

## Application

Linden Square Apartments  
170 Linden Street  
5, 5A & 7 Oak Street  
Wellesley, MA

Maximum household income limit (see information packet for more details)  
\$43,300 (1 person), \$52,950 (2 people), \$59,550 (3 people), \$66,150 (4 people).

Rents are \$1126 for the one 1-bedroom and \$1351 for the six 2-bedroom units. All rents include utilities.

The following application must be filled out in its entirety for your application to be processed. If a question does not apply to you write, N/A or cross it out. Leave nothing blank.

You must include all income and asset documentation with this application.

Applications must be postmarked by Wednesday, June 25, 2008.

Send all applications to:

Housing Options, Inc.  
20 Ledyard Street  
Wellesley, MA 02481

For questions, call:

Steve Burt  
781-235-4120



## Income

All income must be itemized to create a gross yearly household income. This includes all work related income either from an employer or self-employed income; child support/alimony; periodic payments from family/friends (see information packet); Social Security; unemployment compensation; workman's compensation; severance pay; pension/retirement funds; interest income or any other income source.

If your itemized income is greater than allowed under this program, explain why it may change over the next 12 months. All such claims must be supported with documentation submitted with this application.

For every employed household member (not including self-employed) the following must be included with this application:

- a. Copies of 5 most recent pay stubs (if no pay stubs are received, a note on company letterhead with a year to date amount will suffice).
- b. Copies of your 2007 W-2 and 2006 W-2s.

For any other sources of income reported above you need to:

- a. Attach copies of your most recent statements from the source of income.
- b. Attach copies of all 2007 and 2006 1099s from any income source (if received). Should attachments not be received (i.e. accounts are direct deposited) please submit 3 months of checking account statements and highlight the appropriate deposits.

For self employed applicants, please submit all 2007 1099s and a copy of Schedule C of your 2007 Form 1040.

Every household member must submit a copy of a 1040 Tax Transcript for the past 3 years, 2005, 2006, 2007. The first page will suffice unless you need to submit the pages (Schedule C) to prove self-employed income or other income reporting pages.

If a household member over 18 is claiming to make zero income, they must submit a letter so claiming. A knowingly false claim can result in the cancellation of a lease.

All periodic payments from family members or friends must be listed and attested to by you.

### Assets

While there is no specific asset limitation in this program, 5% of your total assets will be included as part of your yearly income. Therefore, all assets must be listed. (This includes net cash value of retirement accounts, i.e. the value of your retirement account after penalties if you were to withdraw all funds today, checking accounts, savings accounts, stocks, bonds, etc.) Attach copies of 2007 1099s or end of the year statement you may have received from the asset source. Real estate is an obvious asset. Please submit evidence of the assessed value of the property and the present mortgage, principal owed, if applicable. List this net amount.

Applicant Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ Work Phone # \_\_\_\_\_

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

E-mail \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ Work Phone # \_\_\_\_\_

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

E-mail \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_

**UNIT SIZE**

Please check all the units in which you are interested:

\_\_\_\_\_ One -bedroom

\_\_\_\_\_ Two-bedroom

Number of household members: \_\_\_\_\_

Your application will be entered into all the lotteries you checked and for which you qualify. For additional information on unit size eligibility please refer to the INFORMATION PACKET.

**HOUSEHOLD MEMBERS**

Please list ALL household members who will occupy the affordable unit.

Name	Date of Birth	Occupation	SS#	Relationship to Applicant self
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**WELLESLEY PREFERENCE**

Please check any of the following that apply:

- \_\_\_\_\_ Current resident of Town of Wellesley
- \_\_\_\_\_ Family of a current resident of the Town of Wellesley
- \_\_\_\_\_ Current or retired employee of the Town of Wellesley
- \_\_\_\_\_ Parents of child in the Wellesley school system

The categories are equal in priority.

Please provide documentation to prove this Wellesley preference.

**MINORITY INFORMATION (OPTIONAL)**

You are requested to complete the following section in order to assist in determining preference. Please name any household member who is a member of any of the following minority groups.

- African-American \_\_\_\_\_
- Hispanic \_\_\_\_\_
- Cape Verdean \_\_\_\_\_
- Asian/Pacific Islander \_\_\_\_\_
- Native American or Alaskan Native \_\_\_\_\_

**CURRENT EMPLOYMENT STATUS**

- Applicant's Name \_\_\_\_\_
- Occupation \_\_\_\_\_
- Name and Phone Number of Current Employer \_\_\_\_\_
- Business Address of Current Employer \_\_\_\_\_
- Name and Title of Supervisor \_\_\_\_\_
- If self-employed, name and address of business \_\_\_\_\_
- Annual Gross Salary \_\_\_\_\_

- Co-Applicant's Name \_\_\_\_\_
- Occupation \_\_\_\_\_
- Name and Phone Number of Current Employer \_\_\_\_\_
- Business Address of Current Employer \_\_\_\_\_
- Name and Title of Supervisor \_\_\_\_\_
- If self-employed, name and address of business \_\_\_\_\_
- Annual Gross Salary \_\_\_\_\_

If other adult household members are employed, please attach a separate sheet with each household member's current employment information.

**FULL-TIME STUDENT**

Is any household member 18 years of age or older a dependent and a full-time student?

Name of full-time student: \_\_\_\_\_

School where enrolled: \_\_\_\_\_

If yes, provide documentation from school supporting full-time enrollment.

**EMPLOYMENT HISTORY**

If you or anyone in your household has had more than one job listed above in CURRENT EMPLOYMENT STATUS section (full-time or part-time) during the previous 12 months, please list ALL places employed during the previous 12 months below. Also note any breaks that you have had in your employment and state if you received unemployment checks at that time.

