

Affordable Unit Application

Halyard, 4 School House Road

Gloucester, MA

Applications must be delivered, or postmarked, by 2 pm on February 12th, 2021.

Applications postmarked by the deadline must be received no later than 5 business days from the deadline.

MAXIMUM Household Income Limits:

\$67,400 (1 person), \$77,000 (2 people), \$86,650 (3 people) \$96,250 (4 people)

Rents are \$1,591* (Studio), \$1,806* (1 BR), and \$2,008* (2 BR). Rents do not include gas (heating, hot water), or electricity (including cooking). **Rents for the units are subject to change in the future. If the AMI increases or the utility allowances decrease, the rent may increase as further described in the Regulatory Agreement.*

Households must make approximately \$49,980 to lease a Studio, \$56,430 to lease a 1BR unit, and \$63,990 to lease a 2BR unit. Please read the Information Packet for more details. Household assets may be counted toward minimum income thresholds. Voucher holders are not subject to minimum income screening.

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. **Please read the Information Packet for more details.** Units are planned for occupancy in Spring of 2021.

Directions:

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

This application consists of the following sections:

- 1) The Program Application and Definitions
- 2) Required Documentation Guide
- 3) Additional Forms *(if applicable)*

The first two sections 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. **You must include all income and asset documentation as directed with this application. Late applications and materials will not be accepted for the lottery.** Send or drop off all applications by the date at the top of this page to:

SEB Housing
Re: Halyard
257 Hillside Ave
Needham, MA 02494
Fax: 617.782.4500
Phone: 617.782.6900
Email: info@sebhousing.com

If faxing or scanning, be sure to transmit both sides of double sided pages

Free Translation available. Traducción gratuita disponible.



Section 1

The Program Application and Definitions

Halyard. Please provide all the following contact information for the Head of Household (please print clearly):

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone:(_____) _____ Work Phone:(_____) _____

Cell Phone:(_____) _____ Employer: _____

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/Lease Renewal Date: _____

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

- ☐ Studio
☐ 1 bedroom
☐ 2 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

I certify that my Household Size is (total number of entries in column A) _____.

Initial(s): _____

Initial(s): _____

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

Type II

- ☐ 4 person household: all types
- ☐ 3 person household: all types
- ☐ 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: all types

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, in Section 2: Preferences, you will be required to attach documentation as directed.

Are you, or any member of your household, in need of a Hearing-Impaired unit? This is defined as persons with a disability that meet standards established by the Department of Housing and Community Development and who have a disability that matches the features of a unit for the hearing-impaired.

- ☐ Yes
- ☐ No

If yes, in Section 2: Preferences, you will be required to attach 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 Gloucester, (B) an employee of the City of Gloucester (including Gloucester Public Schools) or (C) an employee of a business located within the City of Gloucester or (D) a parent or guardian with children attending the Gloucester Schools (including METCO students)

- ☐ Yes
- ☐ No

If yes, in Section 2: Preferences, 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, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing.

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you?

☐ Yes

☐ No

If yes, 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):

☐ Alaskan Native and Native American

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ Hispanic or Latino

☐ White (not of Hispanic origin)

☐ 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. You will later be asked to attach supporting documentation in the form of the **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. Legally married couples shall both be considered part of the household, even if separated. 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 **Section 2**.
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 NA. 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 CashApp PayPal 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
If yes to either question, type of property:	
Location of property:	\$
Appraised Market Value:	\$
Mortgage or outstanding loans balance due:	\$

Section 2

Required Documentation

Please note: the following questions are applicable to every single person who will be occupying the unit. Therefore, the use of “I” or “my” in the following questions includes all household members.

You MUST initial every question in Section 2 and, where provided, check “N/A” or “Yes”.

Every time you answer “Yes”, you must submit all documentation as directed in that question.

