

Andover Affordable Property Resale Application

Development: Powder Mill Square, Andover Property Address: 1 Powder Mill Square Unit 302A

Packet Includes:
Household Eligibility Form
Disclosure Form
Application Checklist

Deadline for Submission: June 16, 2025, 4 pm

Homes are sold by lottery. Only qualified applicants may enter. The property is deed-restricted; owner-occupancy requirements apply. Income and asset limitations apply. Income limits for qualified buyers are based on 80% Area Median Income Limits as defined by HUD.

Applications received after this deadline will be reviewed on a first-come, first-served basis if no application was approved during the initial collection period.

Household Eligibility Form

Eligibility Criteria

Applicant Information

- Your total Household income cannot exceed the annual Gross income of:
- 1 Person \$72,950 2 Persons \$83,400 3 Persons \$93,800 4 Persons \$104,200
 - Household cannot have more than \$75,000 in assets.
 - Applicants must be first-time homebuyers (have not owned a home in last 3 years). Exceptions include single parents, displaced homemakers, and applicants over age 55.

Applicant illion	ilation.	
Name:		
Address:		
City:	State:	Zip Code:
Telephone:	Email:	
Co-Applicant Inf	ormation (if applicable)	
Name:		
Telephone:	Email:	
Household Infor	mation	
		e, who will occupy the affordable home:
Name	Date of Birth	Relationship

<u>First-Time Homebuyer</u>			
Have you owned a home or a joint	t interest in a home i	in the past three years	s from the date of
this application?	□ NO		
If yes, please explain your eligibilit	y:		
Demographics Please check off all applicable cate	egories for each hou	sehold memher	
Trease erreak err an appneasie eate	Applicant	Co-Applicant	Dependent(s)
Asian/Pacific Islander	л. фр. пост. т	Co / tppincuit	Dependent(s)
Black or African American			
Native American/Alaskan Native			
White/Non-Minority			
Hispanic/Latino			
Other Race/Ethnicity (please specify)			
Disabled			
Senior Citizen			
Veteran			
This information will be used only in acco	rdance with federal and	state guidelines to ensure	affirmative marketing.
How did you hear about this propo	erty?		
Pre-Approval Information ACT recommends working with a local bank or credit union for your mortgage financing. Also, please note that FHA does not approve loans for Chapter 40B properties. You must include a			
copy of your bank's pre-approval l		tel 406 properties. To	ou must include a
Please provide a copy of your pre-	approval letter (pre-	-qualification not acce	eptable)
Lending Institution/Bank:	Amount of I	Pre-Approval:	

Amount of Down Payment:

3 2023

Date of Pre-Approval:

Income Information

Please list sources of income for <u>all household members</u>. Income includes **gross** wages or salary, retirement account income withdrawals, self-employment income, veteran's benefits, alimony/child support, unemployment compensation, Social Security and supplemental income, pension/disability income, and dividend income. Please note any recent significant changes in amounts received.

Please provide documentation of all income, including:

- Five most recent pay stubs
- Federal Tax Returns for the last two years
- W2s for the most recent year
- Current Social Security/benefit award letter for the current year
- Pension/retirement documentation
- Child support/alimony award or proof of receipt

Source of Income	Household Member	Amount per Year
If there are additional sources of	income, please attach a separate page.	
Employment Information		
Household Member:	Employer Name:	
Position/Title:	Date of Hire:	
Household Member:	Employer Name:	
Position/Title:	Date of Hire:	

If there are additional employers, please attach a separate page.

Asset Information

Please list **all asset information for all household members**. Assets include liquid assets, such as checking or savings accounts, stocks, bonds, the cash-value of retirement accounts, 401K or 403b, cash gifts, and other forms of capital investments, excluding personal property, automobiles, government sponsored down payment assistance programs, equity accounts in homeownership programs or state assisted public housing escrow accounts.

Please provide documentation of **all assets**, including the most recent monthly statement for all accounts.

Household Member:	Bank:	
Account Type:		Balance:
Household Member:	Bank:	
Account Type:		Balance:
Household Member:	Bank:	
Account Type:		Balance:
Household Member:	Bank:	
Account Type:		Balance:
Household Member:	Bank:	
Account Type:		Balance:
If there are additional assets to list, plea	ise attach a separate pa	ge.
Gifts		
Will the household be receiving a	cash gift from a frie	end or family member to help with the
purchase of this property?	□ YES □	1 NO
Name of Source:	Relationsh	ip to Applicant:
Amount of Gift:		

If receiving a gift, please include a letter signed by the donor stating that the amount and that the contribution is a gift.

