

Affordable Unit Application

One Eighty Fearing Street

180 Fearing Street, Amherst, MA

Applications must be delivered, or postmarked, by 2 pm on October 23, 2023.

Applications postmarked by the deadline must be received within 5 business days.

Maximum Household Income Limits

\$55,800 (1 person), \$63,800 (2 people), \$71,750 (3 people)

\$79,700 (4 people), \$86,100 (5 people), \$92,500 (6 people)

Affordable Rents

1BR @ \$1,165, 2BR @ \$1,375, and 3BR @ \$1,650

Rent does not include electric heat, cooking, and hot water. Water and sewer expenses are included. Free parking provided on site.

**Rents for future years are subject to change.*

Households must make approximately \$34,950 to lease a 1 Bedroom unit, \$41,250 to lease a 2BR unit, and \$49,500 to lease a 3BR unit (please read the Information Packet for more details).

This is not subsidized housing. Rents do not change based on applicant's income and tenants who do not already have housing subsidies (like Section 8 vouchers) will be responsible for paying the full rent themselves. Applicants with a housing subsidy are encouraged to contact the housing agency who issues their housing subsidy to confirm that the rents are within the agency's payment standards to ensure that they will not be prohibited by the housing agency from using the housing subsidy at this property. **Please read the Information Packet for more details.** Units are planned for occupancy in the Fall of 2023.

Directions:

Applications must be completed and submitted as specified by the date at the top of this page.

This application must be filled out entirely in order for your application to be processed. Every space given to initial must be initialed, even if you answer "N/A". If a question does not apply to you, check "N/A". Leave nothing blank. Send or drop off applications by the date at the top of this page to: **SEB Housing, LLC re: One Eighty Fearing Street, 257 Hillside Ave, Needham, MA 02494**, or Fax: (617) 782-4500, Email: info@sebhousing.com; Phone: (617) 782-6900

Este es un documento importante. Si necesita interpretación de idiomas, comuníquese directamente con el agente de este desarrollo (info@sebhousing.com y 617-782-6900 x3) y solicite servicios de interpretación en su propio idioma. Si el agente no habla su idioma principal, se pondrá en contacto con un traductor para que proporcione que brindará asistencia lingüística.



One Eighty Fearing Street. Please provide all the following contact information for the Head of Household (*please print clearly*):

Applicant's Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Cell Phone:(_____) _____ Home Phone:(_____) _____

Work Phone:(____) _____

Email address (if available): _____ @ _____

Please note: Providing your email should facilitate the process of completing your application as you will be notified of missing documentation faster than if we can only send notifications via postal mail. If you do not provide your email address or do not have an email address, we will contact you via postal mail. We will not contact you about future lotteries unless requested.

Anticipated Move-In Date: _____

Bedroom Size Information: For which bedroom size are you applying (you can select more than one)

- ☐ 1 Bedroom
☐ 2 Bedroom
☐ 3 Bedroom

Do you currently receive or do you have a Section 8 mobile voucher or certificate? (The Lottery Agent does not discriminate based on source of income. This question is asked for the sole purpose of determining ability to pay rent.)

☐ Yes ☐ No

Please fill out the chart below for everyone who will be occupying the unit:

NAME	AGE	HEAD OF HOUSEHOLD OR DEPENDENT	RELATIONSHIP TO APPLICANT LISTED AT THE TOP OF THIS PAGE	IS THIS PERSON A FULL-TIME STUDENT OR WILL BE A FULL- TIME STUDENT IN THE NEXT 12 MONTHS?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

I certify that my Household Size is (total number of household members) _____.

Initial(s): _____

Initial(s): _____

HOUSEHOLD TYPE (please check one, read the Information Packet for more details):

TYPE III

- ☐ All 6 person households
- ☐ All 5 person households
- ☐ All 4 person households
- ☐ 3 person households: 1 head of household plus 2 dependents
- ☐ 3 person household: 2 heads-of-household (*who cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health*), plus one dependent under

Type II

- ☐ 3 person household: 2 heads-of-household, plus one dependent
- ☐ 2 person household: 2 heads-of-household *who cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health*
- ☐ 2 person household: 1 head-of-household, plus one dependent

Type I

- ☐ 2 person household: 2 heads-of-household
- ☐ 1 person household

PREFERENCE INFORMATION

Are you, or any member of your household, in need of an accessible unit? This is defined as persons with a physical disability that meet standards established by the Department of Housing and Community Development and state laws for disabled accessible housing and who needs the features of a disabled-accessible unit.

