been provided.
- The applicant’s income will be verified and compared to the income and asset limits. The applicant household is required to be within the Area Median Income limits for the Barnstable County Area as published by HUD. This includes all income prior to any deductions from all adult household members.

- Household assets shall not exceed \$100,000 in net cash value. Assets include but are not limited to all cash, cash in savings accounts, checking accounts, certificates of deposit, bonds, stocks, value of real estate holdings and other capital investments. Include the value of the asset, with a deduction for the reasonable cost of selling the asset. The value of necessary personal property (furniture, vehicles) is excluded from asset values.
- Applicants will be notified for incomplete application packages by email and letter.
- Persons who have not submitted all the necessary information by the deadline will waive their rights to proceed. No faxed applications will be accepted. Late applications (applications mailed and/or received after the due date) and applications that are incomplete will not be accepted.
- All applicants will be screened for eligibility. Applicants who have been deemed ineligible will be notified in writing of the decision
- Once the Lottery Agent has preliminarily verified the information contained in the application and confirmed eligibility, a lottery number or numbers and lottery form will be issued, and the applicant will move forward to the lottery.
- A letter will be emailed or mailed to each applicant indicating the following information: You have been deemed (eligible/ineligible) based upon the information provided. Enclosed is your lottery number. You must contact the lottery agent in writing if you disagree with the determination you have qualified for. Failure to contact the lottery agent in writing will result in the waiving of your rights for further review.
- The lottery numbers will be pulled by an independent third party and witnessed by representatives of the Town of Provincetown in a public setting. All lottery numbers from the general pool will be assigned a number in the sequence in which they are drawn and recorded in the order of selection on the Lottery Drawing List. The appropriate top number will move forward for consideration for offering of the Buy Down assistance. Appropriate is defined by appropriate household size and the maximum/minimum income levels for the unit. The list of numbers drawn will be posted and letters will be mailed or emailed within to the winners.
- The eligible buyer will have 90 days to find a property in Provincetown to purchase and execute a Purchase & Sale agreement. If the buyer is unable to find such a property within the 90 day timeframe, the opportunity will be offered to the next eligible buyer on the list.
- The lottery coordinator shall maintain the Lottery Drawing List. In the event that any of the applicants withdraw for any reason, or do not comply with guidelines, the next appropriate qualified applicant will be offered the Buy Down assistance.
- Final qualification against all requirements will be verified before assistance is offered.
- The Fair Housing Act prohibits discrimination in housing because of Race or Color, National origin, Religion, Sex, Familial status (including children under the age of 18 living with parents or legal custodians; pregnant women and people securing custody of children under 18. An applicant who believes that they have been discriminated against in the selection process may contact: the Massachusetts Commission Against Discrimination (617) 994-6000; and/or the United States Department of Housing and Urban Development (617) 994-8300.

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## Certification

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- 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 an incomplete or untruthful application will result in disqualification from further consideration.

- I/We understand that being selected does not guarantee that I/We will be able to purchase the affordable unit. I/We understand that all application data will be verified and my qualifications will be reviewed in detail.
- I/We understand it is my/our obligation to secure the necessary mortgage for the purchase of the affordable unit and all expenses, including closing costs and down payments, are my/our responsibility (only applicable to homeownership programs)
- I/We fully authorize the Marketing/Lottery Agent to verify any and all income sources, income amounts, assets, financial information, resident location and workplace information.
- I/We understand that if I/We and/or a family member has a financial interest in the Buy-Down Program that I/We will not be eligible for an affordable unit in that development. Family Member is defined as a parent, son/daughter, an uncle/aunt, a niece/nephew, a grandparent, a grandchild, and/or a sibling.
- No household member may own a home, including a home in a trust.

Applicants determined ineligible will be notified, given an opportunity to discuss the reasons for the ineligible determination, and given the opportunity to submit additional information that may affect a new determination.

