

# Lottery Application

## Affordable Units at The Bradford

### Belmont, MA

#### Lottery Applications must be completed and received by 2 pm TBD, 2019.

Lottery Applications postmarked by the deadline must be received no later than 5 business days from the deadline.

#### MAXIMUM Household Income Limits:

\$56,800 (1 person), \$64,900 (2 people), \$73,000 (3 people), \$81,100 (4 people)

Rents are \$tbd \* (Studio), \$tbd \* (1 BR) and \$tbd \* (2BR). Tenants will pay own Gas and Electricity (Heat, Hot Water and Cooking are all Gas). Property pays for Water and Sewer. *\*Rents for the units available in 2019 are subject to change. If the AMI increases or the utility allowances decrease, the rent may increase as further described in the Regulatory Agreement.*

Households must make approximately \$tbd to lease a Studio unit, \$tbd to lease a 1BR unit and \$tbd to lease a 2BR unit (please read the Information Packet for more details). **\*\**(rents and minimum incomes, which are a function of rents, will be updated prior to marketing with current up-to-date rents)***

This is not subsidized housing. Rents do not change based on applicant's income and tenants will be responsible for paying the full rent themselves. Applicants with Section 8/Housing Choice Vouchers should contact their local housing authorities before applying. **Please read the Information Packet for more details.**

First Affordable Units are planned for occupancy in Spring 2019.

#### Directions:

**Lottery Applications must be completed and delivered by the date at the top of this page. This lottery application must be filled out entirely in order for it to be processed. Every space given to initial must be initialed, even if you answer "N/A". If a question does not apply to you, check "N/A". LEAVE NOTHING BLANK. Send or drop off all lottery applications by the date above to:**

SEB Housing  
Re: The Bradford  
257 Hillside Ave  
Needham, MA 02494  
Fax: 617.782.4500  
Phone: 617.782.6900  
Email: [info@sebhousing.com](mailto:info@sebhousing.com)

*If faxing or scanning, be sure to transmit both sides of double sided pages*

**Households needing help in completing this Lottery Application can go to TBD on TBD at TBD-TBD pm. Additional assistance will also be provided on TBD on TBD and TBD pm.**

This development does not discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.





**The Bradford.** Please provide all the following contact information for the Head of Household:

Applicant's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_\_) \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

Email address (if available): \_\_\_\_\_ @ \_\_\_\_\_

*Please note: Providing your email should facilitate the process of completing your lottery application as you will be notified of missing documentation faster than if we can only send notifications via postal mail. If you do not provide your email address or do not have an email address, we will contact you via postal mail. We will not contact you about future lotteries unless requested.*

**Bedroom Size Information:** For which bedroom size are you applying (you can select more than one)

- ☐ Studio  
☐ 1 bedroom  
☐ 2 bedroom

**Do you currently receive or do you have a Section 8/Housing Choice voucher or certificate?** (The Lottery Agent does not discriminate based on source of income. This question is asked for the sole purpose of determining ability to pay rent.)

☐ Yes ☐ No

Please fill out the chart below for everyone who will be occupying the unit:

NAME A.	AGE B.	HEAD OF HOUSEHOLD OR OCCUPANT C.	RELATIONSHIP TO APPLICANT LISTED AT THE TOP OF THIS PAGE D.

I certify that my Household Size is (total number of entries in column A) \_\_\_\_\_.

Initial(s): \_\_\_\_\_

Initial(s): \_\_\_\_\_

**HOUSEHOLD TYPE** (please check one, read the Information Packet for more details):

Type II

- ☐ 4 person household: all types
- ☐ 3 person household: all types
- ☐ 2 person household: 2 heads-of-household *who cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health*
- ☐ 2 person household: 1 head-of-household plus one member

Type I

- ☐ 2 person household: 2 heads-of-household
- ☐ 1 person household: all types

**LOCAL PREFERENCE INFORMATION**

**Do you or any member of your household qualify for Local Preference?** An applicant qualifies for local preference if the applicant or a member of their household fit into one of the following categories (A) a current resident of Belmont, (B) employee of the Town of Belmont, (C) employee of businesses located in Belmont or (D) a parent or guardian with children attending the Belmont Public Schools (including METCO students)

- ☐ Yes
- ☐ No

**If you answered "Yes" for Local Preference you will need to attach the documentation specified below AFTER THE LOTTERY:**

If qualifying under definition (A) as detailed above: I have submitted a Copy of two (2) utility bills 1 from each utility company in my name dated within the last 60 days, e.g., (1) electric, (1) oil, (1) cable, (1) gas, or (1) telephone **landline (not cell phone)**. If utility bills cannot be provided the following documentation **must** be provided: current signed lease AND **TBD (Town still deciding)**.

