



ACRE CROSSING

650 Merrimack Street, Lowell, MA

APPLICATION FOR LOTTERY ENTRY CONDOMINIUMS FOR PURCHASE

ABOUT THE DEVELOPMENT

Discover the brand-new Acre Crossing Residences in Lowell, MA, with 32 condominium homes available for purchase, including 24 two-bedroom units and 8 three-bedroom units.



2 BEDROOM / 2 BATH UNITS		3 BEDROOM / 2 BATH UNITS	
SALES PRICE \$326,633		SALES PRICE \$358,761	
CONDO FEE \$296/MONTH		CONDO FEE \$362/MONTH	
TAXES \$TBD/MONTH		TAXES \$TBD/MONTH	
KEY DATES	Application Period Opens: JANUARY 12, 2024		
	Application Deadline: MARCH 12, 2024		
	Lottery Drawing: APRIL 2024		

APPLICATIONS MUST BE DELIVERED OR POSTMARKED BY THIS DATE. APPLICATIONS POSTMARKED BY THE DEADLINE MUST BE RECEIVED WITHIN 5 BUSINESS DAYS. LATE APPLICATIONS WILL NOT BE ACCEPTED UNDER ANY CIRCUMSTANCES. APPLICATIONS CAN BE SUBMITTED IN PERSON AT MVHP'S OFFICE: **67 MIDDLE STREET, SUITE 500, LOWELL, MA 01852** OR EMAILED TO: **ACRECROSSING@MVHP.ORG** OR MAILED TO: **PO BOX 1042, LOWELL, MA 01853-1042**



Merrimack Valley Housing Partnership
978-459-8490 | acrecrossing@mvhp.org
67 Middle St., Suite 500, Lowell, MA





THE DEVELOPER, STAFF AND CONSULTANTS ARE COMMITTED TO BOTH STATE AND FEDERAL FAIR HOUSING LAWS IN THE SELECTION OF LOTTERY APPLICANTS. THEY WILL NOT DISCRIMINATE AGAINST ANY PROTECTED CLASS IN THE SELECTION OF APPLICANTS.

**PLEASE COMPLETE THE ENTIRE APPLICATION. DO NOT LEAVE BLANKS.
IF SOMETHING DOES NOT APPLY TO YOU, WRITE "N/A".**

DATE OF APPLICATION

FULL NAME	
ADDRESS	
EMAIL	
PHONE NUMBER	
DATE OF BIRTH	
EMPLOYER NAME	
GROSS ANNUAL INCOME	
SCHOOL NAME (IF STUDENT)	

HOW MANY PEOPLE ARE IN YOUR HOUSEHOLD? (SELECT ONE)

1 2 3 4 5 6

PLEASE SELECT THE NUMBER OF BEDROOMS YOU ARE APPLYING FOR:

2 BEDROOM 3 BEDROOM 2 OR 3 BEDROOM

I CERTIFY ALL INFORMATION ON THIS PAGE IS TRUE AND CORRECT.

INITIAL _____



**COMPLETE THE FOLLOWING INFORMATION FOR EACH
HOUSEHOLD MEMBER REGARDLESS OF THEIR AGE.**

*PLEASE NOTE IF, AFTER THE LOTTERY, YOU ARE SELECTED AS A HIGH-RANKING APPLICANT,
YOU WILL NEED TO SUBMIT INCOME DOCUMENTATION FOR ALL HOUSEHOLD MEMBERS
WITHIN 5 BUSINESS DAYS OF THE LOTTERY DRAWING.*

HOUSEHOLD MEMBER 2

NAME	
DATE OF BIRTH	
EMPLOYER NAME	
GROSS ANNUAL INCOME	
SCHOOL NAME (IF STUDENT)	

HOUSEHOLD MEMBER 3

NAME	
DATE OF BIRTH	
EMPLOYER NAME	
GROSS ANNUAL INCOME	
SCHOOL NAME (IF STUDENT)	



HOUSEHOLD MEMBER 4

NAME	
DATE OF BIRTH	
EMPLOYER NAME	
GROSS ANNUAL INCOME	
SCHOOL NAME (IF STUDENT)	

HOUSEHOLD MEMBER 5

NAME	
DATE OF BIRTH	
EMPLOYER NAME	
GROSS ANNUAL INCOME	
SCHOOL NAME (IF STUDENT)	

HOUSEHOLD MEMBER 6

NAME	
DATE OF BIRTH	
EMPLOYER NAME	
GROSS ANNUAL INCOME	
SCHOOL NAME (IF STUDENT)	

Please refer to the Frequently Asked Questions section of the Information Package to answer the following questions.

Are you claiming an exception to the “First-Time Homebuyer” rule? (Select One)

YES | NO

If YES, please indicate which exception:

DISPLACED HOMEMAKER

SINGLE PARENT

ELDERLY HOUSEHOLD MEMBER

OWN A RESIDENCE NOT PERMANENTLY FIXED

OWN A RESIDENCE NOT IN COMPLIANCE WITH STATE OR LOCAL CODE

Please Explain:



PLEASE LIST THE ADDRESS OF ANY HOME, LAND, OR PROPERTY THAT ANY HOUSEHOLD MEMBER HAS OWNED OR HAD A JOINT INTEREST IN IN THE PAST THREE YEARS. PLEASE INCLUDE A COPY OF THE DEED OR HUD SETTLEMENT SHEET FOR EACH PROPERTY.