1. **Earnings/Wages (CURRENT EMPLOYMENT):** I have attached copies of the **five (5)** most recent consecutive pay stubs or five most recent statements for every source of income for every household member 18 years or older as listed on the Income Tables in Section 1. All attached pay-stubs or statements have the name of the employer, date, wages, and name of the household member and cover the 5 most recent consecutive pay periods (*which will be a 5 week period if paid every week, or a 10 week period if paid every 2 weeks, or a 5 month period if paid only once each month*).

- ☐ N/A
☐ Yes

Initial(s): _____

Initial(s): _____

2. **Earnings (FORMER EMPLOYMENT):** For EACH AND EVERY former employer, previous source of employment income, or employment position left since the beginning of my most recent year of tax filing (e.g. all positions left from January 1st, 20XX through present), I have attached **ONE** of the following:

(A) A letter signed by that household member **and** a letter signed and dated from the former employer verifying the last day of income and the Year-To-Date income at time of separation OR

(B) Only for jobs where my last day of employment was prior to November 1st in the previous calendar year, I have attached the last paystub from the job that shows a Year-To-Date income that matches the Wages on the W-2 for that job OR

(C) The Initial determination of unemployment benefit statement that lists former employers, length of employment, gross income by quarter, and EIN Number OR

(D) I have completed only the top portion of the Verification of Terminated Employment form attached in Section 3 of this application and understand that SEB will submit this to the contact provided by me on the form in hopes of having it returned in the next 1-2 weeks but in the event that the former employer does not return the form I will submit the materials listed in part A, B, C of this section

I understand proof of termination is required for every single job left since my most recent previous year of tax returns (no matter how small), that this is to verify my current income, and that being terminated from one or multiple jobs will in no way affect my affordable housing program eligibility.

- ☐ N/A
☐ Yes

Initial(s): _____

Initial(s): _____

3. **Earnings (Social Security, SSDI, Pension, Income from Retirement Distributions, Public Assistance, TANF):** I have attached copies of the most recent statements for every source of income listed on the line above for every household member 18 years or older. I understand that for Social Security and/or SSDI payments I need to submit the yearly benefit letter I receive from the Social Security Administration Office detailing my payments for the next 12 months.

- ☐ N/A
☐ Yes

Initial(s): _____

Initial(s): _____

4. **Earnings (SELF EMPLOYED ONLY, INCLUDING UBER, LYFT ETC, SEE BELOW):** For every self-employed household member 18 years or older, I have attached copies of ALL of the following:
(A) The Self-Employment Income Affidavit and Profit & Loss statements at the back of this application, completed, signed, and dated.
(B) All supporting documentation including current financial statements, accountant statements, quarterly tax returns (if you file quarterly), and income and expense receipts AND

If I have a job or earn any income that is part of the “Gig Economy,” such as Uber, Lyft, TaskRabbit, etc., or any other type of limited independent contracting, I will provide all information and documentation listed above. This includes the Profit and Loss statements as well as documentation of my year to date income (i.e. income reports, ride totals, etc.). I understand that 1099 independent contractors are self-employed for tax and affordable housing purposes.

- ☐ N/A
☐ Yes

Initial(s): _____

Initial(s): _____

5. **Earnings (Unemployment)** I have attached a copy of the benefit summary and payment history for the past 12 months for every household member 18 years or older who is currently receiving unemployment and understand that it must be assumed that the household member will continue to receive unemployment over the next 12 months. **For every household member who reported unemployment on their most recent tax return but who no longer receives it,** I have attached a copy of my current unemployment benefit statement that explicitly states that my claim is inactive and my payment history for the past 12 months. The statement shows the last two unemployment payments received, my current benefit rate, and my current total benefit balance. I understand that if this documentation indicates that I have current benefits and have received recent payments, my unemployment will be calculated as part of my income, regardless of my current employment status.