If qualifying under definition (B) as detailed above: I have submitted copies of pay-stubs **AND IF THE PAY STUBS DO NOT SHOW THE ADDRESS OF THE JOB** I have submitted a **signed statement** from my employer on company letterhead the states the address of the job and the employee's name.

If qualifying under definition (C) as detailed above: I have submitted copies of pay-stubs **AND IF THE PAY STUBS DO NOT SHOW THE ADDRESS OF THE JOB** I have submitted a **signed statement** from my employer on company letterhead the states the address of the job and the employee's name.

If qualifying under definition (D) as detailed above: I have submitted copies of Belmont school transcripts AND proof of relation to the student (by birth certificate or legal guardianship or divorce decree)

## **DISABLED-ACCESSIBLE PREFERENCE INFORMATION**

**Are you, or any member of your household, in need of an accessible unit?** This is defined as persons with a physical disability that meet standards established by the Department of Housing and Community Development and state laws for disabled accessible housing and who needs the features of a disabled-accessible unit.

☐ Yes

☐ No

## **REASONABLE ACCOMMODATION**

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing.

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you?

☐ Yes

☐ No

**If yes, please explain in the space provided here or write a signed statement and attach it:**

## **RACE: (OPTIONAL)**

You are requested to complete the following optional section in order to assist in determining preference. Completing this section may qualify you for additional lottery pools. (Please check all boxes that apply):

☐ Alaskan Native and Native American

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ Hispanic or Latino

☐ White (not of Hispanic origin)

☐ Other (please specify) \_\_\_\_\_

## **RELATED PARTY**

Is any member of the household related to or employed by the developer or related to or employed by the Property Management Company?

☐ Yes

☐ No

**If yes, please explain the relationship in the space provided here:**

## DATABASE INFORMATION

How did you find out about this affordable housing opportunity?  
(please be as specific as possible, if found "online" please provide web address)

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## INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE

Please complete the Income Table on the following two pages. At the point of Affordable Housing Certification, you will be asked to attach supporting documentation in the form of the **five most recent consecutive pay stubs and/or income statements for all sources of income, W-2 statements** and the **most recent federal income tax returns** (including all attachments and amendments) for each member of the household.

For the purpose of **income determination**, "**Household**" shall mean all persons whose names appear on the lease, and also all persons who intend to occupy the housing unit as their permanent primary residence, even if they are not included on the lease. **So you must include the names and income information for EVERYONE who will be living in the unit or listing the unit as their permanent primary residence.**

If you are still legally married, at Affordable Housing Certification, you must have proof that you have filed for separation, otherwise your spouse shall be considered part of your household. The incomes of *all* your household members will be included, with the exception of income from employment for household members under the age of 18 or any income over \$480/year of full-time students who are dependents (but please note that documentation of income for those dependents still needs to be supplied).

### **Please note:**

1. Gross income from current wages, salaries, tips, etc. is the full amount, before any deductions, and is the amount used to determine estimated current annualized income.
2. If anyone who will be living in the unit is self-employed - you need to include the contract or job name in the space provided. You will be directed to all the additional documentation you will need to submit in **Section 2**.
3. "Interest Income" refers to any amount that you receive from any asset except for amounts drawn down from a retirement account or 401K as those go on the lines for "pension" or "retirement funds".

# INCOME

Household Member Name	Source of Income	Current GROSS Monthly Income
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Child Support/Alimony	
	Child Support/Alimony	
	Social Security Income	
	Social Security Income	
	Social Security Income	
	Social Security Income	
	SSDI	
	SSDI	
	Pension (list source)	
	Pension (list source)	
	Retirement Funds	

Household Member Name	Source of Income	Current GROSS Monthly Income
	Unemployment Compensation	
	Workman's Compensation	
	Severance Pay	
	Title IV/TANF	
	Full-Time Student Income (18 & Over Only)	
	Full-Time Student Income (18 & Over Only)	
	Periodic payments from family/friends & Recurring Gifts <i>(i.e. rent assistance from family)</i>	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Other Income (name/source)	
	Other Income (name/source)	
	Gross Monthly Household Income (GMHI)	\$ /month
<b>GMHI x 12 =</b> Gross Annual Household Income      \$ /year		



## ASSETS

If a section doesn't apply, cross out or write NA. If any household member has divested themselves of an asset for less than full and fair present cash value of the asset within two years prior to this lottery application, the full and fair cash value of the asset at the time of its disposition must be listed below.

