



South Holyoke Homes Phase 2 Homeownership Lottery Application



The application period is open for South Holyoke Homes Phase 2, which consists of 20 units of affordable homeownership around Carlos Vega Park in South Holyoke. The units will be awarded on a first-come, first-served basis. Please refer to the Information packet at www.southholyokeyhomes.org for more information.

The 20 units are:

- 14 three-bedroom homes offered at \$225,000 (12 homes below 80% AMI) or \$245,000 (2 homes below 100% AMI)
- 6 four-bedroom homes offered at \$240,000 (4 homes below 80% AMI) or \$260,000 (2 homes below 100% AMI)

Applicant Qualifications include:

- Maximum Income Limits (see below)
- Maximum asset limit of \$150,000, with some exceptions
- Applicants must be a first-time homebuyer
- Applicants must submit a mortgage pre-approval along with the application.

Maximum Income Limits:

	HH1	HH2	HH3	HH4	HH5	HH6	HH7	HH8
80% AMI	\$67,000	\$76,550	\$86,100	\$95,650	\$103,350	\$111,000	\$118,650	\$126,300
100% AMI	\$83,700	\$95,600	\$107,700	\$119,600	\$129,200	\$138,800	\$148,300	\$157,900

****This application is **NOT** for Holyoke Housing Authority public housing units. It is **ONLY** for the South Holyoke Homes Phase 2 affordable homeownership.

Applications can be accepted through the following methods:

- Submit an online application through the DocuPhase system accessed at www.southholyokeyhomes.org
- Mail a hard copy of the completed application to: Holyoke Housing Authority, 475 Maple Street, Suite 1, Holyoke, MA 01040
- Bring a hard copy of the completed application to 475 Maple Street in Holyoke. Monday – Friday 8:30am – 4:30pm applications can be left with the receptionist. Outside of these hours, applications can be left at the dropbox directly outside of 475 Maple Street.

Application Instructions: Incomplete applications will not be processed. Please complete all information requested on the application. Please contact the HHA if any of the information included below changes. Make sure you sign the last page. Should you need help in completing this application, please contact the Holyoke Housing Authority.





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Applicant Legal Name _____ Phone Number _____

Address _____ City _____ State/Zip _____

Email (please write legibly*) _____

Applicant Legal Name _____ Phone Number _____

Address _____ City _____ State/Zip _____

Email (please write legibly*) _____

***Note: Email will be main method of communication. Please provide an email address and remember to write clearly.**

THIS APPLICATION IS NOT COMPLETE IF NOT SUBMITTED WITH:

- _____ Completed application signed by all individuals over the age of 18.
- _____ Copy of 2023, 2024 Federal tax returns, as filed, with W-2's and schedules for 2023 tax return (if filed), for every current or future person living in the household over the age of 18. State returns are not required.
 - If you do not have copies of your Federal tax returns, you must complete form 4506-T & submit to the IRS for transcripts of your tax return or verification of non-filing. Obtain a copy of the form at [irs.gov](https://www.irs.gov).
- _____ Copy of last three months of consecutive pay stubs.
- _____ Current statements and documents that indicate the payment amounts from all other sources of income of all members listed on the application, such as family support, alimony, child support, Social Security benefits, pensions, unemployment compensation, workman's compensation, disability and any other form of income. Equivalent of IRS form Schedule C for self-employment income for 2024.
- _____ Current statements (last 3 consecutive months for each account) of all assets, including international assets, showing current value including all bank accounts, investment accounts, cash life insurance policies, retirement accounts:
 - On financial institution letterhead, Include all pages
 - Please explain any non-payroll deposits over \$500 by notation on the statement.
- _____ Mortgage pre-approval and proof of adequate assets to cover down payment and closing costs. These units are not eligible for family loans, and applicants cannot spend more than 38% of monthly income for monthly housing costs.
- _____ If Applicable, Documentation recipient of HUD assistance (see asset limit description)
- _____ If Applicable, Documentation regarding current interest in real estate.
- _____ If Applicable, No Income Statement, for any household member over 18, containing the language "Under penalties of Perjury."
- _____ If Applicable, No Child Support Statement, signed, containing the language "Under penalties of Perjury."
- _____ If Applicable, Gift Letter, signed by donor, if applicable, indicating that there is no expected repayment of the gift.
- _____ If Applicable, Minority Self-Declaration Statement, signed and dated, containing the language "Under penalties of Perjury."
- _____ If Applicable, Letter from medical professional regarding need for Accessible Features





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Household Information - List all members of your household including yourself. Number of Bedrooms Needed: _____
Note that the number of bedrooms needed for the household will be determined based on the household composition. The homes will be awarded based on household size as further described in the information package.

