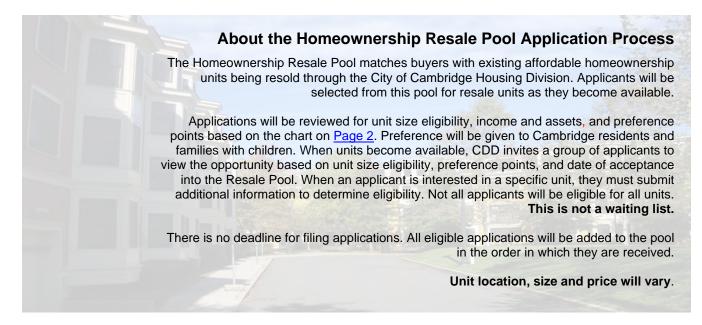
City of Cambridge **Homeownership Resale Pool Information & Application**

www.cambridgema.gov/housing



Qualifying Guidelines

1) Household income must be at least minimum and not more than the maximum limits listed, adjusted for household size (see table above).

2) The Homeownership Resale Pool is for first time homebuyers, defined as: applicants that have never owned a home before, applicants that have not owned a home for at least the past three years, and certain owners who must sell due to divorce.

		Current	Income	Limits		
Household Size	1-person	2-person	3-person	4-person	5-person	6-person
Minimum Income (50% of AMI)	\$51,950	\$59,400	\$66,800	\$74,200	\$80,150	\$86,100
Maximum Income	\$104,500	\$119,400	\$134,400	\$149,300	\$161,200	\$173,200
(100% of AMI) The income char						

limits are determined by the US Dept. of Housing and Urban Development and are subject to change.

3) Applicants must have no more than \$100,000 in liquid assets at the time of application to be eligible for the Resale Pool. for City of Cambridge Homeownership Resale Program units.

The asset limit is \$200,000 for households where all adult members are 62 or older, or for households where all adult members are disabled.

4) Household size must meet occupancy standards for specific unit sizes (See page 5 for more information).

Application Review and Preference Groups

Applications will be reviewed for:

- Unit size eligibility based on household size
- Income within the minimum and maximum for household size
- Assets
- Preference Group



Preference Groups

The City of Cambridge housing programs use a preference system to allocate points to an application based on residency, age of children, and place of employment. CDD staff place applications into preference groups based on the following criteria:

Preference Group Criteria							
1-bedroom	Elig	ible Households	2- and 3- bedroom Eligible Households				
4 point preference group	•	Current Cambridge Resident	6 point preference group	• •	Current Cambridge Resident Household with children under 18 Household with children under 6		
1 point preference group	•	Non-Cambridge Resident Works full-time in Cambridge	5 point preference group	•	Current Cambridge Resident Household with children under 18		
0 point preference	•	Non-Cambridge Resident	4 point preference group	•	Current Cambridge Resident		
group			3 point preference group	• • •	Non-Cambridge Resident Works full-time in Cambridge Household with children under 18 Household with children under 6		
			2 point preference group or	• • • • •	Non-Cambridge Resident Works full-time in Cambridge Household with children under 18 Non-Cambridge Resident Household with children under 18 Household with children under 6		
			1 point preference group or	• • •	Non-Cambridge Resident Household with children under 18 Non-Cambridge Resident Works full-time in Cambridge		
			0 point preference group	•	Non-Cambridge Resident		

Required Documentation & Household Information to Submit with Application

Cambridge Residency Preference

There are several an applicant can receive Cambridge residency preference, described below. Please read instructions and submit the documents required. We call these documents "residency documents."

