

Date Received: _____ 1BDR ACC 1BDR/ 2BDR / 3BDR CAMB / NON-CAMB (To be Completed by JAS)

823 MAIN STREET CONDOMINIUM

Application for Homeownership

APPLICATIONS DUE BEFORE:

Wednesday, January 28 2009 at 5:00 PM

ADDRESS OR DELIVER APPLICATIONS TO:

Just-A-Start Corporation (Office Hours 8:30AM to 5:00PM)

1035 Cambridge Street #12

Cambridge, MA 02141

Attn: **Sharon Cowan** (617) 494-0444 x340

Date of Application: _____

**INCLUDE ALL Applicable ATTACHMENTS listed in SECTION G.
YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THESE ATTACHMENTS.**

Applicant _____
First Name Middle Name Last name

Co-Applicant _____
First Name Middle Name Last name

Relationship of Co-Applicant to Applicant: _____

Home Address _____
Street Name Apartment/Unit#

City/State Zip Code

Telephone _____
Daytime Evening

A. CURRENT HOUSEHOLD COMPOSITION

Include information for the **APPLICANT** and **ALL** household members.

Full Name	Sex	Date of Birth	Relationship	Social Security #	Annual Gross Income
			SELF		\$
					\$
					\$
					\$
					\$
					\$
TOTAL HOUSEHOLD INCOME					\$

Is there anyone **not listed** above who will be living with you next year? Yes No

Is there anyone **listed** above who will not be living with you next year? Yes No

If yes, please explain: _____

Does your household need housing that is accessible to a person with a mobility impairment or a wheelchair?

Yes No If yes, please explain: _____

B. HOUSING HISTORY

- Do you currently live in Cambridge? Yes No
- Do you currently work in Cambridge? Yes No
- Do you currently own a home? Yes No
- Have you ever owned a home? Yes No
- Are you currently or were you ever a **part owner** of any real estate? Yes No

If you have ever owned a home before or been **part owner**, please provide further information including location of that property and the date of sale.

Please provide information about your **current residence**.

When did you move into your current residence? _____
(mm/dd/yyyy)

Landlord Name: _____ Phone: _____

Landlord Address _____
Street Apartment/Unit# City/State Zip Code

How many bedrooms are in your current residence? _____

How much do you currently pay for monthly rent? _____

Is your rent subsidized? Yes No. If yes explain how:
 Inclusionary Non profit
 Private (Section 8) Public Housing Other

Please provide information about your **last residence** prior to your current residence.

Your Last Address:

From _____ (MM/DD/YYYY) To _____ (MM/DD/YYYY)

Street Apartment/Unit# City/State Zip Code

Landlord's Contact Information Name: _____ Phone: _____

Street Apartment/Unit# City/State Zip Code

C. FINANCIAL INFORMATION

- Please list ALL household savings and checking accounts of every member of your household.

_____	_____	_____	\$ _____
Name(s) on Account	Bank/Institution, City, State	Account Number	Balance
_____	_____	_____	\$ _____
Name(s) on Account	Bank/Institution, City, State	Account Number	Balance
_____	_____	_____	\$ _____
Name(s) on Account	Bank/Institution, City, State	Account Number	Balance
_____	_____	_____	\$ _____
Name(s) on Account	Bank/Institution, City, State	Account Number	Balance

- Please state the amount of cash now held by all household members \$_____.

Please list all other assets (including land, property, 401K, IRA's, stocks, bonds, etc.) of every member of your household.

_____	_____	_____	\$ _____
Name(s) on Account	Bank/Institution, City, State	Type of asset	Balance/estimated value
_____	_____	_____	\$ _____
Name(s) on Account	Bank/Institution, City, State	Type of asset	Balance/estimated value
_____	_____	_____	\$ _____
Name(s) on Account	Bank/Institution, City, State	Type of asset	Balance/estimated value

Do you own your own business or business property? Yes No. If yes, please list details below:

Do you owe any money on loans such as car loans, personal loans, student loans, credit cards etc. If yes, Please list all loans with outstanding balances for every member of your household.

