

STAR MILL LOFTS
AFFORDABLE HOUSING
MIDDLEBOROUGH HOUSING AUTHORITY, AGENT

APPLICATION INSTRUCTIONS

PLEASE PRINT ALL INFORMATION CLEARLY

To apply for Star Mill Affordable Rental Housing, 35 East Main Street, Middleboro, an applicant must submit a complete Application Package to Middleborough Housing Authority.

Persons with disabilities are entitled to request a reasonable accommodation of rules, policies, practices or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the person(s) with disabilities equal opportunity to use and enjoy the housing.

Complete Application Package:

A complete Application Package shall consist of the following:

- A completed and signed Application Form
- A signed General Authorization for Release of Information Form
- All Required Documentation listed in the Application Checklist

The following section provides guidance in completing and submitting an eligible application. **Applications that are not complete may be returned and will not be entered reviewed.** For this reason, applicants are strongly urged to contact the Middleborough Housing Authority for guidance if there are any requirements you do not understand. The Middleborough Housing Authority can be reached by phone at 508-947-3824 extensions 16 or 12 or via e-mail at middleboroha@verizon.net.

Instructions:

Application Form – Page 1

Part 1 of the application form collects information about the Applicant Household. Please provide the requested information. Applicant is the Head of Household. Co-Applicant is the spouse/partner or co-owner (another name on the lease for the unit). Additional Household members include every person who will live in the affordable home as a member of the household, including children. Extended family members must provide documentation that they have been a part of the household for the past year. Social Security numbers and birthdates are required for each household member. Describe the relationship to the Applicant for each household member (for example: Wife, Son Daughter, Mother, Nephew, etc.).

Part 2 of the application form captures information relative to a Local Selection Preference. Please check box if you request a local preference. A household is eligible for the local preference if the household currently resides in the community, is employed in the community or has a bone fide offer of employment in the community. You must provide documentation of residency or employment.

Part 3 of the application is optional, and designed to capture racial data on applicant households.

Part 4 of the application captures information relative to your present and or previous housing. Please fill in the requested information in the appropriate spaces. Please check whether your present housing receives state or federal subsidy. This includes Section 8 Housing Choice Voucher program, Massachusetts Rental Voucher Program (MRVP), project based subsidy, etc. Please check whether you have owned any real estate in the past two years. Please provide documentation such as real estate tax bills, sale documents, etc.

Part 5 of the application captures income data for the applicant household. Please fill in the requested information in the appropriate spaces. A section for the full-time occupation and income for the applicant and co-applicant is provided, as well as an additional section, to capture additional income from part-time jobs, alimony, child support, disability, retirement or investment income, etc. You must provide documentation of all income (see the application form and the checklist at the end for guidance). Please provide documentation that is current with the application date (most recent time period). Should you have any questions, please contact the Middleborough Housing Authority for guidance before submitting your application.

Part 6 of the application captures information about household assets. Assets include liquid assets such as cash in savings and checking accounts, real estate owned, investment accounts (stocks, bonds, mutual funds, etc.). You must include all retirement accounts. Please indicate in whose name(s) each account is held and name of the bank or brokerage. If it is an interest-bearing account (such as a savings account), show the interest rate (example: if your savings account pays 2.5% interest, list 2.5 in the column for interest rate). The current balance should include the principal balance (or value if a non-cash asset) as of the most recent statement. Please include documentation as outlined in the application package and checklist.

Part 7 of the application should be filled out regarding members of the applicant household who are over 18 years of age and registered as a full-time student(s) in a school or college. Please include a letter from the educational institution showing that the household member is a full-time student(s), and the anticipated graduation date(s).

Part 8 of the application is for signatures and certifications by the Applicant and Co- Applicant. Please read the certification statement and sign this page.

General Authorization for Release of Information Form

All household members over the age of 18 must sign and date this form. This form will be used to verify information provided with the application.

- The Developer and the Agent do not discriminate on the basis of race, color, disability, religion, sex, familial status, or public assistance.
- Co-signers or guarantors are not allowed.
- Individuals or their families related to the Developer or with a financial interest in the project are prohibited from applying.