FOR CURRENT CAMBRIDGE RESIDENTS*: If you are currently living in Cambridge, please provide evidence of residency from the following options (additional documentation may be requested):

Option 1: Provide one document from Category A and one document from Category B; or

Option 2: Provide three documents from Category B; or,

Option 3: Provide two documents f	from Category B and two	documents from Category C
	nom outegory D and twe	

Category A	Category B	Category C
 Current Lease Current Section 8 Agreement or Income Verification Worksheet Letter from shelter or transitional housing facility in Cambridge 	 Current Utility Bill (electric, gas, oil, cable) Massachusetts ID Current Cambridge Public School Enrollment Federal Tax Return Car Registration Excise Tax Bill Renter's Insurance Statement Three months of rent receipts 	 Bank or other Financial Institution Statement Credit Card Statement Cell Phone Bill Public Benefit Letter or Statement Medical Bill or Statement Current Voter Registration

* We may require residency documentation for additional adults in your household

FOR FORMER CAMBRIDGE RESIDENTS: Did you live in Cambridge within the last 12 months? Did you have to move because of a court order or other judgment issued for no fault? If yes, please submit both:

- Documentation listed above to demonstrate your prior residence in Cambridge; and,
- Copy of court order or other judgment that was entered against your household which shows that the action was not brought to address a fault of your household.

FOR APPLICANTS WITH MOBILE (HOUSING CHOICE) VOUCHERS FROM THE CAMBRIDGE HOUSING AUTHORITY: Do you live outside of Cambridge? Were you first awarded a mobile rental housing voucher from the Cambridge Housing Authority within the last twelve months? If yes, please submit:

• Documentation of your initial approval for a rental housing choice voucher issued by the Cambridge Housing Authority.

FOR APPLICANTS LIVING IN A SHELTER OR TRANSITIONAL HOUSING IN CAMBRIDGE: Do you live in a shelter or transitional housing in Cambridge? If yes, please submit:

A current letter from the facility with information about your residency;

FOR HOMELESS APPLICANTS THAT PREVIOULY LIVED IN CAMBRIDGE: Do you live in a shelter, or do not have permanent housing? Was your last permanent residence in Cambridge? If yes to both, please submit:

- Documentation listed above to demonstrate that your last permanent residence was in Cambridge; and,
- A current letter from shelter facility with information about your residency; or,
- Document signed by the applicant and a housing search caseworker, a social service provider, shelter staff, school personnel, an attorney, medical professional, or social worker or a mental health professional (collectively, "professional") from whom the applicant has sought assistance relating to homelessness or housing search. The document must specify, under penalty of perjury, that the professional believes the applicant is not permanently housed or is living unsheltered.



Employment Income

All employed household members must provide one month of recent income documentation. Provide either:

- Four (4) most recent paystubs for weekly payrolls,
- Two (2) paystubs for bi-weekly or semi-monthly payrolls
- Verification from your employer through the payroll department on company letterhead verifying your annual gross salary.

Self-Employment

If you are a self-employed household, you must provide the following information to be considered:

• A copy of **the last two years** of their Federal Income tax forms, all schedules (including Schedule C), and a statement of income expenses and all related tax documents to verify income information. *The Community Development Department reserves the right to request additional income verification.*

Federal Tax Return Documentation

All household members must submit a copy of their most recent **federal tax return**, **including all W-2's and 1040's**, **1099's** and all associated forms for each household member aged 18 years or older, unless the individual is claimed as a dependent. *If a household member is not listed on the federal tax return and has not submitted an individual tax return, provide an explanation and appropriate documentation.*

Household Assets

Submit **three months' worth** of the most recent statements for all bank accounts for all members of the household. Include all Checking, Savings, Money Market, and Investment accounts. Provide the most recent quarterly statement for Retirement funds (ex.,. 401K, 403B, 457 plans). *Please note, funds held in restricted retirement accounts will not be counted towards the asset limit, however, documentation is still required.*

No Income Documentation

Any household member 18 years of age or older who is not a full time student and has no source of income (including no employment or financial benefits) must contact CDD for a "Statement of No Income" form. <u>Click here</u> to download the form. *Additional documentation may be requested.*

Income from Other Sources

Complete this section (page 10) on the CDD application if applicable to your household.

Full time students

Any household member aged 18 years or older who is a full-time student must provide documentation from the school describing enrollment status.