_____	\$ _____	\$ _____	_____
Name of lender	Balance Owed	Monthly Payment	Date Will be Paid Off (month/year)
_____	\$ _____	\$ _____	_____
Name of lender	Balance Owed	Monthly Payment	Date Will be Paid Off (month/year)
_____	\$ _____	\$ _____	_____
Name of lender	Balance Owed	Monthly Payment	Date Will be Paid Off (month/year)
_____	\$ _____	\$ _____	_____
Name of lender	Balance Owed	Monthly Payment	Date Will be Paid Off (month/year)

Is there anything else about your debt or savings we should know? If so, please explain.

Have you or any members of your household ever filed for bankruptcy? _____ If yes, when? _____.

Total savings you have available to cover closing costs and the down payment: \$_____

D. INCOME INFORMATION

Please provide employment information for the last two years for every working member of the household over the age of 18. For gross income (income before taxes) indicate Weekly, Bi-weekly, Monthly or Yearly.

<hr/>	<hr/>	<hr/>	\$ <hr/>
Name (Household Member)	Job Title	Employed From- To (mm/dd/yyyy)	Gross Income Received
<hr/>	<hr/>	<hr/>	<hr/>
Employer	Employer Address		
<hr/>	<hr/>		
Supervisor	Employer Telephone Number		
<hr/>	<hr/>		

<hr/>	<hr/>	<hr/>	\$ <hr/>
Name (Household Member)	Job Title	Employed From - To (mm/dd/yyyy)	Gross Income Received
<hr/>	<hr/>	<hr/>	<hr/>
Employer	Employer Address		
<hr/>	<hr/>		
Supervisor	Employer Telephone Number		
<hr/>	<hr/>		

<hr/>	<hr/>	<hr/>	\$ <hr/>
Name (Household Member)	Job Title	Employed From - To (mm/dd/yyyy)	Gross Income Received
<hr/>	<hr/>	<hr/>	<hr/>
Employer	Employer Address		
<hr/>	<hr/>		
Supervisor	Employer Telephone Number		
<hr/>	<hr/>		

<hr/>	<hr/>	<hr/>	\$ <hr/>
Name (Household Member)	Job Title	Employed From - To (mm/dd/yyyy)	Gross Income Received
<hr/>	<hr/>	<hr/>	<hr/>
Employer	Employer Address		
<hr/>	<hr/>		
Supervisor	Employer Telephone Number		
<hr/>	<hr/>		

Please indicate whether any household member receives any income from sources below:

- | | | | |
|-----------------------------|--|--|--|
| Unemployment | <input type="checkbox"/> No <input type="checkbox"/> Yes | Gifts Received Regularly | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Armed Services compensation | <input type="checkbox"/> No <input type="checkbox"/> Yes | Veteran's benefits | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Worker's compensation | <input type="checkbox"/> No <input type="checkbox"/> Yes | TANF/TAFDC | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Social Security | <input type="checkbox"/> No <input type="checkbox"/> Yes | SSI Benefits | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Pension/retirement pay | <input type="checkbox"/> No <input type="checkbox"/> Yes | Other source of income: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Bank interest/dividends | <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, describe other source of income: _____ | |
| Child support or alimony | <input type="checkbox"/> No <input type="checkbox"/> Yes | _____ | |
| Public Assistance | <input type="checkbox"/> No <input type="checkbox"/> Yes | _____ | |

For each income source checked above: list household member receiving income, type of income and amount of income.

Household Member Received By (First Name and Last Name)	Type of Income (Refer to Categories Listed Above)	Amount Received (Indicate W-Weekly B-Bi-weekly M-Monthly or A-Annually)
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>

Are you or any working member of your household over the age of 18 SELF-EMPLOYED? No Yes
 If yes, provide further information below.

E. REFERENCES

Please list three references who are **not** related to you.

