

**CHILMARK HOMESITE HOUSING PROGRAM**

**APPLICATION**

Please PRINT all information clearly

*(Use additional sheets if needed to include relevant information)*

**All information and forms will be kept strictly confidential to the extent permitted by law.**

**Part I.**

**Date:** \_\_\_\_\_

**Applicant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

US citizenship or legal residency identification: \_\_\_\_\_

Please include a separate copy of a document proving US Citizenship or legal residency with this Application. (Copies of passport, birth certificate, permanent resident card (green card), Certificate of Citizenship, Certificate of Naturalization, other.)

Note: Copies of rent receipts, canceled rent checks, leases, notarized Certification Form (attached) from landlords, employers, or volunteer organizations are required for verification for #1-6.

Please indicate N/A when a question or category is not applicable.

1. How many years have you lived on Martha’s Vineyard? \_\_\_\_ In which town(s) have you lived?

Please specify towns/dates (month/year). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How many years have you worked on Martha’s Vineyard? \_\_\_\_\_. Please specify dates (month/year)

and the positions held. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. How many years have you volunteered on Martha's Vineyard? \_\_\_\_\_ Please specify dates (month/year) and the positions held. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How many years have you lived in Chilmark? \_\_\_\_\_ Please specify dates (month/year). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. How many years have you worked in Chilmark? \_\_\_\_\_ Please specify dates (month/year) and the positions held. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. How many years have you volunteered in Chilmark? \_\_\_\_\_ Please specify dates (month/year) and the positions held. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Are you a member of a trust or real estate trust (nominee trust)? \_\_\_\_\_  
If yes, please explain the nature and amount of your benefit: \_\_\_\_\_  
\_\_\_\_\_

**Part II. Household, Income and Asset Information** (Reminder to CHC: Check with DCRHA on Part II updates)

Please indicate N/A when a question or category is not applicable.

Applicant Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Household Information**

All household members must be listed, including any person 18 years of age or older, intending to live with the Applicant.

| First, Middle, Last Name of all Household Members | Relationship                 | Sex | Date of Birth | Employed Yes or No | SS# |
|---|------------------------------|-----|---------------|--------------------|-----|
| 1.  | Applicant                    |     |               |                    |     |
| 2.  | Co-Applicant (if applicable) |     |               |                    |     |
| 3.  |                              |     |               |                    |     |
| 4.  |                              |     |               |                    |     |
| 5.  |                              |     |               |                    |     |

**Income Information**

[Income is the combined pre-tax income for everyone in the household (regardless of whether or not he/she will be on the mortgage and/or deed), which includes job earnings; benefit payments, support payments, and income from assets. If you are self-employed, please list your net income (after deducting business expenses).]

**[Note: All Co-Applicant information should be listed on the Co-Applicant Application.]**

List below all income for the primary Applicant and of any household member **18 years of age or older** received from self-employment, wages/ salaries, overtime pay, commissions, fees/tips, and bonuses before taxes for the last 12 months. Applications must include the previous two years of federal income tax returns, including all corresponding W2's and attached schedules. If you are self-employed (full or part-time), submit a year-to-date profit/ loss statement AND the previous two years of federal income tax returns including all attached schedules.

Failure to report household income will result in the disqualification of this Application.

| Household Member           | Type of Income   | Name & Address of Employer or Source of Income | Gross Income for last 12 Months |
|----------------------------|--|--|---------------------------------|
| 1.                         | Salaries, wages, including overtime/tips                       |  |                                 |
| 2.                         | Salaries, wages, including overtime/tips                       |  |                                 |
| 3.                         | Salaries, wages, including overtime/tips                       |  |                                 |
|                            | Net income from business or profession (Schedule C)            |  |                                 |
|                            | Trust income Interest and Dividends                            |  |                                 |
|                            | Pensions and annuities   |  |                                 |
|                            | Regular unemployment or disability compensation                |  |                                 |
|                            | Regular Social Security benefits and/or SSI or V.A. Disability |  |                                 |
|                            | AFDC or Public Assistance                                      |  |                                 |
|                            | Regular Alimony, Child Support Payments, Gifts                 |  |                                 |
|                            | Other Income: _____  |  |                                 |
| <b>TOTAL GROSS INCOME:</b> |  |  |                                 |

**Applicant Asset Information**

List below all assets of everyone to live in the house including, but not limited to: all bank accounts, stocks and bonds, trust agreements, real estate, 410k, Keogh, etc. **Do not** include clothing, furniture or cars.