ACT encourages applicants with diverse backgrounds to apply for housing in our community. If you have language assistance needs, please contact the ACT office at 978.276.9228.

This property is deed restricted and monitored by Executive Office of Housing and Livable Communities (EOHLC):

- **Principal Residence**: The property must be your principal residence where you regularly live, eat, sleep, are registered to vote, etc.
- **Leasing:** You **may not** rent or lease your home without the prior written consent from EOHLC.
- **Refinancing**: You must get approval from EOHLC and the municipality if you wish to refinance your mortgage or obtain a second mortgage.
- **Capital Improvements**: You must contact EOHLC prior to making capital improvements to your home.
- **Notice to EOHLC and the town when Selling Your Home**: When you decide to sell your affordable home, you **must** notify EOHLC and the Town.

Certification

I certify that all the information and documentation provided for this application is true and complete to the best of my knowledge. I further understand that:

- All information is subject to verification by ACT and inaccurate information may lead to disqualification from the application process.
- I will provide additional information as requested and failure to do so in a timely manner may lead to disqualification from the application process.
- Applications will be reviewed in accordance with ACT's Buyer Selection and Approval Process.

Applicant Name		
Applicant Signature	Date	
Co-Applicant Name		
Co-Applicant Signature	Date	

Disclosure Form

Ple	ase check and fill in the following items that apply to you.
	I/We certify that our household size is persons.
	I/We certify that our annual household income is All sources of income from all household members has been included.
	I/We certify that my/our total liquid assets do not exceed the asset limit.
	The household size listed on the application form includes only and all the people who will be living in the residence. I/We intend to use the property as our primary residence as long as we own the property.
	I/We certify that the information contained in this application is true and accurate to the best of my/our knowledge and belief under full penalty of perjury. I/We understand that perjury will result in disqualification from further consideration.
	I/We further authorize ACT to verify any and all income, employment, asset, or other financial information. I/we authorize any employer, landlord or financial institution to release any information to ACT, as the project's monitoring agency, for the purpose of determining the eligibility of this household eligibility to purchase this property.
	I/We understand that it is my/our obligation to secure the necessary mortgage for the purchase of the home and that all expenses, including closing costs and down payments, are my/our responsibility.
	I/We understand that submitting this application does not guarantee that I/we will be able to purchase this property. I/We understand that the application will be reviewed in accordance with ACT's Buyer Selection and Approval Policy. I/We have reviewed and understand that process.
App	licant Signature Date
Co-	Applicant Signature Date

Application Checklist & Submission Instructions

Your application is <u>NOT</u> considered <u>COMPLETE</u> without the following documents. Incomplete applications will not be eligible for the selection lottery or first-come, first-served review.

	Fully completed and signed Application Form	
	All applicable income documentation, including:	
	0	Five most recent pay stubs,
	0	Federal tax returns for the last two years
	0	W2s from the most recent tax year
	0	Current Social Security or benefit award letter
	0	Retirement or pension documentation
	0	Child support/alimony award or proof of receipt
	All applica	ble asset documentation, including:
	0	Most recent checking and savings account bank statements
	0	Most recent Retirement/brokerage statements
	0	Gift award letter
	Pre-appro	val letter from a bank or mortgage company indicating your household qualifies
		gage sufficient to purchase the property
П	Signed Disclosure Form	
	Signed Dis	NOOSULE LOTTIL

Submitting Your Application:

Please submit the complete application to:

BY MAIL Andover Community Trust, PO Box 5038, Andover, MA 01810

ELECTRONIC SUBMISSION Contact us at info@andoverCLT.org

DROP OFF Andover Community Trust, 2 Dundee Park suite B02A, Andover, MA 01810

Please call 978.276.9228 ahead to arrange drop off appointment

Dundee Park – Building 2, Lower Level. Facing the front of the building, go in the first door on the right "Two Dundee Park" or if you need to use an elevator, go in the Main Entrance/middle door then down to Lower Level and follow the signs to Andover Community Trust suite B02A

After You Submit:

- Priority given to households that fully occupy the unit.
- If your application is complete and received within the initial collection period, it will be entered into a selection ranking lottery with other applications. The highest-ranked application will be reviewed, and if eligible, provided the first opportunity to move forward with purchase. Lower ranked applications will be maintained on a waiting list.
- If your application is received after the deadline complete, your application will be reviewed on a first-come, first-served basis.
- If your application is not complete, every effort will be made to notify you of any additional information or documentation needed, but ACT cannot guarantee any review of applications before a deadline. PLEASE THOROUGHLY REVIEW YOUR APPLICATION BEFORE SUBMITTING.