Birth Certificate

Copies of birth certificates must be provided for all household members under 18 years of age. Household members 18 years or older do not need to provide a birth certificate. *Provide photocopies only.*

If there are any unusual circumstances in your household, please document them in writing and submit with your application. (Examples of unusual circumstances include, but are not limited to part-year employment, adult household members without income or who are full-time students, dependents not on your tax forms).

Updating Your Application

Please note that the Community Development Department will accept updates and/or changes to an applicant's application in writing only. Applicants should notify the CDD in writing of changes to household size, and residency only; you do not need to update your income and assets until you are submitting an offer to purchase an available unit. CDD may periodically request that applicants submit updated and/or supporting documentation. Applicants who fail to respond to these mailings may be removed from the Homeownership Resale Pool. To provide an update, please fill out the Application Update Form: https://www.cambridgema.gov/-

/media/Files/CDD/Housing/ForApplicants/resalepoolapplicationupdateform.pdf



Occupancy Standards for Homeownership Units

Applicants will be matched to appropriate-sized units based on the following occupancy standards:

- Minimum of one person per bedroom. Couples or those in a similar living arrangement are required to share a bedroom.
- Applicants may choose to under-house themselves by having more than the minimum required number of people share a bedroom. Applicants must indicate if they would like to be considered for multiple unit sizes.
- Occupancy for any unit may not exceed state sanitary code.
 - Applicants will not be eligible for units if the household is overcrowded under state sanitary code.
 - o Occupancy maximums may vary by unit, regardless of the number of bedrooms

Eligible household size is based on all current, full-time and permanent household members at the time of application including:

- Children born before the application deadline or expected within two months of the application deadline (as documented by a medical professional).
- Children of applicants, who are enrolled, full-time students aged 18 years and older, if they are listed as dependents on their parent's tax return.
- Children where applicants have physical custody for at least 30% of their overnights (as documented by a legal separation agreement or a signed and notarized parental agreement).

Applicants must be able to document, to the satisfaction of the City of Cambridge, that any recent additional members to their household are permanent members.

Household members not listed on the most recent year's federal tax return as dependents of the applicant will be required to document that they reside or will reside with the applicant. They may also be required to sign a notarized affidavit stating they intent to be a permanent household member for the foreseeable future.

Selection Process

After the review process, eligible applicants are placed in the Resale Pool based on the number of bedrooms they need, preference points, and the date the complete application was received. When an affordable ownership unit is available through the Resale Pool, a new buyer is selected through the following process:

- When a unit becomes available, the first group of eligible applicants will be sent information about the unit including a to a video tour of the unit and information about open houses to view the unit in person. Information will be sent via email and regular mail.
- The group of applicants selected will be based on the Resale program's preference point system and bedroom size eligibility information on file.
- If an applicant is interested in the unit, they must submit an offer form and a full recertification package by the offer deadline. This package must include a full income and asset update if the information on file is more than four months old; a mortgage preapproval; and confirmation of household size and composition.
- Offers are reviewed starting with the applicant who has the highest preference points and has been in the Resale Pool for the longest time.
- To be eligible for a specific available unit, an applicant must document enough income to pay no more than 33% of gross monthly income for the estimated monthly housing costs (mortgage principal and interest, condo fee if applicable, property taxes, insurance).
- Applicants must submit a preapproval showing that they can finance the purchase using a 30year fixed rate mortgage.
- Applicants must document enough assets for the required downpayment. Typically, applicants must document assets of at least 1.5% of the purchase price plus \$1,000 for closing costs at the time an offer is submitted. If an applicant submits a preapproval that shows a higher required down payment, they may be required to show they have that amount of available assets.
- The eligible applicant with the highest pool position will have the first option to purchase the unit. They will be required to sign the Letter of Intent and submit the \$1,000 deposit within three business days of accepting the unit.





