GENERAL INFORMATION

This property includes a new 3-story building consisting of approximately 4,125 square feet of commercial space and 11 total rental dwelling units. There is a studio unit on the first floor, eight 1-bedroom units on the second and third floors, and two 3-bedroom units. Two of the one bedroom units are affordable and the remaining 9 units are market rate. The building is non-smoking. The affordable units have one parking space, central air conditioning, laminate countertops, washer & dryer, appliances including microwave and refrigerator, linoleum and carpet flooring.

Unit #204 is currently available for rent to qualifying applicants with incomes at or below 80% of the area median income. The rental price is \$1,639/month not including utilities. Utility allowances have been deducted. Pets are allowed for an additional \$25/month.

Marketing and resident selection shall be in accordance with and adhere to all state fair housing laws. The landlord and its representatives do not discriminate based on race, color, disability, religion, sex, familial status, sexual orientation, national origin, genetic information, ancestry, children, marital status, or public assistance recipiency.

APPLICATIONS

Applications are available from, and must be returned to, the Lottery Agent:

Kristen Costa, L.A. Associates, Inc. kriscosta@laassoc.com
11 Middlesex Ave., Suite 5, Wilmington, MA 01887 (978) 758-0197

Random Draw: The Lottery Agent will conduct a random draw of those qualified applicants. Applicants will be notified in writing that their application has been received and they are eligible for the draw. Eligible applicants will be assigned a registration number, which will be placed in the lottery.

Application deadline: 9/25/19 Random Draw Date: 9/27/19

INCOME ELIGIBILITY REQUIREMENT

Income:

Calculation of income will include the higher of actual income from assets (if > \$5,000) or an imputation of 2% of the value of total household assets added to the household income. Assets include checking and savings accounts, investment accounts, CD's, retirement accounts, etc. Financial documentation is required to participate in the lottery. A list of these documents is included in the application. The combined annual income for all income sources, including income from assets, of all income- earning members in the household must be at or below 80% of the area median income, as defined by HUD, for the local area. 2019 Income Guidelines released by HUD, which becomes the maximum allowable income, is as follows:

One-person household: \$62,450 Two-person household: \$71,400

Screening:

Applicants will be subject to a screening by the project owner, including credit check. The affordable unit must be your principal, full-time residence; applicants may not own another home.

Recertification:

Tenants will be recertified annually for eligibility. If your household exceeds 140% of the maximum allowable income adjusted for household size, then at the end of the lease, you will have the option of staying in your unit and paying market rent or not renewing your lease.

OCCUPANCY TERMS

Landlord Requirements:

- 1. Current landlord positive recommendation.
- 2. Satisfactory credit (minimum 700 score), CORI, and housing checks.
- 3. First month's rent and security deposit equal to one month's rent.
- 4. Cats and small, well behaved (approved) dogs allowed. \$25 per pet, per month. Fish tanks less than 10 gallons allowed.
- 5. No smoking by tenants or any other occupants of the apartment (guest, visitors) anywhere in the building or on the Landlord's property.

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|---|---|-----|----|---|---|---|----|-------|---|---|----|---|----|---|
| П | | N I | М | L | м | г | Гι | _ [] | u | н | | u | Лľ | V |

AFFORDARI E HOUSING APPLICATION

| | AH | Application Deadline: 9/25/19 | /IN | |
|--|---|---|----------------------------------|--|
| Applicant | Legal Name | Phone Number | E-mail | |
| | | City | State/Zip | |
| l learned | of this lottery from (check a | Il that applies): | | |
| Website: | | Letter: | | |
| Advertise | ment: | Other: | | |
| ollowing or process a | | • | | |
| | | returns (NO STATE RETURNS), in son living in the household over the | | |
| 5 most current, consecutive pay stubs, for all salaried employed household member Six months of income for hourly and seasonal workers. For unemployment, disability worker's compensation and/or severance pay, copies of checks or DOR verification benefits received. | | | | |
| | Child support and alimon | y: legal court document indicating | payment amount. | |
| | | a detailed expense and income state usiness checking and savings accord | • | |
| | Recent statements receive funds, pensions, disability | ved from social security, annuities, i y or death benefits, etc. | nsurance policies, retirement | |
| | | g current value including all bank ach value of whole life policies, etc. | ccounts, investment accounts, | |
| | Interest, dividends and o | ther income from real or personal p | operty. | |
| | School registration for an | y full time student for any househol | d member over 18. | |
| | If in the process of a divo | orce or separation, provide legal pro | of that the process has begun or | |

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HOUSEHOLD INFORMATION: List all members of your household including yourself.

| Names of all Persons to Reside in Dwelling (First Name, Middle Initial, Last Name) | | Relation to Head | Age | Date of Birth | Social Security Number | Minority Category * (Optional) |
|--|--|---------------------|-----|------------------|---------------------------|--------------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

| Do you have a Section 8 vou | icher? Yes | No | |
|-----------------------------|------------|----|--|
| If so, with what City/Town? | | | |

INCOME: List all income of all members over the age of 18 listed on application to reside in the unit, such as wages, child support, Social Security benefits, all types of pensions, employment, Unemployment Compensation, Workman's Compensation, alimony, disability or death benefits and any other form of income; including rental income from property. Adults with no income are required to submit a notarized statement. If additional space is needed, please attach another sheet.

| # | Source of Income | Address/Phone# of Source | Amount per Year |
|---|------------------|--------------------------|-----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| | | | |

ASSETS: List all checking, savings accounts, CD's, stocks, bonds, retirement accounts, savings bonds and any other investments below. If additional space is needed, please attach another sheet. Household assets do not include necessary personal property.

| # | Type of Asset | Bank/Credit Union Name | Account No | Value, Balance |
|---|--------------------|---------------------------|------------|----------------|
| 1 | Checking account | | | |
| 2 | Savings account | | | |
| 3 | Retirement account | | | |
| 4 | Other: | | | |
| 5 | Other: | | | |
| | | | TOTAL | |

Applicant's Name: Occupation: Present Employer: Employer Address: Name & Title of Supervisor: Date of Hire: Co-Applicant's Name: Occupation: Present Employer: Employer Address: Annual Gross Salary: Employer Address: Annual Gross Salary: Date of Hire: Annual Gross Salary:

EMPLOYMENT STATUS:

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APPLICANT(S) CERTIFICATION

1. I/We certify that our household size is _____ persons, as documented herein. 2. I/We certify that our total household income equals \$, as documented herein. 3. 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 false or incomplete information may result in disqualification from further consideration. 4. I/We certify that no member of our family has a financial interest in the project. 5. I/we understand that being selected in the lottery does not guarantee that I/we will be able to lease a unit. I/we understand that all application data will be verified and additional financial information may be required, verified and reviewed prior to leasing a unit. I/We also understand that the project's owner will perform its own screening to determine eligibility. 6. I/We authorize L.A. Associates, Inc. to verify all financial and household information and direct any employer, landlord or financial institution to release any information to L.A. Associates and the project owner to determine eligibility. 7. I/We understand that there may be differences between the market and affordable unit and accept those differences. 8. I/We understand that if my/our total income exceeds 140% of the maximum allowable income and at the time of annual eligibility determination, at the end of my current lease term I will no longer be eligible for the affordable rent. I/We have completed an application and have reviewed and understand the process that will be utilized to distribute the available units. I/We am/are qualified based on the program guidelines and agree to comply with applicable regulations. **Applicant Signature** Date Co-Applicant Signature

THIS IS APPLICATION IS ONLY FOR THIS SPECIFIC DEVELOPMENT.

Date