- ☐ N/A
☐ Yes

Initial(s): _____

Initial(s): _____

6. **Earnings (Workman’s Comp, Severance pay)** I have attached copies of the **three (3)** most recent consecutive pay stubs or three most recent statements for payments I am receiving through Workman’s Compensation or Severance settlement and if my current compensation or pay is not going to continue for the next 12 months, I have attached the legal document stating the monthly, yearly or total amount to which I am entitled in addition to the timeline and/or termination of such pay.

- ☐ N/A
☐ Yes

Initial(s): _____

Initial(s): _____

7. **Household member with NO EARNINGS:** If a member of my household is 18 years or older and is not employed and not receiving any income, I have attached a letter from him/her attesting to this fact AND this letter has been signed and dated by that household member AND the letter has been notarized.

- ☐ N/A
☐ Yes

Initial(s): _____

Initial(s): _____

8. **Marital Status (Including Divorce and/or Separation):** I understand that legally married couples shall both be considered part of the household, even if separated or estranged, and that children can only be considered part of the household if a head of household has at least joint physical custody of the child. The below documentation is required:

- (A) If I am still married, even if estranged or separated, my spouse must be included on this application. I have included their income, asset, and tax documentation as well. I understand that if no legal action has been taken to file for divorce, my partner's income and assets must be included in this application
- (B) If my spouse or I have filed for divorce but are not yet divorced, I have provided a copy of the filed divorce complaint or petition, **documentation of my next scheduled court date (such as a scheduling order)**, and all temporary orders that have been issued by the court pertaining to custody, child support, alimony, or asset division. If no such temporary orders have been issued, I have provided a signed, dated, and notarized statement stating that my divorce is pending and that no temporary orders relating to custody, child support, alimony, or asset division have been issued by the court.
- (C) If I am divorced, I have included a copy of my divorce judgement and separation agreement (if applicable)

- ☐ N/A
☐ Yes

Initial(s): _____

Initial(s): _____

9. **Child Support and/or Alimony:** If I am entitled to receive Child Support and/or alimony (even if I am not receiving it), I have attached **ONE** of the following:

- (A) A copy of my divorce decree or settlement agreement, along with any further temporary orders or modification judgments addressing changes made to alimony or child support payments, OR
- (B) A statement from the Department of Revenue (DOR) that shows my case information summary (specifying the amount and frequency of my child support payments) and a copy of my payment history for the past 12 months, OR
- (C) In the event that I am receiving child support but do not have a court order and my child support is not paid through the DOR, I have attached a notarized letter from the person who pays me support specifying the amount of support I receive, the frequency with which it is paid, and how it is paid (e.g. Venmo, cash, bank transfer).
- (D) In the event that I am not receiving the child support or alimony I am entitled to receive, I have attached a copy of my divorce decree AND proof of a legal claim filed against the person that owes me money and, if applicable, DOR statements and/or legal claims showing payments made and/or owed)

- ☐ N/A
☐ Yes

Initial(s): _____

Initial(s): _____

10. Periodic Payments: If I am receiving periodic payments not covered by any other paragraph in this section of the certification application, or listed anything under "Other Income" on the Income Table, I have attached a signed and dated letter from the source of income that includes **ALL** of the following:

- (A) The Year-To-Date income received AND
- (B) The anticipated monthly income for the next 12 months AND
- (C) The letter has me listed as the recipient of the payments AND
- (D) The letter is notarized.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

11. Section 8 mobile voucher or certificate: I have attached a copy of my completed and signed current voucher from the appropriate Housing Authority.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

12. Households with Students: I have attached proof for every household member **18** years or older who is a full-time student of his/her full-time student status in the form of: Letter from the Registrar, Transcript or other enrollment verification.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

HOUSEHOLD ASSETS:

Assets include but are not limited to the following: Checking or savings accounts, Venmo/Paypal/Cash-Apps, CDs, money market accounts, Treasury bills, stocks, bonds, securities, trust funds, gifts, pensions, IRAs, Keoghs, other retirement accounts, real estate, rental property, other real estate holdings, all property held as an investment, and safe deposit box contents (include the value). All accounts must include complete statements with all pages and list dividend and interest information if applicable *regardless of how little money may currently be in the account*.

