



The Enclave an Over 55 Community, Norfolk, MA 02056

Affirmative Fair Housing Marketing Plan

Norfolk, MA

Ten Affordable Homeownership Opportunities

The Enclave Application Checklist

Before submitting this application, please make sure you have filled out all pages and attached the requested documentation. IN ADDITION to completing and signing this application packet (all 12 pages, including the Signed Summary of Deed Rider / Statement of Understanding and Signed Eligibility Requirements), you will need to attach the following documentation. PLEASE make photocopies – do not attach originals!

- THREE most recent years Federal Tax Income Taxes
(for all household members 18 yrs or older; PLEASE MAKE SURE COPIES ARE SIGNED)
Three years years of W-2's
- Most recent five Paystubs
(for all household members 18 yrs or older)
- Most recent three months of Bank Accounts/Asset Accounts - checking, savings, investment accounts, retirement accounts, etc. - (for all household members 18 yrs or older)
- Employment Verification for all household members 18 yrs or older (form provided on page 12 – make additional copies as needed)
- Asset Verification for all asset accounts (form provided on page 13 – make additional copies as needed)
- Documentation of OTHER INCOME: if any household member receives Social Security, Veteran's Benefits, Disability, income from pensions, income from IRAs or other retirements accounts, income from unemployment statements, or other income not shown on paystubs, include two months of documentation.
- Home Buyer Education Certificate attached -or- class schedule with class to be taken noted
- AN APPROVAL LETTER FROM A MORTGAGE LENDER WITHOUT THIS YOUR APPLICATION WILL NOT BE INCLUDED IN THE LOTTERY.**

___ YES, I have included a complete and signed application (13 pages)

Discrimination on the basis of race, creed, color, sex, age, disability, marital status, familial status, veteran's status, sexual orientation, and/or national origin, or any other basis prohibited by law is specifically prohibited in the selection of applicants for this housing opportunity. Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or 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.



Program Eligibility/Application Certification

Please check the **Home Owner Status** category that applies. To be eligible for this program you must fit into one of these 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 3 years)
- Age Qualified Household (a household in which at least one member is age 55 or over)
- Displaced Homemaker, where the displaced homemaker (an adult who has not worked full-time, full-year in the labor force for a number of years but has, during such years, worked primarily without remuneration to care for the home and family), while a homemaker, owned a home with his or her partner or resided in a home owned by the partner;
- Single Parents, where the individual owned a home with his or 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 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. You must secure a firm mortgage commitment within 30 days of notification of selection. The mortgage must meet the following minimum standards:

- The loan must have a 30-year 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 Mass Housing rate; (617) 854-1000 or 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 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, an approval letter from a mortgage lender is attached to this application (REQUIRED)**

Documents required to determine that a household is an income eligible household shall be updated to be current within 60 days of the closing date in accordance with LIP Guidelines (VI-5.a(2)).



Income Limit: Total household annual income must be at/below the 80% Cambridge, Boston Median Income Level, as adjusted for family size. See chart below.

2020 Boston Area MSA Income Limits; see www.huduser.org						
Household size	1 person	2 person	3 person	4 person	5 person	6 person
80% Income Limits	\$70,750	\$80,850	\$90,950	\$101,050	\$109,150	\$117,250

Asset Limit: Total Household assets cannot exceed \$275,000.

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 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 development that I/we will not be eligible for an affordable unit in that development. Family member is defined as a parent, a son/daughter, an uncle/aunt, a niece/nephew, a grandparent, a grandchild and/or a sibling.

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

Signature

Date

Name of Co-applicant

Signature

Date



Summary of Deed Rider

The Mass Housing Universal 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 Norfolk 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.**

- 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 or, if no eligible buyer is found, to an ineligible buyer who must also sign the deed rider. Owners of a deed restricted affordable home must notify the Town of Yarmouth and the Monitoring Agent in writing of their intention to sell or convey the home. The resale price is set by the Monitoring Agent per the deed rider.
- Owners of a deed restricted affordable home must notify the Monitoring Agent and get pre-approval to make capital improvements to the home.
- Owners of a deed restricted affordable home cannot rent, lease, refinance or encumber the home without the prior written consent of the Monitoring Agent.
- The home shall be occupied and used by the owner's household exclusively as his, her or their principal residence.

The Monitoring Agent for this project is: LDS CONSULTING GROUP, LLC 233 NEEDHAM STREET, NEWTON, MA 02464 (617) 454-1144 INFO@LDSCONSULTINGGROUP.COM

A copy of the Deed Rider for this project is available for review from the Marketing/Lottery Agent.