STAR MILL LOFTS

APPLICATION CHECKLIST

ENCLOSURES REQUIRED: (*Do not enclose originals – COPIES ONLY*)

- _____ Signed Application.
- _____ Copy of birth certificate and Social Security card
- _____ If an adult member of the applicant household is a full-time student, a letter from the school or college stating enrollment status and anticipated date of graduation.
- _____ Proof of Wage Income (5 most recent pay stubs OR salary verification letter on employer stationary, signed by an authorized individual) (for each job – and each household member).
- _____ Proof of Social Security, Disability, SSI, TAFDC, Veterans Benefits, Unemployment Compensation or other government benefits in the form of a letter from the appropriate agency (for each member of household).
- _____ Verification of need of an accessible unit (Doctor’s note or equivalent)
- _____ Proof of local residency or local employment
- _____ Complete Tax Returns **for the past three years**, including W2’s, 1099’s, all schedules and other attachments for each member of the applicants’ household. If you filed electronically and did not retain copies, please visit the IRS at irs.gov and request copies. You must sign and date these copies. Use the current date.
- _____ For Self Employment income, submit Income and Expense data certified by an independent accountant for the past two quarters.
- _____ Documentation of all Assets owned by any members of the Applicant household; documentation must include valuation. This includes the value of real estate owned; investments such as stocks and bonds or mutual funds accounts, and Certificates of Deposit.
- _____ Copies of savings and checking and other investment account statements, 3 most recent statements for each account held by each member of the applicant household.
- _____ Evidence of funds available for lease deposits (may be identified from savings or a signed and notarized gift letter from a person or organization providing funds.

**STAR MILL, 35 East Main Street Middleboro, MA
APPLICATION**

PLEASE PRINT ALL INFORMATION CLEARLY

APPLYING for: (applicants may check all categories for which they qualify)

- | | |
|--|---|
| <input type="checkbox"/> <u>One (1) Bedroom</u> | <input type="checkbox"/> <u>Two (2) Bedroom one bath</u> |
| <input type="checkbox"/> <u>Accessible unit</u> | <input type="checkbox"/> <u>Two (2) Bedroom 2 bath</u> |

For **Disabled-Accessible Preference**, check the appropriate box

Are you, or any member of your household, in need of an accessible unit?

YES___ **NO**___

(This is defined as persons with a physical or mental disability that meet standards established by the state laws for disabled housing) *Verification of need of an accessible unit must be provided in the form of a Doctor's note or equivalent.*

Part 1 - Applicant Information

Applicant Name	Mr./Mrs	First Name	Last Name

CO- Applicant's Name	Mr./Mrs	First Name	Last Name
Applicants Address			
	Street/Apt. #/ PO Box		
	City	State	Zip

Applicants Mailing Address			
	Street/Apt. #/ PO Box		
	City	State	Zip

Phone/Email	Home Phone	Cell Phone	Email

Household Members (List all household members, regardless of age, who will occupy the affordable unit)

Name	Relationship	Date of Birth	Social Security #
	Applicant		
	Co-Applicant		

List Addresses for each Adult Household Member for the last five (5) years in reverse order.

1. Name of Primary Leaseholder _____

Address _____ Apt# _____ Date from _____ To _____

City _____ State _____ Zip _____

Landlord Name _____ Phone _____

Landlord Address _____ City _____ State _____ Zip _____

Did this landlord bring any court action against the leaseholder or you? Yes _____ No _____

Did this landlord return your security deposit? Yes _____ No _____

2. Name of Primary Leaseholder _____

Address _____ Apt# _____ Date from _____ To _____

City _____ State _____ Zip _____

Landlord Name _____ Phone _____

Landlord Address _____ City _____ State _____ Zip _____

Did this landlord bring any court action against the leaseholder or you? Yes _____ No _____

Did this landlord return your security deposit? Yes _____ No _____

3. Name of Primary Leaseholder _____

Address _____ Apt# _____ Date from _____ To _____

City _____ State _____ Zip _____

Landlord Name _____ Phone _____

Landlord Address _____ City _____ State _____ Zip _____

Did this landlord bring any court action against the leaseholder or you? Yes _____ No _____

Did this landlord return your security deposit? Yes _____ No _____

Part II (A) - Applicants Household Income

Applicant's Full Time Occupation

Employer Name: _____

Employer Address: _____
Street City/Town State Zip code

Supervisor : _____
Name Phone # Ext. #

Total Income before any deductions:

If paid Weekly (attach 5 most recent pay stubs)	\$ Period #1	\$ Period #2	\$ Period #3	\$ Period #4	\$ Period #5
If Paid B-Weekly (attach 3 most recent pay stubs)	\$ Period #1	\$ Period #2	\$ Period #3		
If paid Monthly (attach 2 most recent income stubs/ documentation)	\$ Period #1	\$ Period #2			
Applicant's Total Gross Income					