- ☐ Yes
- ☐ No

If yes, after the lottery, you will be required to provide additional documentation as directed.

Do you or any member of your household qualify for Local Preference? An applicant qualifies for local preference if the applicant or a member of their household fit into one of the following categories (A) a current resident of Amherst, (B) an employee of the Town of Amherst (including Amherst Public Schools) or (C) an employee of a business located within the Town of Amherst or (D) a parent or legal guardian with children attending the Amherst Schools

- ☐ Yes
- ☐ No

If yes, after the lottery, you will be required to attach proof of local preference.

REASONABLE ACCOMMODATION

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, (“practices”) when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing. If you have a reasonable accommodation request related to *this application/Certification*, please describe it below. If you have any *other* requests, including a reasonable accommodation request related to the *Owner/Developer’s* practices, or a reasonable modification request related to the physical structure of the building or unit, do *not* list it here. That request must be made directly to the Owner/Developer.

If you have a reasonable accommodation request relatd to this application/Certifiatiion please explain in the space provided here or write a signed statement and attach it:

RACE: (OPTIONAL)

You are requested to complete the following optional section in order to assist in determining preference. Completing this section may qualify you for additional lottery pools. (Please check all boxes that apply):

- | | |
|---|--|
| <input type="checkbox"/> Alaskan Native and Native American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Hispanic or Latino | |
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Other (please specify)_____ |

RELATED PARTY

Is any member of the household related to or employed by the developer or related to or employed by the Property Management Company?

- ☐ Yes
☐ No

If yes, please explain the relationship in the space provided here:

DATABASE INFORMATION

How did you find out about this affordable housing opportunity?
(please be as specific as possible, if found “online” please provide web address)

INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE

Please complete the Income Table on the following two pages. After the lottery, if you are given the opportunity to move forward, you will be asked to attach supporting documentation including, but not limited to, **five most recent consecutive pay stubs and/or income statements for all sources of income, W-2 statements** and the **most recent federal income tax returns** (including all attachments and amendments) for each member of the household.

For the purpose of **income determination**, “**Household**” shall mean all persons whose names appear on the lease, and also all persons who intend to occupy the housing unit as their permanent primary residence, even if they are not included on the lease. The incomes of *all* household members will be included, with the exception of income from employment for household members under the age of 18 or any income over \$480/year of full-time students who are dependents (but please note that documentation of income for those dependents still needs to be supplied).

Please note:

1. Gross income from current wages, salaries, tips, etc. is the full amount, before any deductions, and is the amount used to determine estimated current annualized income.
2. For self-employed applicants - include the contract or job name in the space provided. You will be directed to all the additional documentation you will need to submit in after the lottery.
3. “Interest Income” refers to any amount that you receive from any asset except for amounts drawn down from a retirement account or 401K as those go on the lines for “pension” or “retirement funds”.

INCOME

Household Member Name	Source of Income	Current GROSS Monthly Income
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Child Support/Alimony	
	Child Support/Alimony	
	Social Security Income	
	Social Security Income	
	Social Security Income	
	Social Security Income	
	SSDI	
	SSDI	
	Pension (list source)	
	Pension (list source)	
	Retirement Distributions	

Household Member Name	Source of Income	Current GROSS Monthly Income
	Unemployment Compensation	
	Workman's Compensation	
	Severance Pay	
	Title IV/TANF	
	Full-Time Student Income (18 & Over Only)	
	Full-Time Student Income (18 & Over Only)	
	Periodic payments from family/friends & Recurring Gifts <i>(i.e. rent assistance from family)</i>	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Other Income (name/source)	
	Other Income (name/source)	
	Gross Monthly Household Income (GMHI)	\$ /month
GMHI x 12 = Gross Annual Household Income \$ /year		

ASSETS

If a section doesn't apply, cross out or write N/A. In the next section you will be directed to submit detailed bank/balance statements for EVERY ASSET listed here. If any household member has divested themselves of an asset for less than full and fair present cash value of the asset within two years prior to this application, the full and fair cash value of the asset at the time of its disposition must be listed below.