Homeownership Resale Pool Application

www.cambridgema.gov/housing

				Appl	icant I	nformation				
Bedroom Size	1-bedroom	2-bedroom	3-bedro	oom	Ema	il address:				
Applicant Name:	_								Date:	
Co-applican Name:	<i>Last</i> t			First	t		М.І.			
	Last			First	t		M.I.			
Address:	Street Address	;							Apartme	ent/Unit #
	City						Stat	te	ZIP Cod	le
Phone:						No.	of people i	n hous	ehold:	
Race (Check all that	American Indi Alaskan Na	<u>Acian</u>		or Afrio	can-	ve Hawaiian or o Pacific Islander	• •		Other	Prefer not to provide
apply)										
Ethnicity	Latino or Hispanic	Not Latino o	r Hispan	ic Pref	er not to p	provide	Are you a Veteran?	Yes	No	
Marital Statu	us Single		Marrie	d		Separated		Divorc	ed	Other
Accessibility										
If you or a fan				access	sibility fea Vision	tures, please co	mplete this s	ection.		
	Wheelcha Accessibl		learing npaired		Impaire		If Ot	her, ple	ase	
							11 01		cify:	
Required Do	cumentation:	If accessibility	is selec	ted, you	u agree to	supply supporti	ing documen	itation u	pon request.	
						ot discriminate bas ble modifications				ll provide auxiliary s with disabilities
How long ha	ave you lived ddress?			at is y sent re		Prope	Current I erty Manage			
	ı hear about t ship Resale I		lewspap □		Website	Flyer				Info. Session
Have you co Training Pro	ompleted a ce gram?	rtified Home	buyer	YES	NO □	If yes, where and when?				
•	ently were yo or of any real		vner	YES	NO □	If yes, when?				
Have you or filed bankrup	any househo otcy?	old members	ever	YES	NO □					
Do you have	e a Section 8	Mobile Vouc	her?	YES	NO □	_				
	nunity Develop roadway, 3rd F				vision			Last up	dated: 3/21/24	6

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Household Members

Beginning with Head of household, list the legal names, birth dates, and relationship to head of household of each person who will reside in the unit.

			Head of Household	
Name	Date of Birth (mo/day/yr)	Gender	Relationship to Applicant	
Name	Date of Birth (mo/day/yr)	Gender	Relationship to Applicant	
Name	Date of Birth (mo/day/yr)	Gender	Relationship to Applicant	
Name	Date of Birth (mo/day/yr)	Gender	Relationship to Applicant	
Name	Date of Birth (mo/day/yr)	Gender	Relationship to Applicant	
Name	Date of Birth (mo/day/yr)	Gender	Relationship to Applicant	
Name	Date of Birth (mo/day/yr)	Gender	Relationship to Applicant	

Required Documentation: Birth certificates for all household members under 18.

Employment Information

List the current sources of all household income: This includes but not limited to, full and/or part-time employment.

						Bi-	Semi-	
					Weekly	Weekly	monthly	Monthly
				\$				
Household Member	Employer	Length of	Position Title	Gross Annual	Paid			
		Employment		Income				
						Bi-	Semi-	
					Weekly	Weekly	monthly	Monthly
				\$	ПÍ	ПÍ	Π	
Household Member	Employer	Length of	Position Title	Gross Annual	Paid			
		Employment		Income				
						Bi-	Semi-	
					Weekly	Weekly	monthly	Monthly
				\$	Пĺ	Пĺ	ПÍ	ΠÍ
Household Member	Employer	Length of	Position Title	Gross Annual	Paid			
		Employment		Income				
						Bi-	Semi-	
					Weekly	Weekly	monthly	Monthly
				\$	Π	Π	Π	Π
Household Member	Employer	Length of	Position Title	Gross Annual	Paid			
	, ,	Employment		Income				
						Bi-	Semi-	
					Weekly	Weekly	monthly	Monthly
				\$				
Household Member	Employer	Length of	Position Title	Gross Annual	Paid			
	, ,	Employment		Income				

Required Documentation: Four (4) most recent paystubs for weekly payrolls or two (2) paystubs for bi-weekly payrolls, or verification from your employer through the payroll department on company stationery verifying your annual gross salary.