Part II (B) - Co-Applicants Household Income

Co- Applicant's Full Time Occupation

Employer Name: _____

Employer Address: _____
Street City/Town State Zipcode

Supervisor : _____
Name Phone # Ext. #

Total Income before any deductions:

If paid Weekly (attach 5 most recent pay stubs)	\$ Period #1	\$ Period #2	\$ Period #3	\$ Period #4	\$ Period #5
If Paid B-Weekly (attach 3 most recent paystubs)	\$ Period #1	\$ Period #2	\$ Period #3		
If paid Monthly (attach 2 most recent pay stubs)	\$ Period #1	\$ Period #2			
Co-Applicant's Total Gross Income					

Part II (C) - Other Household Income

(ie self employed, child support, alimony, periodic payments from family/friends, SS, SSI, SSDI, pension, retirement, unemployment, workers compensation, interest income, any other income)

Household Member	Type of Income	Monthly Gross Amount

Part III - Asset Income

(ie checking accounts, savings accounts, CD's, IRA's, real estate, etc.)

Name on Account	Bank/Brokerage Name	Account Type/Interest Rate	Balance
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		Total Assets	\$

PART IV - Adult Full Time Students

Is any member of the Applicants Household over 18 years a full-time student? Yes _____ No _____

If yes, list name of full- time students (s) and school attending:

Name	School

***Attach a letter from each school verifying the student is enrolled full-time**

Part V- Local Preference

APPLYING for:

Local Preference (live, work or have a bona fide employment offer in the town of Middleborough.

1. **Current residents must provide documentation of residency such as rent receipts, utility bills, street listing or voter registration.**

Name	Current address	Date from	Date to

2. **Applicants that work in Middleborough must provide documentation of employment such as last 5 most recent pay stubs**

Household member	Current employer	Employer's address	Employer's phone #	Hired date

3. **Applicants that have been hired to work in Middleborough must provide documentation of employment such as letter from employer stating start date**

Household member	Employer	Employer's address	Employer's phone #	Hire date

Part VI - Minority Information for Applicant's

* Optional: Please check the appropriate Race Category for each Household Member

Household Member	Native American/Alaskan	Native Hawaiian/ Pacific Islander	African American	Hispanic/ Latino	White/ Non-Minority	Other/ Non-White

Part VII – Housing Information

Section 8 or similar housing subsidy (circle yes or no): Do you currently have a Section 8 Voucher (or similar housing subsidy)? **YES** **NO**

If yes, from which Housing Authority /agency is your voucher issued?

Real Estate: Do you, or anyone on this application, own any property or have owned property in the past 3 years? **YES** **NO**

Are you, or anyone on this application, entitled to receive any amount of money from the sale of any property? (currently or thru an upcoming court settlement)

YES **NO**

If yes to either question, type of property: _____

Location of property: _____

Appraised Market Value: \$ _____

Mortgage or outstanding loans balance due: \$ _____

Part VIII - Certification

I/We certify that the information contained in this application is true and accurate to the best of my/our knowledge.

I/We understand that only applications that are complete and eligible under the guidelines and contain all necessary documentation and certifications will be entered into the lottery.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Received by Lottery Agent:

Date	Time	Received by Deadline	MHA Signature

The information given in this application will be used to check that you are income qualified to be given an *opportunity* to lease an affordable unit in the Town of Middleborough as part of this program. Eligibility for an affordable unit does not guarantee you a unit.

THIS IS NOT A LEASE APPLICATION.

Please submit this application along with **ALL** of the listed documents to:

Middleborough Housing Authority
8 Benton St.
Middleboro, MA 02346

General Authorization for Release of Information

Star Mill Loft Rentals

I/We hereby authorize the Middleborough Housing Authority to do a credit report and to verify any and all income, assets and other financial information. I/we direct any employer, landlord, or financial institution to release any information to the Middleborough Housing Authority for the purpose of determining income eligibility for the Star Mill Lofts affordable units in Middleboro, MA. Any information released will be kept confidential.

Applicant Signature	last 4 digits of SS#	Date
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Co-Applicant Signature	last 4 digits of SS#	Date
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Additional Family Member	last 4 digits of SS#	Date
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Additional Family Member		Date
--------------------------	--	------

General Authorization for Release of Information Form

All household members over the age of 18 must sign and date this form. This form will be used to verify information provided with the application.

This authorization is valid for a period of one year from the date noted above.