



Boston Home Center Program Application And Disclosure

Department of Neighborhood Development - The Boston Home Center



Please fill out, sign, and print this application and mail to:
The Boston Home Center, 26 Court Street - 9th Floor, Boston, MA 02108

You may apply for only one program

I am a **Homebuyer**, applying for:

- 1st Home
- Financial Assistance - Downpayment and Closing Costs
- Financial Assistance - Downpayment and/or Rehab
- 3D Advantage

I am a **Homeowner**, applying for:

- HomeWorks HELP
- Lead Safe Boston
- Senior Home Repair
- 3D HELP

I. Applicant Information

Applicant: _____ SS# _____

First MI Last

Address: _____ Date of Birth: _____

Street City State Zip

Phone: (____) _____ (____) _____ (____) _____

Home Work Cell

Co-Applicant: _____ SS# _____

First MI Last

Address: _____ Date of Birth: _____

Street City State Zip

Phone: (____) _____ (____) _____ (____) _____

Home Work Cell

Email: _____ Applicant Co-Applicant

II. Household Income Information

List all persons who intend to reside in the property. Income must be listed for all household members over the age of 18.

Name	Age	Relationship to Applicant	Name of Employer/s or educational institution/s <i>(list all sources of income separately)</i>	Gross Annual Income**
1. _____	_____	_____	_____	\$ _____
US Citizen? Y N	Resident Alien? Y N	(If you are a Resident Alien, attach a copy of your Social Security card.)		
2. _____	_____	_____	_____	\$ _____
US Citizen? Y N	Resident Alien? Y N	(If you are a Resident Alien, attach a copy of your Social Security card.)		
3. _____	_____	_____	_____	\$ _____
US Citizen? Y N	Resident Alien? Y N	(If you are a Resident Alien, attach a copy of your Social Security card.)		
4. _____	_____	_____	_____	\$ _____
US Citizen? Y N	Resident Alien? Y N	(If you are a Resident Alien, attach a copy of your Social Security card.)		
5. _____	_____	_____	_____	\$ _____
US Citizen? Y N	Resident Alien? Y N	(If you are a Resident Alien, attach a copy of your Social Security card.)		

Total # _____ of people in household Total of Annual Income of Household: \$ _____

** Sources of income include salary, overtime, bonus, commission, social security/retirement benefits, unemployment benefits, interest/divided income, welfare, alimony/child support and all other income.

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III. Household Asset Information

Fill in all below, even if the answer is \$0

Savings or Asset Type	Current Value
1. Total funds in checking and savings accounts	\$ _____
2. Expected annual dividend and interest income from all assets	\$ _____
3. Certificates of deposit	\$ _____
4. Deposits made on property (if buying a home)	\$ _____
5. Expected monetary gifts to assist with purchase (if buying a home)	\$ _____
6. Stocks / bonds / mutual funds	\$ _____
7. Expected Seller or Broker contributions (if buying a home)	\$ _____
SUBTOTAL OF LIQUID ASSETS	\$ _____
8. Value of retirement or 401k	\$ _____
9. Value of all other real estate owned (non-primary residence)	\$ _____
TOTAL OF ALL ASSETS	\$ _____

Have you sold any assets in the last two years below fair market value? Yes No

IV. Subject Property

Please respond below to the questions about the property being purchased, if applicable, or the one you currently own and occupy.

Subject property address: _____

Type of Property (Please check only one):

Single Family Two Family Three Family Four Family Condo

Does the property require home repairs? Yes No

If 'Yes', please describe below interior and exterior work needed.

Does the property need de-leading work? Yes No

If "Yes", does or will a child under 6 years of age reside in the property? Yes No

If "No", does a child under 6 years of age visit the property on a regular basis? Yes No

If "Yes", how many hours per week does/will the child spend at the property? _____

V. Rental Unit Information Complete ONLY if applicable

Address of property _____

Unit #	Vacant Y/N	#Bedrooms	Tenant Name	Monthly Rent
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

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VI. Other Required Financial Information

Has the applicant received financial assistance from the City of Boston Department of Neighborhood Development in the past? Yes No

If Yes, please list the date _____, purpose _____
Property Address _____

What fuel does the subject property use for heat? Natural Gas Heating Oil Other

If the subject property's heating system is being evaluated for replacement, is it more than 5 years old?
 Yes No

How many heating systems does the subject property have?