13. I have completed the Asset Table in Section 1 and read the above paragraph on Household Assets and have attached every page of complete, detailed statements for the 3 most recent months or most recent complete quarterly statement on all assets held by each household member and all statements include information on interest, dividends, and gains or losses, if any.

Initial(s): _____

Initial(s): _____

14. **For EACH and EVERY DEPOSIT into EACH and EVERY checking and savings account, I have provided documentation from the source of the money deposited.** If a deposit is from earnings of any kind, I have followed all the directions in the applicable paragraphs on Earnings on the previous pages (i.e. submitted 5 most recent pay-stubs, verification from source of earnings etc). If a deposit is from child support and/or alimony, I have followed all the directions in the paragraphs on Child Support/Alimony on the previous pages. If a deposit is a periodic payment, repayment, gift, reimbursement, I have followed all the directions in the paragraph on the previous page titled "Periodic Payments". If a deposit is from a loan of any kind (including student loans), I have provided documentation showing the terms of the loan and the disbursement schedule. For any other deposit types, I have provided sufficient documentation of the purpose, frequency, amount and current status of these deposits from the source of payment. All written statements from third sources must be signed, dated and notarized.

Initial(s): _____

Initial(s): _____

15. **For every household member claiming to have NO ASSETS,** I have included a signed, dated, and notarized affidavit stating that the household member has no assets or accounts of any kind, including checking, savings, money market, trust, 401k, retirement, IRA, stocks, or any other type of account. If the household or household member has assets of any kind, they have followed the directions given in the two questions above.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

16. **For every household member who no longer owns an asset that generated income on the most recent tax return** (e.g., if a bank account was closed), I have attached a letter from the bank/institution that holds the account stating that the account is closed OR the final bank statement explicitly indicating that the account was closed (just showing a zero balance is not sufficient). **And for every household member who divested themselves of an asset for less than full and fair present cash value of the asset within two years prior to this application,** I have listed the full and fair cash value of the asset at the time of its disposition in the Asset Table AND provided the last statement for that asset showing its full market value AND attached a signed letter by the household member detailing the transaction in which they divested themselves of the asset.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

17. REAL ESTATE: If I currently own property, I have attached documentation supporting the value of the property (such as a recent broker's opinion of the property or tax assessment or value as stated on a divorce decree or settlement statement) AND documentation showing my debt on the property (such as mortgage statements or foreclosure notices). I understand that if I have sold a home in the last calendar year in which taxes were filed, I must include the Closing Disclosure Form (formerly the HUD-1 form) Settlement statement for that sale. I understand that I cannot live in an affordable unit and own another home and, if my current home is under Purchase and Sale Agreement or being lost/sold through divorce, I may be entered onto a Waiting List for an affordable unit, but the home must be sold and a Closing Disclosure Form (formerly the HUD-1 form) Settlement statement provided or the divorce must be finalized prior to move-in or I will lose my position on the Waiting List.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

TAX DOCUMENTATION:

18. I have attached all **W-2s, 1099s and all other tax documentation for all sources of income and assets.** I understand that W-2s are the tax documents that are given by employers to show wages, salaries and tips and 1099s are the tax documents that are given by other sources of income (ex: interest on savings accounts, income from retirement accounts, income from unemployment etc). These are the tax documents used so that 1040 taxes can properly be filed as detailed in the next question below. *(You will have a W-2 for every job worked in the most recent year you filed taxes. Please be sure that the wages in the W-2s you submit add up to the wages you filed on your 1040 tax form. If you are not currently working at any of the jobs for which you have received a W-2, please see Question 2: "Earnings (Former Employment)" on the first page of Section 2 for directions.)*