\_\_\_\_\_  
Name of Applicant

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Co-Applicant

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

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## Summary of Deed Rider

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An Affordable Housing Deed Rider will be placed on the affordable home in perpetuity to ensure the permanent affordability of the home. The buyer will be required to sign this deed rider, and the deed rider will be recorded at the Barnstable Registry of Deeds. **The deed rider is a legally binding document. It is strongly recommended that purchasers of a deed restricted affordable home review the deed rider with their attorney and lender prior to the closing of the property.**

- The deed rider restricts the resale price and limits equity gained in the property.
- A deed restricted affordable home must be resold at an affordable price to another eligible buyer who must also sign the deed rider. Owners of a deed restricted affordable home must notify the Town of Provincetown in writing of their intention to sell or convey the home. The resale price is set by the Town of Provincetown in accordance with the deed rider.
- Owners of a deed-restricted affordable home cannot rent, lease, refinance or encumber the home without the prior written consent of the Town of Provincetown.
- The home shall be occupied and used by the owner's household exclusively as his, her or their principle residence.

### Statement of Understanding:

I/We have read the Summary of Deed Rider for this project and understand the restrictions required by it.

I/We understand that, if selected by lottery to purchase the affordable home, a full copy of the Deed Rider will be provided to me/us and will be attached to the Purchase and Sales Agreement.

I/We understand that the buyer of the affordable unit, selected by lottery, will be required to execute the Deed Rider at the time of purchase.

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Applicant Signature

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Date

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Co-Applicant Signature

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Date

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## Definitions: Income

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**Income Limit:** Total household annual income must be at or below the 100% Barnstable Median Income Level, as adjusted for family size (see chart below for 2019)

Household Size	1	2	3	4	5	6
Income Limits	\$63,910	\$73,040	\$82,170	\$91,300	\$98,604	\$105,908

**Asset Limit:** Total Household assets cannot exceed \$100,000. (details on following page)

**Annual Household Gross Income:** All amounts which go to or on behalf of all current adult household members for the 12-month period following application. Annual income includes, but is not limited to the following, with certain detailed exemptions (see 24 CFR 5.609)

- The full amount, before ANY payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips, and bonuses, and other compensation for personal services.
- Net income from the operation of a business or profession
- Interest, dividends, and other net income of any kind from real or personal property.
- Payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of period receipts.
- Payments in lieu of earnings such as unemployment and disability compensation, worker's compensation and severance pay.
- Welfare assistance payments.
- Alimony and child support.
- Regular pay, special pay, and allowances of a member of the Armed Forces.

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## Definitions: Assets

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**Household Assets:** Include the following

- Cash in savings accounts, checking accounts and safety deposit boxes, etc., certificates of deposit, bonds, stocks, treasury bills, mutual funds and money market accounts.
- Revocable trusts.
- Equity in rental property or other capital investments.
- Retirement plans are included when the holder has access to the funds, even though a penalty may be assessed. Retirement funds are NOT included if amounts can only be withdrawn if upon termination of employment or retirement.
- Cash value of life insurance policies available to the applicant before death.
- Personal property held as an investment (this includes gems, jewelry, coin collections, or antique cars held as investments; personal jewelry is NOT considered an asset)
- Lump sum receipts or one-time receipts. (i.e. inheritance, capital gains, one-time lottery winnings, victim's restitution, settlements on insurance claims (including health and accident insurance, worker's compensation, and personal or property losses), and any other amounts that are not intended as periodic payments.
- A mortgage or deed of trust held by an applicant.

**Household Assets DO NOT include the following:**

- Personal property (clothing, furniture, cars, wedding ring and other jewelry that is not held as an investment, vehicles specially equipped for persons with disabilities)
- Term life insurance policies (i.e. where there is no cash value)
- Equity in the cooperative unit in which the applicant lives.
- Assets that are part of an active business. Business DOES NOT include rental of properties that are held as investments unless such properties are the applicant's main source of income.
- Assets that are not effectively owned by the applicant.

**Assets disposed of for less than fair market value:**

Applicants must declare whether an asset has been disposed of for less than fair market value during the two years preceding application. If an asset has been disposed of for less than fair market value, the amount counted as an asset is the difference between the cash value and the amount actually received.

## Household, Income and Asset Information

### Applicant/Co-applicant Information

Today's Date \_\_\_\_\_

This application is to be filled out jointly by ALL Adult Members of Household, 18 years old and over. If there are more than two adult members of household who are not full-time students, please add an additional page with information if needed.