| Household Member | Type of Asset                                    | Cash Value |
|------------------|--|------------|
|                  | Bank Name & Checking Account #:                  |            |
|                  | Bank Name & Savings Account #:                   |            |
|                  | Stocks, Bonds, Mutual Funds:                     |            |
|                  | 401k, IRA, Keogh:                                |            |
|                  | Real Estate: (owned or sold within past 3 years) |            |
|                  | Monetary Gift:                                   |            |
| Other:           |  |            |

| Household Member | Type of Asset                                    | Cash Value |
|------------------|--|------------|
|                  | Bank Name & Checking Account #:                  |            |
|                  | Bank Name & Savings Account #:                   |            |
|                  | Stocks, Bonds, Mutual Funds:                     |            |
|                  | 401k, IRA, Keogh:                                |            |
|                  | Real Estate: (owned or sold within past 3 years) |            |
|                  | Monetary Gift:                                   |            |
| Other:           |  |            |

**TOTAL NET CASH VALUE\*** \_\_\_\_\_

**\*For any retirement fund that has an early withdrawal penalty, include the post-penalty value.**

**Certification and Acknowledgements**  
**Applicant**

I certify the following:

- All the information contained and submitted in support of this Application is true and complete to the best of my knowledge and belief. I am aware that any misrepresentation may result in disqualification of my Application.
- I understand it is my responsibility to submit a complete Application Packet that contains all required documentation and that the CHC and other members of the Chilmark Town Hall staff are there to assist only.
- Consent to Release Information: I authorize the Chilmark Housing Committee or designee to supply and receive information to/from any relevant source including, but not limited to, my employer(s), my financial institution(s), other housing assistance programs, and/or my mortgage lender to verify the information contained in this Application and to confirm my eligibility for the Chilmark Homesite Housing Program.
- I understand that completion of this Application does not guarantee my eligibility for the Program.
- If I enter into a ground lease with the Town of Chilmark, I agree to accept such ground lease with restrictions that: require the property to be owner-occupied; limit the transfer of the property to income-eligible buyers; limit the sale price and the amount of equity available upon re-sale or refinance; permit a second mortgage on the property to the Town in the amount of \$1 (for notification purposes). I acknowledge that the intentions of these ground lease restrictions are to ensure that opportunities to purchase affordable homes be preserved for future generations of buyers.

**Applicant**  
**Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Applicant**

*I have received the Application documents, understand the materials presented and hereby swear, on pain of perjury, that the contents of this Application are truthful:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Chilmark Homesite Housing  
Residency, Employment, Volunteer Certification Form**

Please PRINT all information clearly  
Additional documentation may be attached

Name of Applicant \_\_\_\_\_

Certifying Party's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

I, \_\_\_\_\_ attest to the fact that  
(Name of Certifying Party)

\_\_\_\_\_  
(Name of Applicant)

Lived at \_\_\_\_\_  
(Physical Address)

Worked at \_\_\_\_\_  
(Name & Address of Business)

Volunteered for \_\_\_\_\_  
(Name of Town Committee or Organization)

**For the following period(s) of time:**

*Note: if the Applicant/Co-Applicant has not lived, worked or volunteered for a consecutive period of time (e.g., part-time or sporadic) please be very specific with the dates.*

Beginning and ending dates: \_\_\_\_\_  
(Month/Year)

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: The Certifying Party must submit a notarized copy of this Certification Form.**

## Required Documentation Checklist

The following documents for **all household members** (age 18 or older) must be submitted for the Application to be complete. Those items marked with an \* are not required unless you are the Applicant or Co-Applicant.

### **Part I.**

- \*Completed Application, signed and dated;**
- \*Proof of US citizenship or legal residency;**
- \*Proof of residency/employment/volunteering in Martha's Vineyard (if applicable);**
- \*Proof of residency/employment/volunteering on Chilmark (if applicable);**
- \*Current pre-qualification letter from a lender signed and dated by your lender, indicating amount of financing approved;**
- Signed Criminal Offender Record Information (CORI) Acknowledgement Form;**

### **Part II.**

- Complete copies of your **2 most recent Federal income tax returns. You must include all corresponding W2's and attached schedules;**
- Copies of your **5 most recent pay stubs;**
- Copies of your **3 most recent bank statements and any investment account statements;**
- If you are **self-employed (full or part-time)**, submit a **year-to-date profit/ loss statement AND the previous two years of federal income tax returns including all attached schedules;**
- If you are divorced or legally separated and/or receiving alimony or child support please attach a copy of the decree/agreement and any statement of payment accounts such as provided by the Department of Revenue;
- \*If you are receiving any other form of down payment assistance (a personal gift and/ or aid from another program), submit a letter from the 3<sup>rd</sup> party offering the assistance describing the amount and type of assistance, the terms on any repayment or that repayment is not expected;**
- If pension plan has not vested, **submit evidence of vesting schedule;**
- Any adult member (18 years or older) of the Applicant's household not working must submit a signed **Affidavit of No Income;**
- Completed and signed Verification Forms (attached). Submit these forms with your Application; do not send to verifying party.
  - Request for Transcript of Tax Returns (4506-T)
  - Bank Account Verification
  - Verification of Income from Wages
  - Verification of Child Support (if applicable)
  - Verification of Unemployment Wages (if applicable)