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

19. 1040 Tax Transcripts: I have attached a computerized print out of the **most recent federal income tax returns (i.e. 1040 tax transcripts) including any and all schedules, attachments and amendments** for every household member 18 years or older. **Every page of the tax transcript must be sent** (including, if applicable, Schedules A, B, C etc). I understand I can obtain these transcripts from the tax professional who filed my taxes last year or I can download these transcripts immediately for free by going to www.irs.gov/Individuals/Get-Transcript or by calling the IRS at [1.800.829.1040](tel:18008291040) and they will mail or fax the transcripts in 7-10 days. **For every household member who has not filed in the most recent tax year,** I have attached a statement from the IRS showing "No Filing" for that household member for the most recent tax year. I understand I can call 1.800.829.1040 and the IRS will mail it or fax it to me in 7-10 days. I understand I can download these statements of no filing for the applicable year immediately for free by going to www.irs.gov/Individuals/Get-Transcript or by calling the IRS at 1.800.829.1040 and they will mail or fax the statements in 7-10 days. I understand that when I visit www.irs.gov/Individuals/Get-Transcript I will need to sign up for an account by providing an email address where the IRS can email me a verification code that can then be used to access my records, that I will need to answer a few security questions, and then my tax transcripts or statements of "No Filing" for the past 5 years will be available.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

eFINAL CERTIFICATION OF HOUSEHOLD INCOME:

20. I certify that my combined **Gross Annual Household Income** is \$ _____
(total on the bottom of the Income Table)

Initial(s): _____

Initial(s): _____

21. My **Gross Annual Household Income** listed above is greater than the Allowable Income Limits for our household size as specified on the cover page of this Program Application and I have therefore attached a signed and dated statement detailing why my income listed above does not reflect my income over the next 12 months AND have attached supporting documentation.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

22. There are planned changes in my household income over the next 12 months and I have therefore attached verification of these planned changes in income.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

PREFERENCES:

- 23. For Local Preference:** I certify that I/we qualify for local preference and have provided the required documentation. A household 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 Gloucester, (B) an employee of the City of Gloucester (including Gloucester Public Schools or (C) an employee of a business located within the City of Gloucester or (D) a parent or guardian with children attending the Gloucester Public Schools (including METCO students)

Required Documentation:

If qualifying under definition (A) as detailed above: I have submitted a Copy of two (2) utility bills 1 from each utility company in my name dated within the last 60 days, e.g., (1) electric, (1) oil, (1) cable, (1) gas, or (1) telephone **landline (not cell phone)**. If utility bills cannot be provided the following documentation **must** be provided: current signed lease **AND** proof of voter registration from the City Election Department OR proof that you have been registered as a Gloucester resident with the Gloucester City Clerk

If qualifying under definition (B) as detailed above: I have submitted copies of pay-stubs from the City of Gloucester or Gloucester Public Schools (these should already be submitted as directed in the **Earnings** section above)

If qualifying under definition (C) as detailed above: I have submitted copies of pay-stubs (these should already be submitted as directed in the **Earnings** section above) **AND IF THE PAY STUBS DO NOT SHOW THE ADDRESS OF THE JOB** I have submitted a **signed statement** from my employer on company letterhead the states the address of the job and the employees name.

If qualifying under definition (D) as detailed above: I have submitted copies of Gloucester school transcripts AND proof of relation to the student (by birth certificate or legal guardianship or divorce decree)

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

- 24. Disabled Accessible Unit preference** I certify that I am in need of an accessible unit AND I have attached supporting documentation. The supporting documentation must specify that I am in need of the features specific to disabled-accessible housing. Supporting documentation can be verification from a doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability. Need of an accessible unit 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 housing.

☐ N/A

☐ Not Interested

☐ Yes

Initial(s): _____

Initial(s): _____

- 25. Hearing Impaired Unit preference** I certify that I am in need of a unit with features for the hearing-impaired AND I have attached supporting documentation. The supporting documentation must specify that I am in need of the features specific to hearing-impaired housing. Supporting documentation can be verification from a doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability. Need of a hearing-impaired unit is defined as persons with a disability that meet standards established by the Department of Housing and Community Development and state laws for hearing-impaired housing.