- One heating system for all building units A heating system for each building unit
 Other. Describe: _____

Has the subject property received an energy assessment within the last year from either MassSave or Renew Boston? Yes No

VII. Affirmative Marketing Information

Please complete the following section to assist us in fulfilling our affirmative marketing requirements. Your response is voluntary and will not affect your application.

Race / Ethnicity of persons in your household (check all that apply):

- White Asian Asian & White
 Native Hawaiian or Other Pacific Islander American Indian/Alaskan Native
 Black or African American Black or African American & White
 American Indian/Alaska Native & Black or African American Hispanic Other Multi-Racial
 Female Head of Household Elderly (Applicant over 62) Is the applicant disabled? Yes No

How did you hear about this program (check all that apply)?

- Newspaper Ad Boston Home Center website Postcard mailed to your home
 Ad on street Homebuyer 101 class
 Friend Financial Assistance class Other _____

VIII. Sign and Date

I declare under penalty of perjury that the foregoing information is true, accurate, complete and correct in all respects. I hereby authorize the City of Boston to independently verify the information provided here and also to investigate my records of credit. I certify that I have read the Program Disclosure and I agree to the Terms and Conditions of this program. I understand that under the False Claims Act, 31 U.S.C §§ 3279-3733, those who knowingly submit, or cause another person or entity to submit, false claims for payment of government fund, are liable for three times the government's damages plus civil penalties per each false claim.

Applicant (print name) Applicant Signature Date

Co-Applicant (print name) Co-Applicant Signature Date



Department of Neighborhood Development - Boston Home Center Program Disclosure for Downpayment and Closing Cost Assistance



ELIGIBILITY REQUIREMENTS

In order to qualify for assistance, you must meet the following criteria:

- The buyers maximum household income cannot exceed 120% HUD Area Median Income based on Household size (as shown below):

1-person household.....\$ 82,150	5-person household.....\$126,750
2-person household.....\$ 93,900	6-person household.....\$136,150
3-person household.....\$105,600	7-person household.....\$145,550
4-person household.....\$117,350	8-person household.....\$154,900
- Buyers must take a minimum of 8 hours of homebuyer education/counseling ("Homebuyer 101") through The Boston Home Center or an approved agency, prior to closing.
Approved Agencies: Massachusetts Affordable Housing Alliance (MAHA), Nuestra CDC, Urban Edge, Allston Brighton CDC and Neighborhood of Affordable Housing (NOAH).
- Buyer must use an approved, City of Boston Participating Lender and an approved mortgage product.
- Buyer must agree to occupy the property as their primary residence during the mortgage term.
- The buyer must be a first-time homebuyer.
- Buyers must have at least 1.5% of their own funds put toward the property's purchase price.
Note: Lenders may require more downpayment based on the loan program
- The Buyer must have a minimum credit score of 660.

TERMS AND CONDITIONS

Note, the use of the singular "I" or "my" below, shall include the plural in the case of more than one Homebuyer.

I, as a buyer of a home in the City of Boston, do hereby apply for Financial Assistance under the downpayment and closing costs assistance program from The Boston Home Center. I hereby certify and warrant as follows:

- The Household Income Information includes all persons who intend to reside in the dwelling, which I will occupy. I have included their age(s), relationship to me, their source(s) of income, and current annualized gross income from all sources (both taxable income and non-taxable income), including but not limited to: ***earnings, overtime, IRA distributions, part-time employment, bonuses, dividends, interest, annuities, pensions, Veterans Administration (VA) Compensation, gross rental or lease income, commissions, deferred income, welfare payments, social security benefits, disability payments, alimony, support payments, public assistance, sick pay, unemployment compensation, and income received from trusts, business activities, and investments.***
- I understand that, prior to receiving Financial Assistance, I will be required to sign a Promissory Note and Mortgage for the full amount of assistance received. Upon request, The Department of Neighborhood Development of the City of Boston (DND) will provide me with a copy of the Promissory Note, which lists the conditions attached to receiving Financial Assistance under the Program. I will read the Promissory Note, or have it read to me, and understand these conditions. I understand that I will be required to sign the Promissory Note, and the corresponding Mortgage, prior to actually receiving Financial Assistance. I understand the benefits of consulting an attorney to review such documents for me.
- I am aware that the mortgage term is 10 years and the loan balance will be due in full if I sell, refinance, or no longer occupy the property as my primary residence, within the first 10 years of the mortgage term.
- I shall occupy the home I am purchasing as my primary residence within sixty (60) days of the date of closing unless otherwise agreed upon by DND and shall continually occupy the home thereafter.
- I also certify that I am moving into a vacant unit and my occupancy will not displace tenants or the previous owner. I will not raise the rents of tenants in an effort to cause them to move from the property within my first year of ownership.

