AFFORDABLE HOME OWNERSHIP APPLICATION

This 1-bedroom, 1 bath unit is now available to ineligible applicants. Affordability restrictions still apply, but the income limits do not. **The unit sale price is $189,718** in accordance with state guidelines. Condo fee is $561.62/mo. and real estate taxes for FY 2026 are $2,294/yr. Appliances include refrigerator, range, microwave & dishwasher.

Qualifying applicants must be first time home buyers with **Household Assets** of no more than $75,000.

Applicant Name _____ Phone _____ 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 3 prior years tax returns **Federal only** with 1099's, W-2's and schedules, for every current or future person living in the household over the age of 18.

_____ Copy of 5 most recent pay stubs employed household members over 18.

_____ Copy of 3 most recent statements and documents from all other sources of income of all members listed on the application, on organization letterhead.

_____ Copy of 3 most recent statements of all assets showing current value including all bank accounts, investment accounts, and retirement accounts.

_____ Mortgage pre-approval and proof of funds to cover down payment and closing costs.

_____ Documentation regarding current or past interest in real estate, if applicable.

_____ No Income Statement, signed and notarized, for any household member over 18 with no source of income, if applicable.

_____ Copy of school registration full time students over 18. For full-time students over 18 who are not heads of household, only $480/yr. income is included.

_____ No Child Support Statement, signed and notarized, if applicable, containing the language "Under penalties of Perjury".

Household Information:

List all members of your household including yourself.

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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					

Property:

Do you own or have an interest in any real estate, land and/or mobile home? Yes ( ) No ( )

Address: _____ Value: _____ [Provide current assessment information]

Do you currently own or have you sold real estate or other property in the past three years? Yes ( ) No ( )

If yes, attach settlement statement or current tax bill.

When: _____ Address: _____

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			

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.

When assets total $5,000 or less, the actual income received is included in the annual income as income from assets OR when assets exceed $5,000, annual income includes the greater of actual income from assets or a .06% imputed income calculation. Assets divested at less than full market value within two years of application will be counted at full market value when determining eligibility.

#	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: _____			
			TOTAL	

SUBMIT COMPLETED APPLICATION VIA EMAIL OR USPS MAIL TO:

Kristen Costa, L.A. Associates, Inc.
5 Middlesex Ave., Unit 16, Wilmington, MA 01887
kriscosta@laassoc.com cell (978) 758-0197

THIS IS APPLICATION IS ONLY FOR THIS SPECIFIC DEVELOPMENT.

EQUAL HOUSING OPPORTUNITY

APPLICANT(S) CERTIFICATION

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

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 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 EOHLC and the Monitoring Agent when you wish to sell. The unit can't be refinanced without prior approval of EOHLC and/or the Monitoring Agent, no capital improvements can be made without EOHLC 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 EOHLC Universal Deed Rider is available with the Lottery Agent and on the EOHLC 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.

My/our signature(s) below gives consent to L.A. Associates, Inc. to verify information provided in this application including income and asset information. I/We direct any employer, landlord or financial institution to release any information to L.A. Associates, Inc. for the purpose of determining income eligibility. No application will be considered complete unless signed and dated.

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date