

Affordable Unit Application

The Pastures at Dover

61 County Street

Dover, MA

This is an important document. If you require language interpretation, please contact the agent for this development directly (info@sebhousing.com or 617-782-6900 x3) and request interpretation services in your own language. If the agent does not speak your primary language they will contact a translator who will provide language assistance.

Este es un documento importante. Si necesita interpretación de idiomas, comuníquese directamente con el agente de este desarrollo (info@sebhousing.com y 617-782-6900 x3) y solicite servicios de interpretación en su propio idioma. Si el agente no habla su idioma principal, se pondrá en contacto con un traductor para que proporcione que brindará asistencia lingüística.

Applications must be delivered by 2:00 pm on April 22, 2024.

YOU CAN COMPLETE AND SUBMIT A LOTTERY APPLICATION ONLINE HERE:



<https://form.jotform.com/SEBHousing/PasturesOfDover>

Maximum Household Income Limits

\$82,950 (1 person), \$94,800 (2 people), \$106,650 (3 people)
\$118,450 (4 people), \$127,950 (5 people) \$137,450 (6 people)

Rents are \$2,093 (1BR), \$2,485 (2BR), \$2,858 (3BR). Tenants will pay the cost of gas (including heat, cooking, hot water), electricity, and water. Sewer charges are included in the rent. Pets are permitted, subject to restrictions (pet fees are \$100/month for a dog, \$75/month for a cat). One complimentary parking space is available for residents. **Rents after the first year of a lease are subject to change.*

Households must make approximately \$62,700 to lease a 1BR unit, \$74,500 to lease a 2BR unit, \$85,700 to lease a 3BR unit. Please read the Information Packet for more details.

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. Applicants with a housing subsidy are encouraged to contact the housing agency who issues their housing subsidy to confirm that the rents are within the agency's payment standards to ensure that they will not be prohibited by the housing agency from using the housing subsidy at this property. Units are planned for occupancy in May 2024.

Directions To Complete this Lottery Application: Online Applications can be completed and submitted at the JOTFORM link above. If you'd prefer to submit a paper/PDF application, it must be completed and delivered by the deadline. This application must be filled out entirely for your application to be processed. If a question does not apply to you, check "N/A". Send or drop off all applications by the date above to: **SEB Housing-The Pastures of Dover, 257 Hillside Ave, Needham, MA 02135. Fax: (617) 782-4500; Phone: (617) 782-6900; Email: info@sebhousing.com**

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. For TTY Services dial 711. Free translation is available through Certified Languages International.



The Pastures at Dover. Please provide all the following contact information for the Head of Household:

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone:(_____) _____ Cell Phone:(_____) _____

Work Phone:(____) _____

Email address: _____ @ _____

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 Date: _____

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
				Yes	No
				Yes	No
				Yes	No

I certify that my Household Size is (total number of household members) _____.

Initial(s): _____

Initial(s): _____

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

- 1 person household** (*Type I*)
- 1 person household with a disability or medical need for TWO bedrooms** (*Please note that verification from medical provider of need for a 2BR unit will be required at certification otherwise household may be removed from Waiting Lists*) (*Type II*)

- 2 person household: 2 heads-of-household** (*Type I*)
- 2 person household: 1 head-of-household plus one dependent** (*Type II*)
- 2 person household with a disability or medical need:** 2 heads-of-household where (A) heads-of-household cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on their mental or physical health OR (B) there is a separate disability or medical need for **two** bedrooms. (*In either case, please note that verification from medical provider of need for separate rooms for heads of households or of need for a 2BR unit will be required at certification otherwise household may be removed from Waiting Lists*) (*Type II*)
- 2 person household with a disability or medical need for THREE bedrooms** (*Please note that verification from medical provider of need for a 3BR unit will be required at certification otherwise household may be removed from Waiting Lists*) (*Type III*)