Self-employed applicants must provide us with copies of **two-years** of your most recent Federal Income tax forms and all related tax documents and all associated schedules (includes Schedule C) and a statement of income expenses, such as, Profit and Loss Statement (Schedule C) and all related tax documents to verify income information.



ASSETS

List all checking, savings, retirement, and stock accounts for all applicants. Include any cryptocurrency and other accounts.

Checking		\$	Savings		\$
C	Institution	Current Balance		Institution	Current Balance
		\$			\$
	Institution	Current Balance		Institution	Current Balance
		\$			\$
	Institution	Current Balance	_	Institution	Current Balance
		\$			\$
	Institution	Current Balance		Institution	Current Balance
			Investment		
Retirement*		\$	Account		\$
	Institution	Current Balance		Institution	Current Balance
		\$			\$
	Institution	Current Balance	_	Institution	Current Balance
		¢			¢
	Institution	Current Balance		Institution	Current Balance

Required Documentation: Attach three months' worth of your most recent financial statements for all account.

* Please note, funds held in restricted retirement accounts will not be counted towards the asset limit, however, documentation is still required.

DEBT

List all loans (including car, personal, and student loans) and credit cards with outstanding balances.

Loans		\$	\$	Credit Card		\$	\$
	Lender	Balance	Monthly payment		Card Name	Balance	Monthly payment
		\$	\$	_		\$	\$
	Lender	Balance	Monthly payment	-	Card Name	Balance	Monthly payment
		\$	\$			\$	\$
	Lender	Balance	Monthly payment	-	Card Name	Balance	Monthly payment
		\$	\$			\$	\$
	Lender	Balance	Monthly payment	-	Card Name	Balance	Monthly payment
Other		\$	\$	Other		\$	\$
	Lender	Balance	Monthly payment		Lender	Balance	Monthly payment
		\$	\$			\$	\$
	Lender	Balance	Monthly payment	-	Lender	Balance	Monthly payment



Non-Employment Income Sources

Indicate if any household members receive income from sources other than employment

Retirement or Disability:			\$	
	Name of Recipient	Name of company	Amount of monthly in	ncome
	entation: A letter from the sour em or a copy of your most recen	ce of retirement or disability income s t check.	stating your benefits and h	now long you have
Child Support/Alimony	/ <u>\$</u>	Weekl	y Bi-Weekly	Monthly
	Amount Received	Paymen	t(s)	
Required Docum letter from your lay	entation: A copy of most recen wyer stating the amount receive	t check(s) for one month's alimony/cl d, frequency you receive payment, a	hild support or a copy of the nd the date you started re	ne court order or a ceiving that amount.
Social Security Income:			\$	
	Name of Recipient		Gross monthly incon	ne
Required Docum statement.	entation: A letter from Social S	ecurity stating your benefits or a cop	y of your most recent cheo	ck or a bank
Veterans Assistance:			\$	
	Name of Recipient		Gross monthly incon	1e
Required Docum statement.	entation: A letter from Veteran'	s Administration stating your benefits	s or a copy of your most re	ecent check or a bank
Public Assistance:			\$	
	Name of Recipient		Gross monthly incon	ne
Required Docum them.	entation: A letter from the Publ	ic Assistance Office stating your ben	efits and how long you ha	ve been receiving
Unemployment:			\$	
	Name of Recipient		Gross monthly incon	ne
Required Docum and the date bene		employment check stubs or a letter fro	om unemployment stating	amount of benefits
Interest/Dividend (in excess of \$100)	d 		\$	
	Name of Recipient	Source of Interest/Dividend	Gross monthly incon	ne
Required Docum	entation: A letter from the sour	ce of the income stating the amount	of interest earned in the la	st twelve months.
Other:	\$		Weekly Bi-V	Veekly Monthly
	Amount Received	Source of Income		
Required Docum	entation: Explanation of non-er	nployment income.		
				9
	y Development Department, Ho way, 3rd Floor, Cambridge, MA (Last updated: 3/2	21/24

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Certifications

I/We certify, under penalty of perjury, all information on this application to the best of my/our knowledge is true. I/We understand that false information given is sufficient grounds for rejection of this application. Furthermore, verification may be obtained from any source herein.

