

# City of Cambridge Homeownership Resale Pool Information & Application

www.cambridgema.gov/housing

## **About the Homeownership Resale Pool Application Process**

In order to match buyers to affordable units being sold by the existing owner, the City of Cambridge Community Development Department (CDD), Housing Division, has a system where one application will enter households into the Homeownership Resale Pool. Applicants will be selected from this pool for resale units as they become available.

Applications will be reviewed for unit size eligibility, income and assets, and preference. Preference will be given to Cambridge residents and families with children. When units become available, CDD identifies the next qualified applicant based on income, assets and household size eligibility. Units will be offered to applicants who are eligible for the available unit. Not all applicants will be eligible for all units. This is not a waiting list.

There is no deadline for filing applications. All applications submitted will be added to the pool in the order in which they are received.

Unit location, size and price will vary.

# **Qualifying Guidelines:**

- 1) Household income must meet the minimum and not exceed the maximum limits listed, adjusted for household size (see table on right).
- 2) The Homeownership Resale Pool is designed for first time homebuyers. Applicants must not have owned a home for at least the past three years, with certain exceptions for displaced homemakers.

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	

The income chart is based on federal, state, and Cambridge income limits for housing programs. These limits are determined by the US Dept. of Housing and Urban Development and are subject to change.

- 3) A household with liquid assets of \$75,000 or more at the time of application **is not eligible** for City of Cambridge Homeownership Resale Program units.
- 4) Applicant household size must be appropriate for the unit (view Occupancy Standards on page 3)



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.

### **Application Review and Preference Groups**

Applications will be reviewed for unit size eligibility, income and assets, and preference. Preference will be given to Cambridge residents\* and families with children.

Second priority/preference will be given to applicants who are not presently living in Cambridge but are employed full-time in Cambridge. These applicants will follow the same priority point system as Cambridge residents and are required to provide documentation of one full year of full-time employment in Cambridge at the time of application. *Contact CDD for further information.* 

Upon receipt of the completed application and all associated documentation, CDD staff will review and place applicants into the correct preference pool. CDD Staff will notify all applicants of their status by mail.

	Preference Gro	up Criteria	
1-bedroom	Eligible Households	2- and 3- bed	droom Eligible Households
4 point preference group	<ul> <li>Current Cambridge Resident*</li> </ul>	6 point preference group	Trodocticia with children ander to
1 point preference group	<ul><li>Non-Cambridge Resident</li><li>Works full-time in Cambridge</li></ul>	5 point preference group	Current Cambridge Resident* Household with children under 18
0 point preference group	Non-Cambridge Resident	4 point preference group	Current Cambridge Resident*
group		3 point preference group	Works full-time in Cambridge
		2 point preference group or	<ul> <li>Household with children under 18</li> <li>Non-Cambridge Resident</li> <li>Household with children under 18</li> </ul>
		l ' '	<ul> <li>Non-Cambridge Resident</li> <li>Household with children under 18</li> <li>Non-Cambridge Resident</li> <li>Works full-time in Cambridge</li> </ul>
		0 point operation of preference group	Non-Cambridge Resident

<sup>\*</sup> To receive preference for the above mentioned criteria, applicants must provide the required documentation outlined on page 4 - 5.

### **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, . 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. Click here to download the application update form

# **Occupancy Standards for Homeownership Units**

To determine appropriate unit size for an applicant, the following criteria shall be used:

- Minimum of one person per bedroom. Couples are expected to share a bedroom.
- No more than two persons shall occupy the same bedroom.

Applicants may choose to under-house themselves by having two children share a bedroom.

Only children that are expected to be born within three months of the application submission (as documented by a medical professional) will be counted as household members.

Children of applicants, who are full-time students age 18 years and over and living in a college dormitory, will be considered part of the household if they are listed as dependents on their parent's tax return.

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.

Those 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...

• Household members not listed as dependents will be required to sign a notarized affidavit stating their intention to remain as a permanent member of the applicants' household for the foreseeable future.

#### **Selection Process**

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, a select group of eligible applicants will be sent basic information about the unit with a link to a full video tour of the unit. 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 health and safety protocols allow, this group of applicants will be invited to view the unit at a scheduled open house.
- 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, mortgage preapproval, and recertification of household size and composition.
- Submitted information will be reviewed in the order of the applicant's position in the Resale Pool, based on preference points and date of application.
- The eligible applicant with the highest pool position will have the 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.

Eligible applicants must have sufficient income and assets to buy the unit given the income and credit requirements of mortgage lenders. A household's monthly housing expense (mortgage principal and interest, taxes, condo fee, and insurance) shall, in general, not exceed 33% of its gross monthly income. The minimum asset requirement is typically at least 1.5% of the purchase price plus a minimum of \$1,000 for closing costs. Certain purchases may require additional assets. The minimum assets must come from the applicants own funds and be documented at the time of the offer.

