

Winchester First Time Home Buyer (FTHB) Program Application

For Participation in the Housing Lottery
36 – 40 Elmwood Avenue, Winchester, MA 01890

Applicant Information

Name: _____ Date of Application: _____
Date of Birth: _____ Marital Status: Single Married Divorced
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. 05/2015 - 06/2020)
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. 05/2001-05/2017) and Locations:

Date of Ownership: _____ Location: _____

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

Name: _____ Date of Application: _____
Date of Birth: _____ Marital Status: Single Married Divorced
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. 05/2015-6/2020)
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. 05/2001-05/2003) and Locations (Street / City / State / Zip):

Dates of Ownership: _____ Location: _____

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

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate Minimum Number of Bedrooms Needed (lottery will be re-ranked based on bedrooms needed): _____

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Disability-Related Accommodations and Modification Request: *Persons with disabilities are entitled to request a reasonable accommodation of rules, policies, practices, or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the person/s with disabilities equal opportunity to use and enjoy the housing.*

The person(s) who has a disability requiring a reasonable accommodation is:
 Me A person(s) associated or living with me

Name of person with disability: _____

I or the person(s) associated or living with me have a disability and request the following:

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 (2020)

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

Overtime total to date (from 1/1/2020): ** _____

Bonus total to date (from 1/1/2020): ** _____

Commissions to date (from 1/1/2020): ** _____

Supplemental 2nd Income (monthly)** _____

Additional Sources of Income:**

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Indicate Applicable Type & Monthly Amount (attach additional pages if necessary). **Child support should be included here:**

1) _____

2) _____

3) _____

**** Five (5) most recent consecutive pay stubs, three (3) most recent federal tax returns and/or other supporting documentation must be included with application for each earning household member.** If self-employed, please submit quarterly estimated taxes. Commissions, overtime and bonuses will be averaged over previous two years.

Assets: Applicants must disclose assets and provide supporting documentation if requested. 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. Assets divested at less than full and fair value during previous year will be counted at their fair and full value.

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

Down Payment: Indicate source & amount. _____

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.

Mortgage Pre-Approval: Attach a copy of applicant’s mortgage pre-approval letter which indicates the type of loan and amount.

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

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APPLICATION DEADLINE: May 2, 2022

APPLICATION CHECKLIST:

- _____ Complete application
- _____ Mortgage pre-approval
- _____ Five current paystubs for all household members over 18
- _____ Three current federal tax returns for all earning household members
- _____ Three months of current statements for all savings/IRA/401 etc. accounts

Please submit the completed application with all supporting documentation to:

**Town Manager's Office
FTHB Program
71 Mt. Vernon Street
Winchester, MA 01890**

Application deadline: May 2, 2022 by 4:00pm

If you need any additional information, please contact Jennifer Cafarella at 781-759-9747 or email inquiries can be sent to jcafarella@winchester.us.