Names of all Persons to Reside in Dwelling (First Name, Middle Initial, Last Name)		Relation to Head	Married? (Y/N)	Full Time Student? (Y/N)	Age	Date of Birth	Minority Category * (Optional)
HEAD							
2							
3							
4							
5							
6							
7							
8							

*Minority preference categories include only Native American or Alaskan Native, Black or African American, Asian, Native Hawaiian or Pacific Islander; or other (non-White); and the ethnic classification Hispanic or Latino.

Local Preference – Check all that apply, and attach documentation:

- 1) current City of Holyoke resident, address: _____
- 2) Families with children enrolled in the City of Holyoke's schools, list school: _____
- 3) employee of the City of Holyoke, title: _____
- 4) employee of businesses located in the Town of City of Holyoke /Business Name: _____

Are you applying for housing as a handicapped individual for the ADA adapted home? Yes () No ()

If Yes: Provide letter from medical professional

Property - Do you own or have any ownership interest in any real property, real estate, land and/or mobile home? Yes () No ()

Address: _____ Current Value: _____

If Yes: Current assessment is \$ _____ [provide statement from Town]

Outstanding mortgage is \$ _____ [provide statement from Lender]





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Total Household Income - List all income of all members over the age of 18 listed on application to reside in the unit, such wages, self-employment, child support, contributions, Social Security, disability payments, (SSI), Workmen's Compensation, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony and any other form of income; including rental income from property. Adults with no income are required to submit a notarized statement. If additional space is needed, please attach another sheet.

Please include a copy of last consecutive three months of pay stubs, for all salaried employed household members over 18.

#	Source of Income	Address/Phone# of Source	Amount per Year
1			
2			
3			
4			
5			
TOTAL			

Assets - List all checking, savings accounts, CD's, stocks, bonds, retirement accounts, savings bonds, gifts and any other investments below. If additional space is needed, please attach another sheet. Household assets do not include necessary personal property.

Please include copies of last consecutive three months statements of all assets showing current value including all bank accounts, investment accounts, retirement accounts, on organization letterhead with all pages. This also includes any amounts that will be given as a gift for the purchase.

#	Type of Asset	Bank/Credit Union Name	Account No	Value, Balance
1	Checking account			
2	Savings account			
3	Retirement account			
4	Other: _____			
5	Other: _____			
6	Other: _____			
TOTAL				





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The Holyoke Housing Authority is an equal opportunity agency. We will not tolerate discrimination because of race, color, sex, national origin, or physical or mental handicaps. All applicants are welcome to submit application for housing and/or employment.

I/we understand that the Holyoke Housing Authority will request sex offender registry information (SORI) from the Sex Offender Registry Board for all adult members of the household.

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. I/We understand that false or incomplete information may result in disqualification from further consideration.

I/We certify that I am/we are not related to any party of this project.

I/we understand that it is my/our obligation to secure the necessary mortgage for the purchase of the home and all expenses, including closing costs and down payments, are my/our responsibility.

I/We understand that if I/we do not obtain a mortgage commitment and sign a purchase and sale agreement within forty-five days after the lottery, the unit will be offered to the next eligible applicant on the waiting list.

I/We understand the provisions regarding resale restrictions and agree to the restriction. You must notify the Monitoring Agent when you wish to sell. The unit cannot be refinanced without prior approval, no capital improvements can be made without the Monitoring Agent pre-approval; the unit must be owner's primary residence; the resale price is calculated according to the deed rider. All prospective buyers are advised to review the deed rider with their own attorney to fully understand its provisions.

I/We have been advised that a copy of the Deed Rider is available from the Holyoke Housing Authority, and on the South Holyoke Homes website: www.southholyokehomes.org.

I/We understand that if I/we are selected to purchase a home, I/we must continue to meet all eligibility requirements of the Lottery/Resale Agent and any participating lender(s) until the completion of such purchase. I/We understand that I/we must be qualified and eligible under any and all applicable laws, regulations, guidelines, and any other rules and requirements.

Your signature(s) below gives consent to the Lottery/Resale Agent or its designee to verify information provided in this application. The applicant agrees to provide additional information on request to verify the accuracy of all statements in this application. No application will be considered complete unless signed and dated by the Applicant/Co-Applicant.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's Signature

Date

Co-Applicant Signature

Date