### Required Documentation & Household Information to Submit with Application

#### **Cambridge Residency Preference**

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 from Category B and two documents from Category C

Category A	Category B	Category C
<ul> <li>Current Lease</li> <li>Current Section 8         Agreement or         Income Verification         Worksheet</li> <li>Letter from shelter or         transitional housing facility         in Cambridge</li> </ul>	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

FOR FORMER CAMBRIDGE RESIDENTS: Did you previously live in Cambridge? Were you displaced due to a court order or other judgment issued for no fault within the last twelve months? If yes to both, 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 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 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 over the age of 18, , 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 over 18 years of age who has no source of income (including no employment or financial benefits) must contact CDD for a "Statement of No Income" form.

Click here to download the form. Additional documentation may be requested.

#### **Income from Other Sources**

Complete this section (page 9) on the CDD application if applicable to your household.

#### **Full time students**

Any household member over 18 years of age 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. *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).

# Homeownership Resale Pool Application

# www.cambridgema.gov/housing

			4	Appli	icant I	nformation				
Bedroom Size	1-bedroom	2-bedroom	3-bedro	om	Ema	il address:				
Applicant Name:									Date:	
Co-applicant	Last			First			М.І.	,		
	Last			First			M.I.			
Address:	Street Address	<u> </u>							Apartmo	unt/I Init #
	Street Address	•							Арапте	ent/Unit #
	City						Sta	te	ZIP Cod	e
Phone:						No.	of people i	in house	ehold:	
Race (Check all that	American Indi Alaskan Na			or Afric nerican	an-	ve Hawaiian or o Pacific Islander	ther Whi	te	Other	Prefer not to provide
apply)										
Ethnicity	Latino or	Not Latino o	r Hispani	c Prefe	er not to p	provide	Are you	Yes	No	
	Hispanic						a Veteran?			
Marital Statu	s Single		Married	t		Separated		Divorce	ed	Other
Accessibility		o disabled and	1 roquiro	200055	ibility foo	tures, please co	malata this s	eaction		
ii you or a laii	Wheelcha		learing	access	Vision		impiete tilis s	section.		
	Accessibl	le In	npaired		Impaire	d Other	If Ot	ther, plea		
								·	cify: ———	
-		•		-	_	supply supporti	=		•	
						ot discriminate ba ole modifications				provide auxiliary with disabilities
How long ha	ve you lived ldress?			at is yo ent rer		Prope	Current lerty Manag			
	hear about t ship Resale f		lewspape	er	Website	Flyer	Direct n	, ,	Social Media	Info. Session
Have you co Training Pro	mpleted a ce gram?	ertified Home	buyer	YES	NO	If yes, where and when?				
	ently were your of any real		vner	YES	NO	If yes, when?				
Have you or filed bankrup	any househo otcy?	old members		YES	NO	If yes, when?				
Do you have	a Section 8	Mobile Vouc		YES	NO					

### **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

				i lead 0	i i louseiloiu
Name		Date of Birth (mo/day/yr)	Gender	Relationship to Applicant	t
Name		Date of Birth (mo/day/yr)	Gender	Relationship to Applicant	t
Name		Date of Birth (mo/day/yr)	Gender	Relationship to Applicant	t
Name		Date of Birth (mo/day/yr)	Gender	Relationship to Applicant	t
Name		Date of Birth (mo/day/yr)	Gender	Relationship to Applicant	t
Name		Date of Birth (mo/day/yr)	Gender	Relationship to Applicant	t
Name		Date of Birth (mo/day/yr)	Gender	Relationship to Applicant	t
List the cur  Household Member	rent sources of	Employn all household income: Th	nent Informatis includes but no	ot limited to, full and/or par Wer	t-time employment.  Bi- Semi- ekly Weekly monthly Monthly
Household Member	Employer	Employment  Length of	Position Title	Income  Wee  \$ Gross Annual Pa	Bi- Semi- ekly Weekly monthly Monthly
	Family	Employment	Desirios Title	Income Wei	Bi- Semi- ekly Weekly monthly Monthly
Household Member	Employer	Length of Employment	Position Title	Gross Annual Pa Income Wer \$	Bi- Semi- ekly Weekly monthly Monthly
Household Member	Employer	Length of Employment	Position Title	Gross Annual Pa Income	Bi- Semi- ekly Weekly monthly Monthly
Household Member	Employer	Length of	Position Title	\$ Gross Annual Pa	aid
			. 55611 11110	2.330 / II / I d	

**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.

Employment

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.