Reference 1:			
Name _____	Relationship _____	Daytime Phone _____	Nighttime Phone _____
Address: _____	Street/Apt# _____	City/State _____	Zip Code _____
Reference 2:			
Name _____	Relationship _____	Daytime Phone _____	Nighttime Phone _____
Address: _____	Street/Apt# _____	City/State _____	Zip Code _____
Reference 3:			
Name _____	Relationship _____	Daytime Phone _____	Nighttime Phone _____
Address: _____	Street/Apt# _____	City/State _____	Zip Code _____

F. ADDITIONAL INFORMATION

Do you have any **pets**, or anticipate having any? Yes No
 If yes, please describe: _____

Have you completed a **First Time Homebuyers Class**? Yes No
 If yes, please describe and provide the date when you completed the class: _____

If no, are you willing to complete a First Time Homebuyers Class? Yes No

What is your citizenship or residency status in the United States? U.S. Citizen Visa _____*
 *(Please indicate which Type of Visa if applicable)
 Other _____

Do you own an automobile? Yes No
 If yes, how many automobiles do you have registered under your household's name? _____

If there is any additional information you would like us to consider, please provide below or use back of application if necessary.

G. ATTACHMENTS

Below is a list of attachments needed to complete and process your application. Please send **PHOTOCOPIES** of all documents, not the originals. Please check all applicable items below indicating you remembered to attach the following:

- Birth certificates for each child under 18
- Social Security cards for all household members
- Tax returns for 2005, 2006, and 2007
- Documentation of current income/expenses if self-employed. Plus a copy of the 2007 Federal Income Tax forms including all schedules (including schedule C)
- All W2's for 2005, 2006, 2007, and 2008
- Last 6 months bank statements for each bank account listed for all household members. Including all Retirement Accounts, 401k plans, money market etc.
- Copies of statements of any other assets
- Documentation of any additional source of income, including Social Security or Child Support
- Last 4 weeks pay stubs for weekly payrolls and 2 most recent paystubs for bi-weekly payrolls for every current job
- Statement of no income for any household member over 18 years of age who has no source of income (Contact Just-A-Start for "Statement of No Income" form if someone has no income)
- Proof of your address: provide two forms of proof (rental lease, utility bills, voter registration, etc.)
- Applicant Declaration and Release Form (See Page 7) signed by Applicant and Co-Applicant, and every household member 18 years or older.

Just-A-Start Corporation reserves the right to request additional documentation regarding income, household assets, proof of Cambridge Residency and need for an accessible unit.

Applicant's may need to re-verify income before closing on the property.



All requirements for fair housing laws and state housing discrimination laws will be observed and enforced in the buyer selection process for this project. No eligibility or priority determination will be affected by the applicant's race, color, religion, creed, national origin, sex, family status, marital status, welfare or other public assistance status, age, disability or sexual preference. If you believe you have been discriminated against in seeking housing, you should contact the Massachusetts Commission Against Discrimination (617) 727-3990 or the U.S. Department of Housing and Urban Development

APPLICANT DECLARATION AND RELEASE FORM

I/we certify, under penalty of perjury, that all information furnished in this application for affordable housing is true and complete to the best of our knowledge.

I/we understand that any false statement, made knowingly and willfully, will be sufficient cause for rejection of this application.

I/we hereby authorize Just-A-Start to obtain a credit report in my/our name and to contact and/or obtain verification from any source named in this application.

I/we understand that the housing for which I/we are applying has been developed with public funding and will be restricted as to occupancy and future sales price through a recorded deed restriction.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

Signature of Household member aged 18 or over _____ Date _____

Signature of Household member aged 18 or over _____ Date _____

Signature of Household member aged 18 or over _____ Date _____

Penalty for false or Fraudulent Statement, U.S.C.

“Title 18, Section 1001, provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...Or makes any false fictitious or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statements or entry shall be fined not more than \$10,000 or imprisoned not more than five (5) years or both.”