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 document 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."

All persons whose names will appear on the deed when property purchased must sign here:

Signature:	Date:
Signature:	Date:

All persons whose names will appear on the deed when property purchased must sign here:

I ______, authorize the City of Cambridge and all designees to obtain information regarding my household's eligibility for housing or housing subsidy, income, present or former tenancies, and credit history, including court judgments and bankruptcies, from any parties having information, including any agency or housing authority managing any housing subsidy for which I am eligible. I authorize and release any parties from whom that information is requested to release it to the City of Cambridge and their employees.

Signature:	 Date:	
Signature:	Date:	

Mail in or drop-off completed applications to the secure drop-box located outside of the City Hall Annex:

City of Cambridge, Community Development Department Housing Division 344 Broadway, 3rd floor Cambridge, MA 02139

Please note, we cannot accept applications via email or fax. Incomplete applications will not be considered. Photocopies of all required documents must be made prior to submittal.

Questions?

If you have any questions about the Homeownership Resale Pool, or about completing this application, please contact the Homeownership Team at <u>homeownership@cambridgema.gov</u> or call the Housing Division at 617-349-4622 and leave your name and daytime phone number.

Visit our website for more information: http://www.cambridgema.gov/CDD/housing



The City of Cambridge Community Development Department does not discriminate on the basis of disability. The Department will provide auxiliary aids and services, written materials in alternative formats, and reasonable modifications in policies and procedures to persons with disabilities upon request.





Homeownership Resale Pool Application Checklist

Please make sure that you have attached all of the required documentation along with your application. Incomplete applications will not be considered.



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Fully completed and signed application

Are you a Cambridge Resident? If yes, you must provide documentation to receive Cambridge Residency preference. Provide from the following options:

Option 1: Provide one document from Category A and one document from Category B; or

Option 2: Provide three documents from Category B; or,

Option 3: Provide two documents f	from Category B and	two documents from Category C

Category A	Category B	Category C
 Current Lease Current Section 8 Agreement or Income Verification Worksheet Letter from shelter or transitional housing facility in Cambridge 	 Current Utility Bill (electric, gas, oil, cable) Massachusetts ID Current Cambridge Public School Enrollment Federal Tax Return Car Registration Excise Tax Bill Renter's Insurance Statement Three months of rent receipts 	 Bank or other Financial Institution Statement Credit Card Statement Cell Phone Bill Public Benefit Letter or Statement Medical Bill or Statement Current Voter Registration

Non-Cambridge residents do not need to provide these documents.

Did you live in Cambridge in the last 12 months? Please refer to page 3 for required documentation to qualify for Cambridge residency preference.

Signed copy of most recent Federal Tax Return with all associated schedules and W-2 forms

One month worth of paystubs to document employment for all jobs held.

- 4 pay stubs, if you are paid weekly.
- 2 bi-weekly pay stubs, if you are paid every 2 weeks or twice a month.
- 1 monthly pay stub, if you are paid monthly ٠

Are you are self-employed? If so, provide a copy of the last two-years of Federal Income tax forms, all schedules (including Schedule C), and a statement of income expenses and all related tax documents to verify income information.

If you have non-employment income sources, submit documentation to show receipt of the following (see page 10 for more information):

- Public assistance
- ٠

Retirement income

Social Security income

•

•

- Disability income
- Unemployment benefits
- Interest/Dividend income (in excess of \$100) •
- Veteran's assistance •
 - Child support

Birth Certificate for all children under 18

Three months of current statements for all assets including:

Savings accounts

Checking accounts

- Money Market accounts
- Stocks and Investment holdings (one Quarterly statement is enough)
- Retirement accounts . Other

'Statement of No Income' form for unemployed adults. Click here to download the form or call (617) 349-4622 to request form.