	Bank Name	Last 4 Digits of Acct Number	Amount	
<b>Checking Accounts</b>			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
<b>Savings Accounts</b>			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
<b>Venmo/Paypal/ Cash-Apps</b>			Balance \$	
			Balance \$	
<b>Trust Account</b>			Balance \$	
<b>Certificates (or CDs)</b>			Balance \$	
			Balance \$	
			Balance \$	
<b>Savings Bonds</b>	Maturity Date:		Value \$	
	Maturity Date:		Value \$	
<b>401k, IRA, Retirement Accounts (Net Cash Value)</b>	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
<b>Mutual Funds</b>	Name:	# of Shares:	Interest/ Dividends	Value
			\$	\$
			\$	\$
			\$	\$
<b>Stocks</b>			\$	\$
			\$	\$
			\$	\$
<b>Bonds</b>			\$	\$
			\$	\$
<b>Investment Property</b>			Appraised Value \$	

## REAL ESTATE

Do you, or anyone on this lottery application, own any property or have owned property in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or anyone on this lottery application, entitled to receive any amount of money from the sale of any property? (currently or through an upcoming court settlement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to either question, type of property:</i>	
Location of property:	\$
Appraised Market Value:	\$
Mortgage or outstanding loans balance due:	\$

**You must now read, sign and date the  
following page.**

**Please read each item below carefully before you sign.**

1. I hereby declare under pain and penalty of perjury that the information provided on every page of this lottery application is true and correct. I understand that if any sources of income or assets are not disclosed on this lottery application, or any information provided herein is not true and accurate, this lottery application may be removed immediately from further consideration and I will no longer be allowed to reserve a unit.
2. I understand that this lottery application will be incomplete if I do not sign and date this page and initial at all indicated points in this application and that the failure to timely and/or fully supply information in accordance with this lottery application may result in the the denial of my lottery application and loss of position on all Waiting Lists.
3. The undersigned certify that none of the people listed in this lottery application, or their families, have a financial interest in the development and none of the people listed in this lottery application can be considered a Related Party by the affordable housing guidelines that govern this property.
4. The undersigned certify that the affordable unit will be undersigned's principal residence and the undersigned cannot own a home elsewhere or in trust while living in an affordable unit.
5. I understand that while previous years' tax transcripts and documentation are required, SEB Housing LLC does not use income reported on the previous years' tax documentation to calculate current annualized income.
6. I understand that the lease or residency agreement for the units to be occupied through this affordable housing program may be subject to cancellation if any of the information above is not true and accurate.
7. I understand that this is a preliminary lottery application and the information provided **does not** guarantee housing. I also understand this is not the lease application used by the management company where the management company (not SEB Housing) will use criteria such credit score, tenant history and criminal background screening (in addition to affordable housing eligibility) to determine eligibility for an affordable unit. I understand that if given the opportunity to move forward in the process of leasing an affordable unit, and by given deadlines, I will need to complete Program Certification and I will need to be able to submit all required income, asset, tax and if applicable, local preference, and/or mobility/vision-impairment documentation within 15 days of reserving a unit and failure to submit the required documentation in time, or to meet any other deadlines given by SEB or the management company, will result in my removal from the Waiting List.
8. I understand that any material change in the income or assets of my household that occurs after the submission of this lottery application may make me ineligible for affordable housing. I understand that any changes to income or assets that may put my household into another income tier must be reported to SEB Housing.
9. Co-signers and Guarantors **are not** permitted unless they are co-tenants who will reside in the unit.
10. I acknowledge that if my email address is provided in this lottery application, SEB Housing will correspond with me by email instead of postal mail unless I make a written request otherwise. I understand that any changes to my contact information or household composition must be reported to SEB Housing.
11. I acknowledge that the determination of eligibility by SEB Housing is based upon the guidelines that govern the Affordable Housing Program for the development and, as such, barring any confirmed error by SEB Housing in applying the guidelines and/or calculating income, the decision is final and I further agree to hold harmless SEB Housing from any claim(s) related to this lottery application.
12. The undersigned give consent to the Town of Belmont, SEB Housing, LLC, DHCD and The Bradford or their assigns to verify the information provided in this lottery application. The undersigned authorize the release of information necessary in determining income and assets from third-party references.

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Applicant's Signature

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Date

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Applicant's Signature

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Date

For Questions contact [info@sebhousing.com](mailto:info@sebhousing.com) or (617) 782-6900