Property #1

Property #2

INCOME AND ASSET INFORMATION

COMPLETE THE FOLLOWING SECTION FOR ALL HOUSEHOLD MEMBERS REGARDLESS OF AGE. PLEASE NOTE IF YOU ARE SELECTED AS A HIGH-RANKING APPLICANT YOU WILL NEED TO SUBMIT ASSET INFORMATION FOR ALL HOUSEHOLD MEMBERS.

APPLICANT NAME: _____		
TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE
TYPE OF INCOME	YES / NO	GROSS MONTHLY AMOUNT
UNEMPLOYMENT BENEFITS		
WORKER'S COMPENSATION		
SSI/SS DISABILITY		
ALIMONY/CHILD SUPPORT		

HOUSEHOLD MEMBER 2 NAME: _____

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE
TYPE OF INCOME	YES / NO	GROSS MONTHLY AMOUNT
UNEMPLOYMENT BENEFITS		
WORKER'S COMPENSATION		
SSI/SS DISABILITY		
ALIMONY/CHILD SUPPORT		

HOUSEHOLD MEMBER 3 NAME: _____

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE
TYPE OF INCOME	YES / NO	GROSS MONTHLY AMOUNT
UNEMPLOYMENT BENEFITS		
WORKER'S COMPENSATION		
SSI/SS DISABILITY		
ALIMONY/CHILD SUPPORT		



HOUSEHOLD MEMBER 4 NAME: _____

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE
TYPE OF INCOME	YES / NO	GROSS MONTHLY AMOUNT
UNEMPLOYMENT BENEFITS		
WORKER'S COMPENSATION		
SSI/SS DISABILITY		
ALIMONY/CHILD SUPPORT		

HOUSEHOLD MEMBER 5 NAME: _____

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE
TYPE OF INCOME	YES / NO	GROSS MONTHLY AMOUNT
UNEMPLOYMENT BENEFITS		
WORKER'S COMPENSATION		
SSI/SS DISABILITY		
ALIMONY/CHILD SUPPORT		



HOUSEHOLD MEMBER 6 NAME: _____

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE
TYPE OF INCOME	YES / NO	GROSS MONTHLY AMOUNT
UNEMPLOYMENT BENEFITS		
WORKER'S COMPENSATION		
SSI/SS DISABILITY		
ALIMONY/CHILD SUPPORT		

ANY ADDITIONAL ACCOUNTS IN HOUSEHOLD

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE
TYPE OF INCOME	YES / NO	GROSS MONTHLY AMOUNT
UNEMPLOYMENT BENEFITS		
WORKER'S COMPENSATION		
SSI/SS DISABILITY		
ALIMONY/CHILD SUPPORT		





HOMEBUYER DISCLOSURE STATEMENTS

HOMEBUYER CERTIFICATION

_____ I/We certify that I/We have read the entire lottery package including the Frequently Asked Questions.

_____ I/We certify that we are first-time homebuyers as defined within the Frequently Asked Questions.

_____ I/We certify that our household is persons; and that our household income does not exceed the income limits provided in the Lottery Information Packet.

_____ I/We certify that our household is able to provide the minimum down payment required and closing costs.

_____ I/We certify that I/we have read the Homebuyer Disclosure Statement and understand the purchaser obligation there under or shall seek legal or other counsel for further explanation and understanding.

_____ I/We certify that we comply with the maximum asset limitations of \$100,000.

_____ I/We certify that Lottery Agent or any other employee shall not be held liable for any decisions made pertaining to the applicants' eligibility or their application.

_____ Information missing from the application, including, but not limited to the following could be considered an incomplete application, thus being ineligible for the lottery.

- Completed Application Lender and Disclosure Statement
- Lender Pre-Approval Letter (not pre-qualification)
- Valid HUD accredited First-Time Homebuyer Certificate
- This Signed Disclosure Statement

_____ We understand that the initial determination of eligibility (for entry into the lottery) does not guarantee that we are eligible to purchase one of the affordable homes. A final determination of eligibility will be made by the Monitoring Agent. This determination will require additional documentation including but not limited to 3 years' tax returns, 5 most recent pay stubs, last 3 months' bank statements, etc.

_____ I/We understand that if selected I/we will be offered a specific home. I/we will have the option to accept or reject. If I/we reject the available home, I/we will be moved to the bottom of the waiting list and may not have another opportunity to purchase at this development.

_____ Program requirements and guidelines are established by MassHousing and the Monitoring Agent. I/We agree to be bound by whatever program changes that may be imposed at any time throughout the



process. If any program conflicts arise, I/we agree that any determination made by the project-monitoring agent, is final.

_____ I/We certify that no member of our household has a financial interest in this development.

_____ I/We have completed the application and have reviewed and understand the process in qualifying to purchase one of the affordable homes.

_____ I/We believe we are qualified based upon the information in the Lottery Packet.

_____ I/We certify that the information in this application and in support of this application is true and correct to the best of my/our knowledge and belief under full penalty of perjury.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