**Applicant #1** \_\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Other Name(s) You Have Used \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Current Address \_\_\_\_\_ phone \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

E-mail address \_\_\_\_\_ Length of Time at Present address \_\_\_\_\_

**Applicant #2** \_\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Other Name(s) You Have Used \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Current Address \_\_\_\_\_ phone \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

E-mail address \_\_\_\_\_ Length of Time at Present address \_\_\_\_\_

**How many people in your household (include everybody: all adults, all children)?** \_\_\_\_\_

**List all other people who are expected to reside in the unit:**

Name	Social Security #	Age	Relationship to Head of Household	Full Time Student y/n

Are any of the above listed household members full time students?  YES  NO

If yes, please list below (for students 18 years or over, documentation of enrollment will be required)

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## Down Payment & Closing Cost Program:

The Town of Provincetown, through its Community Preservation Fund, offers up to \$10,000 for each eligible buyer to put towards down payment and closing costs for the purchase of an eligible affordable unit. It is intended to assist year-round residents qualifying at the 100% AMI [Area Median Income], or less, income level who can afford monthly mortgage payments yet may not have enough money to pay the initial home purchase down payment and closing costs. The loan is considered a "deferred payment loan;" it is interest free; and only must be paid back if property is sold or transferred within 10 years.

**YES**, I am interested in participating in the Down Payment & Closing Cost Assistance Program

**ANNUAL HOUSEHOLD INCOME INFORMATION:** *Gross Annual Income is income from all sources, including all wages and salaries (prior to deductions), overtime pay, commissions, tips, fees and bonuses, and other compensation for personal services, net business income, interest/dividend income, Social Security, Supplemental Security Income, pension payments, disability income, unemployment compensation, alimony/child support, and veteran's benefits, for all adult household members over the age of 18, unless the member is a full-time student.*

*Self-Employed (those reporting income on a Federal Tax Form, Schedule C) should also include year-to-date Profit and Loss Statement for the business activity.*

**Annual Income (Applicant): Gross Income for the past 12 months: \$** \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Your Job Position: \_\_\_\_\_

Wages BEFORE Taxes and Withholding:

\$ \_\_\_\_\_ (hourly) -OR- \$ \_\_\_\_\_ (weekly) -OR- \$ \_\_\_\_\_ (other: please specify \_\_\_\_\_)

Additional Income from other sources (such as Social Security, Alimony, Child Support, Unemployment, Disability, Workers' Compensation, etc.):

Source: \_\_\_\_\_ Income per month: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Income per month: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Income per month: \$ \_\_\_\_\_

**Annual Income (Co-Applicant): Gross Income for the past 12 months: \$ \_\_\_\_\_**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Your Job Position: \_\_\_\_\_

Wages BEFORE Taxes and Withholding:

\$ \_\_\_\_\_ (hourly) -OR- \$ \_\_\_\_\_ (weekly) -OR- \$ \_\_\_\_\_ (other: please specify \_\_\_\_\_)

Additional Income from other sources (such as Social Security, Alimony, Child Support, Unemployment, Disability, Workers' Compensation, etc.):

Source: \_\_\_\_\_ Income per month: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Income per month: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Income per month: \$ \_\_\_\_\_

***Note: If any other adult household members have income, or if a household member has more sources of income than there is space for above, please attach a separate sheet of paper with their income information as described above***

**Household Asset Information:** Assets to be included: cash, savings and checking accounts, stocks, bonds, and other forms of capital investments, real estate and retirement accounts. Do not include the value of personal property such as furniture and automobiles.

Name on Account: \_\_\_\_\_

Bank Name and Address: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_ Balance: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Balance: \_\_\_\_\_

Other (e.g. Certificate of Deposit) Account Number: \_\_\_\_\_ Balance: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Bank Name and Address: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_ Balance: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Balance: \_\_\_\_\_  
Other (e.g. Certificate of Deposit) Account Number: \_\_\_\_\_ Balance: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Bank Name and Address: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_ Balance: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Balance: \_\_\_\_\_

Other (e.g. Certificate of Deposit) Account Number: \_\_\_\_\_ Balance: \_\_\_\_\_

Cash: \_\_\_\_\_

Stock/Bonds – Description: \_\_\_\_\_ Value: \_\_\_\_\_

Real Estate – Description: \_\_\_\_\_ Value: \_\_\_\_\_

Retirement Account – Description: \_\_\_\_\_ Value: \_\_\_\_\_

**Total Household Assets: \$** \_\_\_\_\_

*Note: If any other household members have assets from additional sources, please attach a separate sheet of paper for each with their asset information as described above.*

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## Affirmative Marketing

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### **Affirmative Marketing:**

Please complete the following section to assist us in fulfilling affirmative marketing requirements. The following section is optional.