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- I am aware that I must purchase either a one-, two- or three-family residence, or condominium unit located in the City of Boston.
- I am aware that amount of assistance will be determined by DND based on an Asset Needs Test. I understand that the maximum amount of assistance cannot exceed 3% of the purchase price and cannot be less than \$1,000.
- I understand that I am not eligible for assistance if I own more than \$75,000 in assets.
- I certify that this will be my primary residence.
- I certify that I currently do not own any other real estate.
- I acknowledge that condominium conversions are not allowed during the mortgage term.
- I acknowledge that, upon submission, review, and approval of required documentation, the City of Boston will issue a Fund Reservation Number, which will reserve funds for my closing for ninety (90) days. This reservation may be extended by thirty (30) days at the request of myself, or my Lender. The extension will only be granted if funds are available and if my application materials are not greater than six (6) months old.
- I acknowledge that the amount of Financial Assistance I will receive will be determined by an Asset-Needs Test to be completed by my Lender. The final amount of assistance will be based on the lesser of the fund reservation or the Asset-Needs Test.

AFFIRMATIONS

I authorize DND or the Lender to release my name to a selected foreclosure prevention-counseling agency in the event I become sixty (60) days delinquent in paying my mortgage.

I have never been convicted of arson or tenant harassment, or been found in violation of Fair Housing laws.

I am not presently a defendant in an arson case, nor am I a defendant in a Fair Housing matter.

I am not presently in mediation with the Boston Fair Housing Commission or the Massachusetts Commission Against Discrimination.

I have no outstanding real estate tax obligations to the City of Boston.

I certify that neither I, nor any immediate family member, is currently or has been within the past twelve (12) months, an employee, agent, consultant, officer or elected or appointed official of the City of Boston Department of Neighborhood Development. For purposes of this disclosure, "immediate family member" shall include parents, spouse, siblings, or children, irrespective of their place of residence.

I am aware that the information contained herein is subject to verification by DND or its agents. I hereby give my permission to DND's participating lender to which I may have applied for mortgage financing, to release confidential materials relevant to my mortgage loan to DND or its respective agents, for the purpose of verifying information contained in this application. This application may be reproduced and that copy shall be as effective as this original consent.

I declare under penalties of perjury that the foregoing information is true, accurate, complete and correct in all respects. I hereby authorize the City of Boston to independently verify the information provided here and also to investigate my records of credit. I certify that I have read the Terms and Conditions of this Program Disclosure and I agree to the Terms and Conditions.

Applicant (print name)

Applicant (signature)

Date

Co-Applicant (print name)

Co-Applicant (signature)

Date



Homebuyer Application Checklist

Department of Neighborhood Development - The Boston Home Center



Thank you for your interest in the Boston Home Center. Please include all documents listed below with your application. We will notify you in writing when they have been received.

Please mail them to: **The Boston Home Center**
Attn: Homebuyer Unit
26 Court Street, 9th Floor
Boston, MA 02108

DOCUMENTS REQUIRED OF ALL APPLICANTS:

1. ____ Completed and signed Program Application
2. ____ Completed and signed Program Disclosure
3. ____ Copy of Homebuyer 101 Certificate
4. ____ Copy of Pre-Approval Letter from a Lender (Participating Lenders must be used for all financial assistance programs, a list is available at:
www.cityofboston.gov/dnd/bhc/Participating_Mortgage_Lenders.asp)
5. ____ Copy of last 2 years signed **Federal** Tax Returns with all Schedules for all filing household members*
If self-employed, provide a year-to-date Profit and Loss Statement
6. ____ Copy of the last 2 year's W-2 forms for all household members 18 and older*
7. ____ A completed, signed W-9 form, available at: <http://www.irs.gov/pub/irs-pdf/fw9>.
8. ____ Last 3 months Bank Statements from all Depository Institutions*
(such as 401ks, stocks, bonds, credit union, etc.)
9. ____ Four current pay stubs for all household members 18 years old or older; and proof of income from all other sources such as Social Security Award Letter, Unemployment Compensation, Pension, etc.
10. ____ Copy of Purchase and Sales Agreement, when available
11. ____ Copy of Cancelled Deposit Check(s) for new home purchase, when available

Notes: Any additional information you feel we should know in order to process your application.

**For all individuals over the age of 18. If person/s is/are not employed, copy of school transcript or explanation of circumstances and a No Income Affidavit must be supplied.*