<u>Name</u>	<u>Date Started</u>	<u>Date Stopped</u>	<u>Employer</u>	<u>Occupation</u>	<u>Total Income During Tenure</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**INCOME INFORMATION**

Please complete the following information for the year 2007 for all household members.

**APPLICANT**

Gross Annual Salary (before deductions) \_\_\_\_\_

Annual self-employment income \_\_\_\_\_

Interest and Dividends \_\_\_\_\_

Veteran's Benefits \_\_\_\_\_

Alimony/Child Support \_\_\_\_\_

Social Security \_\_\_\_\_

Trusts \_\_\_\_\_

Other Income \_\_\_\_\_

Total Income \_\_\_\_\_

**CO-APPLICANT**

Gross Annual Salary (before deductions) \_\_\_\_\_

Annual self-employment income \_\_\_\_\_

Interest and Dividends \_\_\_\_\_

Veteran's Benefits \_\_\_\_\_

Alimony/Child Support \_\_\_\_\_

Social Security \_\_\_\_\_

Trusts \_\_\_\_\_

Other Income \_\_\_\_\_

Total Income \_\_\_\_\_

Please attach a separate sheet for other household members.

**VALUE OF ASSETS**

Assets include liquid assets, such as cash in checking or savings accounts, stocks, bonds, certificates of deposit, Treasury bills, money market accounts, mutual funds, whole life insurance policies, revocable trusts, equity in real estate and other forms of capital investments, excluding equity accounts in home ownership programs or state assisted public housing escrow accounts. Retirement accounts and pension funds, IRA, 401K Keogh accounts are considered assets if the applicant has access to these funds. A real estate asset is the assessed value of the property minus any mortgage owed.

Name on Account \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
Savings Account Number \_\_\_\_\_  
Checking Account Number \_\_\_\_\_  
Other Account Number \_\_\_\_\_  
Retirement Account \_\_\_\_\_  
Balance in Account as of today's date \_\_\_\_\_

Name on Account \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
Savings Account Number \_\_\_\_\_  
Checking Account Number \_\_\_\_\_  
Other Account Number \_\_\_\_\_  
Retirement Account \_\_\_\_\_  
Balance in Account as of today's date \_\_\_\_\_

Securities Account: Name and Value \_\_\_\_\_  
Securities Account: Name and Value \_\_\_\_\_  
Securities Account: Name and Value \_\_\_\_\_

Whole Life Insurance Policy: Name and Value \_\_\_\_\_  
Whole Life Insurance Policy: Name and Value \_\_\_\_\_

Trust: Name and Value \_\_\_\_\_  
Trust: Name and Value \_\_\_\_\_

Real Estate Owned--property address \_\_\_\_\_  
Real Estate Owned--name on deed \_\_\_\_\_  
Date Purchased \_\_\_\_\_  
Net Value of Real Estate (after outstanding mortgage amount) \_\_\_\_\_

Verification of equity in real estate owned, to be sold, balance owed on mortgage and evidence of current value. Real estate equity.

Please attach an additional sheet if needed.

**PLEASE CHECK THE FOLLOWING ITEMS THAT APPLY TO YOUR HOUSEHOLD:**

\_\_\_\_\_ I/We certify that our household size is \_\_\_\_\_ persons.

\_\_\_\_\_ I/We certify that at least one member of our household qualifies under the Wellesley Local Preference category.

\_\_\_\_\_ I/We certify that our household income is \$ \_\_\_\_\_ and does not exceed the income limits provided in the Information Packet.

\_\_\_\_\_ I/We certify that our household assets total \$ \_\_\_\_\_.

\_\_\_\_\_ I/We certify that the information contained in this application and filed in support hereof is true and correct to the best of my/our knowledge and belief. I/We understand that perjury will result in disqualification from further consideration.

\_\_\_\_\_ I/We understand that the use of this application is for placement in a lottery. Eligibility qualification will not be determined until after the lottery takes place. Participation in the lottery does not mean I/we are eligible to lease an affordable unit at Linden Square Apartments.

\_\_\_\_\_ I/We agree that all issues pertaining to this lottery process will be resolved by Housing Options, Inc., in coordination with the Wellesley Housing Development Corporation, the monitoring agent, and DHCD (Department of Housing and Community Development and all decisions are final.

\_\_\_\_\_ I/We hereby certify that I/we do not/will not maintain a separate residence in another location.

\_\_\_\_\_ I/We further certify that this is my/our permanent residence.

Your signature(s) below give consent to Housing Options Inc., the Wellesley Housing Development Corporation and DHCD to obtain and verify additional information regarding my/our household's eligibility for affordable housing. This consent includes information about my/our income, assets, present and former tenancies and credit history from any parties having information, including any agency or housing authority managing any housing subsidy for which I/we are eligible. I/we authorize all parties from whom this information is requested to release it to Housing Options, Inc., the Wellesley Housing Development Corporation and DHCD. No application will be considered complete unless signed and dated by the Applicant/Co-Applicant. The information given in this application will be used to determine that you are income, preference and priority qualified to participate in the lottery. I/We agree to release this

information on the understanding that all of the information released will be treated as confidential and all privacy issues will be observed.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**TO BE ENTERED IN THE LOTTERY THE APPLICATION MUST  
BE COMPLETE and MUST  
BE POSTMARKED BY JUNE 25, 2008 and MAILED TO:**

**Housing Options, Inc.  
20 Ledyard Street  
Wellesley, MA 02481**

**Submission of an application is placement in a lottery.  
Eligibility qualification will not be determined until after the lottery takes place.  
Participation in the lottery does not mean that your household is eligible to lease  
an affordable unit at Linden Square Apartments.**