☐ N/A

☐ Not Interested

☐ Yes

Initial(s): _____

Initial(s): _____

26. Household Type: On page 4 for Household Type I stated that we have two household members 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 and have attached supporting documentation. Supporting documentation can be verification from a doctor or other medical professional.

☐ N/A

☐ Yes

Initial(s): _____

Initial(s): _____

**You must now read, sign and date the
following 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 and that the failure to timely and/or fully supply information in accordance with the application may result in the denial of my application and loss of position on all Waiting Lists.
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 while previous years' tax transcripts and documentation are required, SEB Housing LLC does not use income reported on the previous years' tax documentation to calculate current annualized income.
6. 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.
7. I understand that this is a preliminary application and the information provided **does not** guarantee housing. I also understand this is not the lease application used by the management company where the management company (not SEB Housing) will use criteria such credit score, tenant history and criminal background screening (in addition to affordable housing eligibility) to determine eligibility for an affordable unit.
8. I understand that any material change in the income or assets of my household 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 Housing.
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 Housing, LLC 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 or household composition must be reported to SEB Housing.
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 City of Gloucester, SEB Housing LLC, DHCD and Halyard or their assigns 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

Applicant's Signature

Date

Attach all documentation as directed. Send applications with ALL required documentation as directed on the cover page. 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.

Section 3

Additional Forms *(if applicable)*

These are the forms that you only need to complete if directed to do so in Section 2

Verification of Terminated Employment

To Be Completed By Applicant:

Applicant/Tenant: _____

Contact Info of previous employer:

Name of Contact					
Company Name					
Street Address					
Town, State, Zip					
Tel. #		Fax #		email	

To Be Completed By Previous Employer:

Date of Termination: _____ Last Day Actually Worked: _____

Total Gross Income paid to employee over the last calendar year employed: _____

Reason for Termination: ☐ Employee Quit ☐ Other _____

Do you anticipate rehiring this employee? ☐ Yes ☐ No If yes, when: _____

Will the employee receive additional paychecks for Workman's Compensation? ☐ Yes ☐ No

If yes, provide the name and address of the company through which this can be verified:

Total severance pay anticipated for the next 12 months: _____

Is employee entitled to receive unemployment compensation? ☐ Yes ☐ No

AUTHORIZED SIGNATURE

Print Name: _____

Title: _____

Signature: _____

Date: _____

Telephone: _____

Please Fax form to SEB Housing, LLC at (617) 782-4500 or mail to:

SEB Housing
Re: Halyard
257 Hillside Ave
Needham, MA 02494

--OFFICE USE ONLY--

Date Sent: _____

Date Received: _____

Comments: _____

SELF EMPLOYMENT / S-CORP INCOME AFFIDAVIT

Please complete this form if a member of your household receives income as a business owner, independent contractor, sole proprietorship, cash pay, odd jobs, gig economy jobs (like **Uber/Lyft**) etc.

You MUST complete and submit all applicable sections within this document.

Please submit all supporting documentation along with these forms.

Applicant/Tenant: _____

Name and Type of Business: _____

Position Held: _____

Start Date: _____

Section 1: Prior Tax Year's Self-Employment / 1099-MISC / S-Corp (including K-1) Income

Gross Income from Last Tax Year \$ _____

Gross Expenses from Last Tax Year \$ _____

Net Income from Last Tax Year \$ _____

You are required to provide your complete tax returns from the most recent two (2) years of filing, including all schedules, 1099s, etc.

Please proceed to Section 2.

Section 2: Year to Date Self-Employment / 1099-MISC / S-Corp (including K-1) Income

Gross Income Year to Date \$ _____

Gross Expenses from Year to Date \$ _____

Net Income from Year to Date \$ _____

You are required to complete the **Year to Date Profit and Loss Statement** in the following pages, and provide supporting documentation for your year-to-date gross income and expenses, which may include invoices, receipts, contracts, independent contractor pay stubs or pay statements, written business plans, employment proposals, business bank account statements, and/or accountant statements for business income, etc. Please provide whatever documentation is available to verify your income and expenses, all income must be documented.