Income

Checking		\$	Savings		\$
Ü	Institution	Current Balance		Institution	Current Balance
		\$			\$
	Institution	Current Balance	_	Institution	Current Balance
		\$			\$
	Institution	Current Balance		Institution	Current Balance
		\$			\$
	Institution	on Current Balance		Institution	Current Balance
			Investment		
Retirement*		\$	Account		\$
	Institution	Current Balance		Institution	Current Balance
		\$			\$
	Institution	Current Balance	_	Institution	Current Balance
		\$			\$
	Institution	Current Balance	<del></del>	Institution	Current Balance

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

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

List all loa	ns (including car, pe	ersonal, and stud	ent loans)	and credit ca	rds with outstandir	ng balances.	
Loans		\$	\$	Credit Card		\$	\$
	Lender	Balance	Monthly payment		Card Name	Balance	Monthly payment
		\$	\$			\$	\$
	Lender	Balance	Monthly payment	<del>-</del>	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 incom	ne
	entation: A letter from the sour m or a copy of your most recer	rce of retirement or disability income statin nt check.	ng your benefits and how l	long you have
Child Support/Alimony	\$	Weekly	Bi-Weekly	Monthly
	Amount Received	Payment(s)		
Required Docume letter from your lav	entation: A copy of most recerver stating the amount receive	nt check(s) for one month's alimony/child sed, frequency you receive payment, and the	support or a copy of the cone date you started receive	ourt order or a ing that amount.
Social Security Income:			\$	
	Name of Recipient		Gross monthly income	
Required Docume statement.	entation: A letter from Social S	Security stating your benefits or a copy of	your most recent check or	· a bank
Veterans Assistance:			\$	
	Name of Recipient		Gross monthly income	
Required Docume statement.	entation: A letter from Veteran	's Administration stating your benefits or a	a copy of your most recent	t check or a bank
Public Assistance:			\$	
	Name of Recipient		Gross monthly income	
Required Docume them.	entation: A letter from the Pub	lic Assistance Office stating your benefits	and how long you have be	een receiving
Unemployment:			\$	
	Name of Recipient		Gross monthly income	
Required Docume and the date bene		employment check stubs or a letter from ι	inemployment stating amo	ount of benefits
Interest/Dividend	i			
\$100)	Name of Basisians	Source of Interest/Dividend	\$	
	Name of Recipient		Gross monthly income	
Required Docum	entation: A letter from the soul	rce of the income stating the amount of in	terest earned in the last tw	velve months.
			Weekly Bi-Week	kly Monthly
Other:	\$ Amount Received	Source of Income	_ ⊔ ⊔	
Required Docume	entation: Explanation of non-e	mployment income.		

9

### **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."

# 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 Housing Division at 617-349-4622. Please leave your name and daytime phone number.

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



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# **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.								
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 t	rom Category C							
Category A	Category B	Category C							
<ul> <li>Current Lease</li> <li>Current Section 8         Agreement or         Income Verification         Worksheet     </li> <li>Letter from shelter or transitional housing facility in Cambridge</li> </ul>	<ul> <li>Current Utility Bill (electric, gas, oil, cable)</li> <li>Massachusetts ID</li> <li>Current Cambridge Public School Enrollment</li> <li>Federal Tax Return</li> <li>Car Registration</li> <li>Excise Tax Bill</li> <li>Renter's Insurance Statement</li> <li>Three months of rent receipts</li> </ul>	<ul> <li>Bank or other Financial Institution Statement</li> <li>Credit Card Statement</li> <li>Cell Phone Bill</li> <li>Public Benefit Letter or Statement</li> <li>Medical Bill or Statement</li> <li>Current Voter Registration</li> </ul>							
Non-Cambridge residents do not need to provide these documents.									
Did you live in Cambridge in the last 12 mon residency preference.  Signed copy of most recent Federal Tax Retu  One month worth of paystubs to document e  4 pay stubs, if you are paid weekly.  2 bi-weekly pay stubs, if you are paid  1 monthly pay stub, if you are paid	urn with all associated schedules and Nemployment for all jobs held.  id every 2 weeks or twice a month.								
Are you are self-employed? If so, provide a c Schedule C), and a statement of income expe		=							
<ul><li>Disability income</li><li>Social Security income</li><li>In</li></ul>	s, submit documentation to show rece Public assistance Jnemployment benefits nterest/Dividend income (in excess of Child support								
Birth Certificate for all children under 18	ліна заррогі								
Three months of current statements for all as	ssets including:								
• Checking accounts • S	Money Market accounts Stocks and Investment holdings (one C Other	Quarterly statement is sufficient)							

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

form.