

**THE HILLTOP AT BERLIN WOODS – LOTTERY APPLICATION**

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**AFFORDABLE HOUSING APPLICATION**

Must Be Completed and Returned By \_\_\_\_\_

Applicant Legal Name \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

I learned of this lottery from (check all that applies):

Website: \_\_\_\_\_ Letter: \_\_\_\_\_

Advertisement: \_\_\_\_\_ Other: \_\_\_\_\_

**THIS APPLICATION IS NOT COMPLETE IF NOT SUBMITTED WITH:**

- \_\_\_\_\_ Completed application signed by all individuals over the age of 18.
- \_\_\_\_\_ Copy of 2014, 2015 and 2016 tax returns (Federal only, no state returns), as filed, with 1099's and W-2's for every current or future person living in the household over the age of 18.
- \_\_\_\_\_ Copy of 5 most recent pay stubs for all salaried employed household members over 18. Six months of income for hourly and seasonal workers.
- \_\_\_\_\_ Copy of last consecutive three months statements and documents from all other sources of income of all members listed on the application, on organization letterhead.
- \_\_\_\_\_ Copy of last consecutive three months statements of all assets showing current value including all bank accounts, investment accounts, retirement accounts, on organization letterhead.
- \_\_\_\_\_ Mortgage pre-approval and proof of adequate assets to cover down payment and closing costs. Note that this project is not approved for FHA loans.
- \_\_\_\_\_ Copy of minority self-declaration, if applicable.
- \_\_\_\_\_ Submit "No Income Statement", signed and notarized, for any household member over 18 with no source of income, if applicable.
- \_\_\_\_\_ Copy of school registration for any full time student for any household member over 18.
- \_\_\_\_\_ No Child Support Statement, signed and notarized, if applicable, containing the language "Under penalties of Perjury".

THIS IS APPLICATION IS ONLY FOR THIS SPECIFIC DEVELOPMENT

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**HOUSEHOLD INFORMATION:**

List all members of your household including yourself.     Number of bedrooms needed: \_\_\_\_\_

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

\*Minority preference categories include only Native American or Alaskan Native, Black or African American, Asian, Native Hawaiian or Pacific Islander; or other (non-White); and the ethnic classification Hispanic or Latino. A separate self-declaration document is required.

**INCOME:** 2017 Household limits:   1-person \$47,600   2-person \$54,400   3-person \$61,200  
   4-person \$68,000   5-person \$73,450   6-person \$78,900

List all income of all members over the age of 18 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.

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			
<b>TOTAL</b>			

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### ASSETS:

Household asset limit: \$75,000.

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: _____			
6	Other: _____			
			<b>TOTAL</b>	

**ALL APPLICATIONS MUST BE RETURNED TO THE  
AFFORDABLE HOUSING CONSULTANT:**

**Kristen E. Costa**  
**L.A. Associates, Inc.**  
**11 Middlesex Ave., Suite 5**  
**Wilmington, MA 01887**  
**cell (978) 758-0197**  
[kriscosta@laassoc.com](mailto:kriscosta@laassoc.com)

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## APPLICANT(S) CERTIFICATION

I/We certify that our household size is \_\_\_\_\_ persons, as documented herein.

I/We certify that I/We are first-time homebuyers as defined in the application package.

I/We certify that our total household income equals \$\_\_\_\_\_, as documented herein.

I/We certify that our household has assets totaling \$\_\_\_\_\_, as documented herein.

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.

I/We certify that I am/we are not related to the Developer of Green Acres, or any party of this project.

I/We understand that it is my/our obligation to secure the necessary mortgage for the purchase of the home and all expenses, including closing costs and down payments, are my/our responsibility.

I/We understand the provisions regarding resale restrictions and agree to the restriction. You must notify DHCD and the Monitoring Agent when you wish to sell. The unit can't be refinanced without prior approval of DHCD and/or the Monitoring Agent, no capital improvements can be made without DHCD and/or the Monitoring Agent pre-approval; the unit must be owner's primary residence; the resale price is calculated according to the deed rider; and an increase in equity is very minimal to ensure affordability over time; the deed rider remains in effect in perpetuity. All prospective buyers are advised to review the deed rider with their own attorney to fully understand its provisions.

I/We have been advised that a copy of the DHCD Universal Deed Rider is available with the Lottery Agent and on the DHCD website.

I/We understand that if I/we are selected to purchase a home, I/we must continue to meet all eligibility requirements of the Lottery Agent and any participating lender(s) until the completion of such purchase. I/We understand that I/we must be qualified and eligible under any and all applicable laws, regulations, guidelines, and any other rules and requirements. I/We understand that the Lottery Agent makes no representation on the availability of the unit.

Your signature(s) below gives consent to the Lottery Agent or its designee to verify information provided in this application. The applicant agrees to provide additional information on request to verify the accuracy of all statements in this application. No application will be considered complete unless signed and dated by the Applicant/Co-Applicant.

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Applicant Signature

Date

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Co-Applicant Signature

Date