Check here if you anticipate no changes in your revenue, expenses, or net income over the next 12 months: ☐

If you checked this box, please provide a signed, dated, and notarized letter to that effect, and skip to section 4 on the next page.

If you did not check this box, please proceed to section 3 on the next page.

All households, please proceed to the next page.

Section 3: Anticipated Self-Employment / 1099-MISC / S-Corp (including K-1) Income Over the Next 12 Months (Complete this section if you did NOT check the box at the bottom of the previous page)

Anticipated Gross Annual Income \$ _____

Anticipated Gross Annual Expenses \$ _____

Net Anticipated Annual Income \$ _____

*You are required to complete the **Anticipated Profit and Loss Statement for the Next 12 Months** in the following pages in addition to the Year to Date Profit and Loss Statement previously requested, in addition to providing any and all supporting documentation for the changes that will take place to your income and/or expenses over the next 12 months.*

Please proceed to section 4.

Section 4: Signature and Required Documentation Summary

As a reminder, all households who completed this form must submit:

- Complete IRS 1040 tax returns from the two (2) previous tax years, in addition to all applicable tax documents.
- A completed **Year to Date Profit and Loss Statement** on the following page.
- Supporting documentation for your year-to-date gross income and expenses, which may include invoices, receipts, contracts, independent contractor pay stubs or pay statements, written business plans, employment proposals, business bank account statements, and/or accountant statements for business income, etc. Please provide whatever documentation is available to verify your income and expenses.

If you completed Section 3, you must additionally submit:

- A completed **Anticipated Profit and Loss Statement for the Next 12 Months** on the page following the Year to Date Profit and Loss Statement.
- Supporting documentation for the changes that will take place to your income over the next 12 months.

If you cannot provide your tax returns for the previous calendar year, or did not report your self-employment / S-Corp income on your tax returns for the previous year, you must additionally submit:

- A completed **Prior Year Profit and Loss Statement**, located on the page following the Anticipated Profit and Loss Statement.
- Supporting documentation for the income you received in the previous calendar year.

All Households must complete the following:

Under penalty of perjury, I certify that the information presented in this form and in the following profit and loss forms is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement or application review.

Applicant Signature

Date

Year to Date Profit and Loss Statement							Business Name:						
Please fill in month and year →													YEARLY TOTAL
Revenue Source													
Total Revenue													
Cost of Sales													
Total Cost of Sales													
Gross Income (Total Revenue minus Total Cost of Sales)													
Expenses													
Total Expenses													
Net Income (Gross Profit minus Total Expenses)													

Anticipated Profit and Loss Statement for the Next 12 Months							Business Name:						
Please fill in month and year →													YEARLY TOTAL
Revenue Source													
Total Income													
Cost of Sales													
Total Cost of Sales													
Gross Income (Total Revenue minus Total Cost of Sales)													
Expenses													
Total Expenses													
Net Income (Gross Profit minus Total Expenses)													

Prior Year Profit and Loss Statement							Business Name:						
Please fill in month and year →													YEARLY TOTAL
Revenue Source													
Total Revenue													
Cost of Sales													
Total Cost of Sales													
Gross Income (Total Revenue minus Total Cost of Sales)													
Expenses													
Total Expenses													
Net Income (Gross Profit minus Total Expenses)													

Please note the following page is an example of a completed Profit and Loss Statement. This is intended only as an example of what a completed Year to Date Profit and Loss Statement may look like.