#### **Household Race:**

- Caucasian
- African American/Black
- Asian/ Pacific Islander/ Native Hawaiian
- Native American/ Alaskan Native
- Other

#### **Ethnic Classification:**

- Hispanic/ Latino



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## General Authorization for Release of Information

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Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I/We, the above named individual(s), authorize the Marketing/Lottery Agent to verify the accuracy of the information which I/We have provided or to secure information from the following sources:

Employer	Banks and Credit Bureaus	Social Security
Retirement & Pensions Systems	Department of Public Welfare	Department of Employment Security
Veteran's Administration	Payer of Child Support	Trust Administrators
Insurance Companies	Criminal History Systems Board	

Other: \_\_\_\_\_

*I/We hereby give permission to release this information to authorize the Marketing/Lottery Agent subject to the condition that it be kept confidential. I/We would appreciate your prompt attention in supplying the information requested on the attached page within five (5) days of receipt of this request. I/We understand that a photocopy of this authorization is as valid as the original. This authorization is valid for a period of one year from the date noted below. Thank you for your assistance and cooperation in this matter.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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## Verification of Employment

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Take this page out of the application, fill out Part I & Part II, have your employer fill out Part III, and then re-insert into the application. If you have more than one employer, or have more than one household member with employers, please make multiple copies. We need this Verification of Employment Form for each and every job held by a household member.

### Part I: Applicant Information (to be completed by Applicant)

Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

### Part II: Employer Information (to be completed by Applicant)

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

### Part III: (Employment Information (to be completed by Employer))

Date of Employment: \_\_\_\_\_ Position/Occupation: \_\_\_\_\_ Date of Termination (if applicable): \_\_\_\_\_

Current Rate of Regular Pay: \$ \_\_\_\_\_ per Hour, Week, Month, Year (please circle one)

Current Rate of Overtime Pay: \$ \_\_\_\_\_ per Hour, Week, Month, Year (please circle one)

Gross Income for the last eight (8) weeks: \_\_\_\_\_

Do you anticipate any change in employee rate of pay in the near future?  YES  NO

If YES - Revised Rate: \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_

Number of hours employee typically works Per Week: \_\_\_\_\_ Per Year: \_\_\_\_\_

Do you anticipate any change in the number of hours the employee works?  YES  NO

If YES - Please Explain: \_\_\_\_\_

Anticipated average amount of overtime per week: \_\_\_\_\_

Gross Annual Earnings you anticipate for this employee for the next twelve (12) months: \$ \_\_\_\_\_

Does the employee receive tips, bonuses, overtime, commissions?  YES  NO

If YES - Please indicate annual: Tips: \$ \_\_\_\_\_ Bonuses: \$ \_\_\_\_\_ Overtime: \$ \_\_\_\_\_ Commissions: \$ \_\_\_\_\_

If the employee's work is seasonal / sporadic, indicate lay-off periods: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Completed by: (Name & Title) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Verification of Assets

Program regulations require verification of all assets on deposit for all members of the household applying for participation in the community housing program. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and/or level of benefit of the applicant household. Your prompt return of the requested information is appreciated. Please either use the grid below, or you may attach a letter on company letterhead detailing the information.

### Applicant Information (to be completed by Applicant)

Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

**RELEASE:** I hereby authorize the release of the requested information:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	Account Number	Current Balance	Average Monthly Balance for Last 6 Months	Current Interest Rate	Withdrawal Penalty and/or Limitations on Withdrawal
Checking/Savings					
Checking/Savings					
Money Market					
Certificates of Deposit					
Retirement (IRA, KEOGH, 401(k), etc.)					