

CHILMARK HOMESITE HOUSING PROGRAM

APPLICATION

Please PRINT ~~or TYPE~~ all information clearly
(Use ~~the back~~ for 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 ~~letters~~ Certification Form (attached) from landlords, employers, or volunteer organizations are required for verification for #1-56.

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. _____

~~2-3.~~ How many years have you volunteered on Martha's Vineyard? ____ Please specify dates (month/year) and the positions held. _____

~~3-4.~~ How many years have you lived in Chilmark? ____ Please specify dates (month/year). _____

~~4-5.~~ How many years have you worked in Chilmark? ____ Please specify dates (month/year) and the positions held. _____

~~5-6.~~ How many years have you volunteered in Chilmark? ____ Please specify dates (month/year) and the positions held. _____

~~Applicant Name~~ _____

~~6. Will there be a co-signer on your loan for the purchase of a Homesite Lot and construction of a home? ____ If yes, name of co-signer: _____
Relationship of applicant to co-signer: _____
_____~~

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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.	<u>Co-Applicant (if applicable)</u>				
3.					
4.					
5.					

Income Information

Please note that any person 18 years of age or older intending to live with the applicant or to benefit from the applicant's acquisition of a Homesite Lot must be considered a co-applicant. Co-applicant must submit all information required of applicant and must complete the information below. (If needed, additional copies of this section may be made for more than one (1) co-applicant and submitted with application.)

Name of Co Applicant: _____

Address of Co Applicant: _____

Relationship to Applicant: _____

Home Phone: _____ Work: _____ Cell: _____

US citizenship or legal residency identification: _____

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

Applicant Name _____

Note: Copies of rent receipts, canceled rent checks, leases, notarized letters from landlords, employers, or volunteer organizations are required for verification for #8-13.

8. How many years have you lived on Martha's Vineyard? _____ In which town(s) have you lived? Please specify towns/dates? _____

9. How many years have you volunteered on Martha's Vineyard? _____ Please specify dates and the positions held. _____

10. How many years have you lived in Chilmark? _____ Please specify dates. _____

11. How many years have you worked in Chilmark? _____ Please specify dates and the positions held. _____

12. How many years have you volunteered in Chilmark? _____ Please specify dates and the positions held. _____

13. Are you (co-applicant) a member of a trust or real estate trust (nominee trust)? _____
If yes, please explain the nature and amount of your benefit: _____

| _____

Applicant Name _____

[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: _____		
TOTAL GROSS INCOME:			

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, 401k, Keogh, etc. **Do not** include clothing, furniture or cars.

Household Member	Type of Asset	Cash Value
	Bank <u>Name</u> & Checking Account #:	
	Bank <u>Name</u> & 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 <u>Name</u> & Checking Account #:	
	Bank <u>Name</u> & 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* _____

***Please include post-penalty amounts for For any retirement fund assessed penalties for that has an early withdrawal penalty, include the post-penalty value.**

Certification and Acknowledgements

Applicant

I/We 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/We authorize the Chilmark Housing Committee or designee to supply and receive information to/from my/~~our~~ any relevant source including, but not limited to, my employer(s), my/~~our~~ financial institution(s), other housing assistance programs, and/or my/~~our~~ mortgage lender to verify the information contained in this Application and to confirm my/~~our~~ eligibility for the Chilmark Homesite Housing Program.
- I/We understand that completion of this Application does not guarantee my/~~our~~ eligibility for the Program.
- If I/we enter into a ground lease with the Town of Chilmark, I/we 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. I/we; 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** _____

Co-Applicant _____ **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

~~Each of the~~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 3rd 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)