Year to Date Profit and Loss Statement Example as of 10/2016							Business Name: Example Bicycle Shop LLC						
Please fill in month and year (i.e. January 2016) →	Jan 2016	Feb 2016	March 2016	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	N/A	N/A	N/A	YEARLY TOTAL
Revenue Source													
Bike Sales	1500	1500	1500	1500	1500	2000	1500	200	2500				13700
Bike Service	600	700	600	600	600	900	600	0	1000				5600
Total Revenue	2100	2200	2100	2100	2100	2900	2100	200	3500				19300
Cost of Sales													
Cost of Goods (Bikes)	700	700	700	700	700	1200	700	100	1500				7000
Cost of Parts (Service)	100	150	100	100	100	300	100	0	350				1300
Total Cost of Sales	800	850	800	800	800	1500	800	100	1850				8300
Gross Income (Total Revenue minus Total Cost of Sales)	1300	1350	1300	1300	1300	1400	1300	100	1650				11000
Expenses													
Payroll expenses	100	100	100	100	100	100	100	100	100				900
Supplies (office and operating)	50	50	50	50	50	50	50	50	50				450
Repairs and maintenance	0	100	0	0	0	0	0	300	0				400
Advertising	20	20	20	20	20	20	20	20	20				180
Car, delivery and travel	50	50	50	50	50	50	50	50	50				450
Accounting and legal	0	0	0	200	0	0	0	0	0				200
Rent	600	600	600	600	600	600	600	600	600				5400
Utilities	40	40	40	40	40	40	40	40	40				360
Website Maintenance	40	40	40	40	40	40	40	40	40				360
Total Expenses	900	1000	900	1100	900	900	900	1200	900				8700
Net Income (Gross Profit minus Total Expenses)	400	350	400	200	400	500	400	-1100	750				2300

Anticipated Profit and Loss Statement For the Next 12 Months EXAMPLE							Business Name: Business Name: Example Bicycle Shop LLC						
Please fill in month and year (i.e. January 2016) →	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017	April 2017	May 2017	June 2017	July 2017	Aug 2017	Sept 2017	YEARLY TOTAL
Revenue Source													
Bike Sales	1500	2000	3000	1000	500	500	1500	1500	2000	2000	2000	2500	20000
Bike Service	900	900	900	900	900	900	900	900	900	900	900	900	10800
Bike Repair Classes *New*	0	0	0	0	0	1000	1000	1000	1000	1000	1000	1000	7000
Total Revenue	2400	2900	3900	1900	1400	2400	3400	3400	3900	3900	3900	4400	37800
Cost of Sales													
Cost of Goods (Bikes)	700	1200	1800	450	150	150	700	700	1200	1200	1200	1500	10950
Cost of Parts (Service)	250	250	250	250	250	250	250	250	250	250	250	250	3000
Total Cost of Sales	950	1450	2050	700	400	400	950	950	1450	1450	1450	1750	13950
Gross Income (Total Revenue minus Total Cost of Sales)	1450	1450	1850	1200	1000	2000	2450	2450	2450	2450	2450	2650	23850
Expenses													
Payroll expenses	100	100	100	100	100	100	100	100	100	100	100	100	1200
Supplies (office and operating)	50	50	50	50	50	50	50	50	50	50	50	50	600
Repairs and maintenance	0	0	0	0	0	0	0	0	0	0	0	0	0
Advertising	20	20	20	20	100	150	150	150	150	150	150	150	1230
Car, delivery and travel	50	50	50	50	50	50	50	50	50	50	50	50	600
Accounting and legal	0	0	0	0	0	0	800	0	0	0	0	0	800
Rent	600	600	600	600	600	600	600	600	600	600	600	600	7200
Utilities	40	40	40	40	40	40	40	40	40	40	40	40	480
Website Maintenance	40	40	40	40	60	60	60	60	60	60	60	60	640
Salary for Class Teacher *New*	0	0	0	0	0	500	500	500	500	500	500	500	3500
Total Expenses	900	900	900	900	1000	1550	2350	1550	1550	1550	1550	1550	16250
Net Income (Gross Profit minus Total Expenses)	550	550	950	300	0	450	100	900	900	900	900	1100	7600