- 3 person household: 1 head-of-household plus 2 dependents** (*Type III*)
- 3 person household: 2 heads-of-household plus 1 dependent** (*Type II*)
- 3 person household with a disability or medical need:** 2 heads-of-household plus one dependent, where (A) heads-of-household cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on their mental or physical health OR (B) there is a separate disability or medical need for **three** bedrooms. (*In either case, please note that verification from medical provider of need for separate rooms for heads of households or of need for a 3BR unit will be required at certification otherwise household may be removed from Waiting Lists*) (*Type III*)

- 4 person household: all types** (*Type III*)
- 5 person household: all types** (*Type III*)
- 6 person household: all types** (*Type III*)

Unit Size Information: Circle the bedroom sizes for which you are applying. (You may apply for more than one bedroom size)

- 1 bedroom
- 2 bedroom
- 3 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

PREFERENCE INFORMATION

(Please note that documentation **will** be required to verify preferences **AFTER** the lottery and **households who incorrectly apply for a preference will be dropped from all waiting lists**)

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 Dover or (B) an employee of a business located in Dover including Town employees or (C) a current student in the Dover school system (such as METCO students)

- Yes
- No

If you answered "Yes" for Local Preference you will need to attach the documentation specified below AFTER THE LOTTERY and failure to provide the requirement documentation may result in the applicant being dropped entirely from ALL Waiting Lists:

If qualifying under definition (A) as detailed above: I will have to submit 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 City of Marlborough Election Department

If qualifying under definition (B) as detailed above: I will have to submit copies of pay-stubs **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 employee's name.

If qualifying under definition (C) as detailed above: I will have to submit copies of Marlborough school transcripts **AND** proof of relation to the student (by birth certificate or legal guardianship or divorce decree)

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
- Black or African American
- Hispanic or Latino
- White (not of Hispanic origin)
- Asian
- Native Hawaiian or Pacific Islander
- Other (please specify)_____

DISABLED-ACCESSIBLE 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

REASONABLE ACCOMMODATION

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, (“practices”) when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing. If you have a reasonable accommodation request related to *this Application/Certification*, please describe it here. If you have any *other* requests, including a reasonable accommodation request related to the *Owner/Developer’s* practices, or a reasonable modification request related to the physical structure of the building or unit, do *not* list it here. That request must be made directly to the Owner/Developer.

Does any member of the household have any reasonable accommodation requests 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:

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 submit 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. 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 after the lottery for households who are invited to move forward).

The Documentation Requirements Guide provided to households who are eligible for the lottery will explain in detail the documents that must be provided).

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.
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)	
	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 Funds	

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.e. rent assistance from family)	
	Interest Income (source)	
	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 N/A. After the lottery 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.

Checking Accounts	Bank Name	Last 4 Digits of Acct Number	Amount	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Trust Account			Balance \$	
Venmo/Paypal /Cash-App			Balance \$	
			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 Land (not a home)			Current Net Equity \$	

You MUST complete this section on Real Estate too!

<p>Do you, or anyone on this application, currently own a home (including an investment home) or are listed on the deed for any home??</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><u>If YES</u>, put the current equity or the amount you should receive from the settlement here: \$</p>	

You must now read, sign and date the next 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 the income and asset numbers I disclose will determine my eligibility for this lottery AND the Waiting Lists on which I will be placed, and that if the income and/or assets I disclose in this Application are less than my total income and/or assets when counting all sources as detailed in this Application and the Information Packet, and/or if my income is higher on the final date of Certification than what I disclosed in this Certification Application, and as a result I am not eligible for the unit(s) designated for the Waiting List(s) I will be placed on as a result of the information disclosed herein, then I will not be able to be added to any other Waiting List based on my position in the original drawing, but rather I will be added to the bottom of the Waiting Lists for which I am eligible as determined by my income at final Certification.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.
10. Co-signers and Guarantors **are not** permitted unless they are co-tenants who will reside in the unit.
11. 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.
12. 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.
13. The undersigned give consent to the Town of Dover, SEB Housing LLC, MassHousing, The Pastures at Dover 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

Send applications by the date on the cover page to SEB (DO NOT SEND THEM TO THE PROPERTY, SEND THEM TO THE NEEDHAM ADDRESS). For Questions contact info@SEBHousing.com or (617) 782-6900.