

Housing Options, Inc.  
20 Ledyard Street  
Wellesley, MA 02481  
**Age Restricted Homebuyer Application**

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 Purchaser |
|-------|---------------|------------|-------|---------------------------|
| _____ | _____         | _____      | _____ | self _____                |
| _____ | _____         | _____      | _____ | _____                     |
| _____ | _____         | _____      | _____ | _____                     |
| _____ | _____         | _____      | _____ | _____                     |
| _____ | _____         | _____      | _____ | _____                     |

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Please provide documentation of age 55 or older household members. Copy of driver's license, for example.

**WELLESLEY PREFERENCE**

Please check any of the following that apply:

- \_\_\_\_\_ Current resident of Town of Wellesley
- \_\_\_\_\_ Mother, father or child 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.

If you have checked any of the above preferences, please name the household member who qualifies for the Wellesley Preference: \_\_\_\_\_

Please provide documentation for his/her Wellesley Preference such as current voter registration, a pay stub from your Town employer, birth certificate to support lineage and/or address verification for yourself and/or your parent or child.

**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 \_\_\_\_\_

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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.

| Name  | Date Started | Date Stopped | Employer | Occupation | Total Income<br>During Tenure |
|-------|--------------|--------------|----------|------------|-------------------------------|
| _____ | _____        | _____        | _____    | _____      | _____                         |
| _____ | _____        | _____        | _____    | _____      | _____                         |
| _____ | _____        | _____        | _____    | _____      | _____                         |

**INCOME INFORMATION**

Please complete the following information for the year 2006 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 \_\_\_\_\_

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**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.

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 \_\_\_\_\_

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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 \$\_\_\_\_\_ and do not exceed the asset limits provided in the Information Packet.

\_\_\_\_\_ 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 purchase an Affordable unit or guarantee an offer to purchase a unit at Fells Hollow.

\_\_\_\_\_ I/We understand that when I/we sell the condominium, the deed rider will require the sale to an income eligible buyer at a maximum resale price which limits my/our profit and will result in continued affordability.

\_\_\_\_\_ 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 Mass. Housing and all decisions are final.

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\_\_\_\_\_ 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 Mass. Housing to obtain and verify 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 Mass. Housing. 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, asset, 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 AUGUST 16, 2007 and MAILED TO:**

**Housing Options, Inc.  
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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 purchase  
an affordable unit or guarantee an offer to purchase a unit at Fells Hollow.**