

Winchester First Time Home Buyer (FTHB) Program Application

222 Washington Street, Unit 1 / Winchester, MA 01890

I) Applicant Information

Name: _____ Date of Application: _____

Date of Birth: _____

Marital Status: Single Married Divorced Stable Inter-dependent Relationship * Other: _____

Current Street Address: _____ Unit / Apartment: _____

City, State, Zip: _____ Length of Time at Current Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Previous Addresses (for 5 years prior to date of this application) / City / State / Zip / Date Range (month/year format e.g. 05/2011-05/2016)

1) _____

2) _____

Do you currently own a home? _____ Have you previously owned a home? _____

If yes, provide all Dates of Ownership (month/year format e.g. 05/2011-05/2016) and Locations:

Date of Ownership: _____ Location: _____

II) Co-Applicant(s) Information: Attach additional pages if necessary.

Name: _____ Date of Application: _____

Date of Birth: _____

Marital Status: Single Married Divorced Stable Inter-dependent Relationship * Other: _____

Street Address: _____ Unit / Apartment: _____

City, State, Zip: _____ Length of Time at Current Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Previous Addresses (for 5 years prior to date of this application) / City / State / Zip / Date Range (month/year format e.g. 05/2011-05/2016)

1) _____

2) _____

Do you currently own a home? _____ Have you previously owned a home? _____

If yes, provide all Dates of Ownership (month/year format e.g. 05/2008-05/2009) and Locations (Street / City / State / Zip):

Dates of Ownership: _____ Location: _____

III) Household Members/Size: Please list all persons (including Applicant and Co-Applicant) who will occupy the unit:

Name	Social Security # (last 4 numbers)	Date of Birth	Relationship to Applicant
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

Indicate Minimum Number of Bedrooms Needed: _____

* If this box is checked, we will ask you to sign a statement. **Stable Inter-Dependent Relationship** must satisfy the following criteria: 1) not related by blood; 2) have been residing together in a common household for at least 6 consecutive months; 3) are sole partners of one another; 4) are financially interdependent.

IV) Household Income: Household income means the estimated gross income for all household members 18 years of age or older, for the calendar year 2020 based on current annualized gross amounts of income from any source, both taxable income and non-taxable income, including, but not limited to: earnings, overtime, IRA distributions, part-time employment, bonuses, dividends, interest, annuities, pensions, Veterans Administration Compensation, gross rental or lease income, commissions, deferred income, welfare payments, social security benefits, disability payments, alimony, support payments, public assistance, sick pay, unemployment compensation, and income received from trusts, business activities and investments. Failure to disclose complete earnings can render an applicant disqualified from consideration. Attach additional pages if needed.

Estimated Household Income (2021)	Applicant	Co-Applicant	18+ Household Members
Employer: **	_____	_____	_____
Address (City/State)	_____	_____	_____
I am paid (if Hourly indicate rate): (if Salary , indicate annual amount)	<input type="checkbox"/> Hourly/rate _____ <input type="checkbox"/> Salary _____	<input type="checkbox"/> Hourly/rate _____ <input type="checkbox"/> Salary _____	<input type="checkbox"/> Hourly/rate _____ <input type="checkbox"/> Salary _____
Indicate Pay Cycle & Amount per:	<input type="checkbox"/> Weekly _____ <input type="checkbox"/> Bi-Weekly _____ <input type="checkbox"/> Semi-Monthly _____ <input type="checkbox"/> Monthly _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Weekly _____ <input type="checkbox"/> Bi-Weekly _____ <input type="checkbox"/> Semi-Monthly _____ <input type="checkbox"/> Monthly _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Weekly _____ <input type="checkbox"/> Bi-Weekly _____ <input type="checkbox"/> Semi-Monthly _____ <input type="checkbox"/> Monthly _____ <input type="checkbox"/> Other _____

Overtime total to date (from 1/1/21): **	_____	_____	_____
Bonus total to date (from 1/1/21): **	_____	_____	_____
Commissions to date (from 1/1/21): **	_____	_____	_____
Supplemental 2nd Income (monthly)**	_____	_____	_____

Employer: **	_____	_____	_____
Address (City/State)	_____	_____	_____

Additional Sources of Income including child support:**
Indicate Applicable Type & Monthly Amount (attach additional pages if necessary):

1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

**** Three (3) most recent consecutive pay stubs and/or other supporting documentation must be included with application for each earning household member.** Self-employed individuals and those earnings commissions, bonuses and overtime must submit last two years Federal Income Tax Returns and supporting schedules and documentation. Commissions, overtime and bonuses will be averaged over previous two years.

V) Assets: Applicants must disclose assets and provide supporting documentation if requested and/or if using a lender other than a Winchester FTHB Participating Lender. Cash value of the following will be considered as assets. Include Information for all 18+ Household Members, attach additional pages if necessary. Failure to disclose total assets may result in disqualification from the lottery.

	Current Balance	Institution	Account #	Owner in Household
Savings Accounts	_____	_____	_____	_____
Savings Accounts	_____	_____	_____	_____
Checking Accounts	_____	_____	_____	_____
IRA/401K	_____	_____	_____	_____
IRA/401K	_____	_____	_____	_____
ROTH IRA	_____	_____	_____	_____
Securities	_____	_____	_____	_____
Real Estate	_____	_____	_____	_____
Other Assets	_____	_____	_____	_____

VI) Down Payment: Indicate source & amount. _____

VII) Liabilities/Creditors: Debts, such as car payments, credit cards, personal loans, student loans, will be viewed by your financing institution, and will affect your ability to obtain a mortgage. You may be asked to supply supporting documentation.

VIII) Mortgage Pre-Approval:

Attach a copy of applicant's mortgage pre-approval letter from a Winchester FTHB Participating Lender or other financing institution which indicates the type of loan and amount

XI) Application Certification Form/Authorization to Release Financial Information

The undersigned affirms under the pains and penalties of perjury that all information given in this application is true, and that the conditions that the Town has placed on participation in this lottery are acknowledged. Your signature below gives consent to the Town of Winchester to verify information contained in this application, specifically authorizing the release of financial information by the participating financing institution to verify that program financial eligibility requirements have been met. False information or misinformation will result in disqualification from participation in the program.

_____	_____	_____
Applicant Signature	Print Name	Date
_____	_____	_____
Co-Applicant Signature	Print Name	Date