	Bank Name	Last 4 Digits of Acct Number	Amount		
Checking Accounts			Balance \$		
			Balance \$		
			Balance \$		
			Balance \$		
Savings Accounts			Balance \$		
			Balance \$		
			Balance \$		
			Balance \$		
Money Transfer Applications	Circle all that apply in the next space →	Venmo PayPal	CashApp Other	Balance \$	
Trust Account				Balance \$	
Certificates (or CDs)			Balance \$		
			Balance \$		
			Balance \$		
Savings Bonds	Maturity Date:			Value \$	
	Maturity Date:			Value \$	
401k, IRA, Retirement Accounts (Net Cash Value)	Company Name:			Value \$	
	Company Name:			Value \$	
	Company Name:			Value \$	
	Company Name:			Value \$	
Mutual Funds	Name:	# of Shares:	Interest/ Dividends	Value	
			\$	\$	
			\$	\$	
			\$	\$	
Stocks			\$	\$	
			\$	\$	
			\$	\$	
Bonds			\$	\$	
			\$	\$	
Investment Property				Appraised Value \$	

REAL ESTATE

Do you, or anyone on this application, own any property or have owned property in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or anyone on this application, entitled to receive any amount of money from the sale of any property? (currently or through an upcoming court settlement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to either question, type of property:</i>	
Location of property:	\$
Appraised Market Value:	\$
Mortgage or outstanding loans balance due:	\$

You must now read, sign, and date the next page.

Please read each item below carefully before you sign.

1. I hereby declare under pain and penalty of perjury that the information provided on every page of this application is true and correct. I understand that if any sources of income or assets are not disclosed on this application, or any information provided herein is not true and accurate, this application may be removed immediately from further consideration and I will no longer be allowed to reserve a unit.
2. I understand that this application will be incomplete if I do not sign and date this page and initial at all indicated points in the application.
3. The undersigned certify that none of the people listed in this application, or their families, have a financial interest in the development and none of the people listed in this application can be considered a Related Party by the affordable housing guidelines that govern this property.
4. The undersigned certify that the affordable unit will be undersigned's principal residence and the undersigned cannot own a home elsewhere or in trust while living in an affordable unit.
5. I understand that the lease or residency agreement for the units to be occupied through this affordable housing program may be subject to cancellation if any of the information above is not true and accurate.
6. I understand that this is a preliminary application and the information provided **does not** guarantee housing.
7. I understand this is not a lease application and if given the opportunity to move forward in the process of leasing an affordable unit, and by given deadlines I will need to complete Program Certification and a lease application where my affordable housing program and lease eligibility will be determined by additional factors such as credit score, tenant history and criminal background screening. I understand that if selected high enough in the lottery to move forward, I will need to be able to submit all required income, asset, tax and if applicable, local preference, accessible, vision-impaired, and/or hearing-impaired documentation within 10 days of the lottery deadline and failure to submit the required documentation in time, or to meet any other deadlines given by SEB or the management company, will result in my removal from the Waiting List.
8. I understand that any material change in the income or assets of my household, or my household composition, that occurs after the submission of this application may make me ineligible for affordable housing. I understand that any changes to income or assets that may put my household into another income tier must be reported to SEB.
9. Co-signers and Guarantors **are not** permitted unless they are co-tenants who will reside in the unit.
10. I acknowledge that if my email address is provided in this application, SEB will correspond with me by email instead of postal mail unless I make a written request otherwise. I understand that any changes to my contact information must be reported to SEB.
11. I acknowledge that the determination of eligibility by SEB Housing is based upon the guidelines that govern the Affordable Housing Program for the development and, as such, barring any confirmed error by SEB Housing in applying the guidelines and/or calculating income, the decision is final and I further agree to hold harmless SEB Housing from any claim(s) related to this application.
12. The undersigned give consent to the Town of Amherst, SEB Housing LLC, EOHLC, and the Property Management Company to verify the information provided in this application. The undersigned authorize the release of information necessary in determining income and assets from third-party references.

Applicant's Signature

Date

Send applications by the date on the cover page to SEB (DO NOT SEND THEM TO THE PROPERTY, SEND THEM TO THE NEEDHAM ADDRESS). For Questions contact info@SEBHousing.com or (617) 782-6900

This development does not discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law