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 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.

Applicant Signature

Date

Co-Applicant Signature

Date



Household, Income and Asset Information

How many people in your household (include everybody; all adults, all children)? _____
Which unit size/style are you applying for _____ (size/price)

Applicant Name (this is you) _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

E-mail Address: _____

Telephone:(Day): _____ (Evening): _____

Employer's Name: _____ Town: _____

Co-Applicant (this is any other adult in the household)

Address: _____

City/Town: _____ State: _____ Zip Code: _____

E-mail Address: _____

Telephone: (Day): _____ (Evening): _____

Employer's Name: _____ Town: _____



List all household members including yourself (anyone who will live in the house, any age):

Name Date of Birth Soc. Sec. # Relationship to Applicant

Are any of the above listed household members full time students? YES NO
If yes, please list below (for students 18 years old or over, documentation of enrollment will be required).

Are any of the above listed household members divorced? YES NO
If yes, please list below and include documentation of child/ support and/or spousal support, or documentation that the household member is not receiving child support and/or spousal support



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 veterans' benefits, for all adult household members over the age of 18, unless the member is a full-time student.*

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

Employer Name: _____

Employer Address: _____

Employer Phone: _____ Job Position: _____

Wages BEFORE Taxes and Withholding:

\$ _____ (hourly -or- \$ _____ (weekly) -or- \$ _____ (other – 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: \$ _____

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

Employer Name: _____

Employer Address: _____

Employer Phone: _____ Job Position: _____

Wages BEFORE Taxes and Withholdings:

\$ _____ (hourly -or- \$ _____ (weekly) -or- \$ _____ (other – 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: \$ _____

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 include: cash, savings and checking accounts, stocks, bonds and other forms of capital investment, 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: _____

Stocks/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.



Preferences and Affirmative Marketing

Local Preference Category Information:

Applicants are requested to provide information relative to the following for inclusion in the Local Preference pool.

- YES NO Current residents of the Town of Norfolk: Please provide documentation of residency, such as rent receipts, utility bills, street listing or voter registration listing.
- YES NO Norfolk Municipal Employees: Employees of the Town of Norfolk teachers, janitors, firefighters, police officers, librarians, or town hall employees. Please provide documentation of employment (pay stubs, employment contract, etc).
- YES NO Employees of Local Businesses: Employees of businesses located in the Town of Norfolk Please provide documentation of employment (pay stubs, employment contract, etc).
- YES NO Households with children attending public schools in the Town of Norfolk/King Philip Middle/High School. Please provide

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

Ethnic Classification:

- Hispanic/Latino



General Authorization for Release of Information

Name: _____

Address _____

Address _____

Social Security Number: _____

Date of Birth: _____

Name: _____

Address _____

Address _____

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 | Payor 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



Verification of Employment

☞ 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 an employer or employers, please make multiple copies. We need a 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)

1. Date of Employment _____ Position/Occupation _____
2. Date of Termination (if applicable) _____
3. Current Rate of Regular Pay \$ _____ per hour, week, month or year (circle one)
4. Current Rate of Overtime Pay \$ _____ per hour, week, month or year (circle one)
5. Gross income for the last 8 weeks \$ _____.
6. Do you anticipate any change in the employee rate of pay in the near future? Yes _____ No _____ If yes:
Revised Rate \$ _____ Effective Date: _____
7. Number of hours employee typically works per week: _____ Weeks per year: _____
8. Do you anticipate any change in the number of hours the employee works? Yes _____ No _____ If yes,
please explain _____
9. Anticipated average amount of overtime per week _____
10. Gross annual earnings you anticipate for this employee for the next 12 months \$ _____
11. Does the employee receive tips, bonuses, overtime, commissions? Yes _____ No _____ Please indicate
annual tips \$ _____ Bonuses: \$ _____ Overtime \$ _____ Commissions \$ _____
12. If the employee's work is seasonal or sporadic, indicate lay-off periods _____
13. Additional Comments: _____

Completed By (signature): _____ Date: _____

Name and Title: _____



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.

PART I. APPLICANT INFORMATION (To be completed by Applicant)

Applicant: _____

Applicant Address: _____

Phone: _____ SSN: _____

RELEASE: I hereby authorize the release of the requested information

Signature: _____

PART II. ASSET INFORMATION (To be completed by Bank or other holder of Deposits)

	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)					

Signature of Authorized Representative _____

Title: _____ Date: _____ Telephone: _____

