

Andover Affordable Property Resale Application

Development: Abbot's Pond, Andover Property Address: 4 Bryan Lane

\$375,000

Packet Includes:
Household Eligibility Form
Disclosure Form
Application Checklist

Deadline November 3, 2025

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

- Household cannot exceed the annual income of:
 - 1 Person-\$118,800 2 Persons-\$135,720 3 Persons-\$152,640 4 Persons-\$169,560 (120% AMI *subject to change)
- Household cannot have more than \$275,000 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.

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

<u>First-Time Homebuyer</u>			
Have you owned a home or a joint i	nterest in a home	in the past three year	s from the date of
this application?	□ NO	, , , , , , , , , , , , , , , , , , , ,	
If yes, please explain:			
<u>Demographics</u>			
Please check off all applicable categ	ories for each hou	sehold member.	
	Applicant	Co-Applicant	Dependent(s)
Asian/Pacific Islander	• •		. ,,
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 accord	lance with federal and	l state guidelines to ensure	affirmative marketing.
How did you hear about this proper	tv?		
, , , , , , , , , , , , , , , , , , , ,	-7.		
Dro Approval Information			
<u>Pre-Approval Information</u>			
ACT recommends working with a lo			ge financing. Also,
please note that FHA does not approve loans for Chapter 40B properties.			
Please provide a copy of your preap	proval letter.		
Lending Institution/Bank:	Amount of	Pre-Approval:	
Date of Pre-Approval:	Amount of	Down Payment:	

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 for each member, including:

- Five most recent pay stubs
- Federal Tax Returns for the last two years
- W2s for the most recent year
- Social Security/benefit award letter
- Additional public support information
- 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 the 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:	Last 4 of Acct. #	#: Balance:
Household Member:	Bank:	
Account Type:	Last 4 of Acct. #	#: Balance:
Household Member:	Bank:	
Account Type:	Last 4 of Acct. #	#: Balance:
Household Member:	Bank:	
Account Type:	Last 4 of Acct. #	#: Balance:
Household Member:	Bank:	
Account Type:	Last 4 of Acct. #	#: Balance:
If there are additional assets to list, p	ease attach a separate	e page.
Gifts		
Will the household be receiving	a cash gift from a	friend or family member to help with the
purchase of this property?	□ YES	□ NO
Name of Source:	Relatio	onship 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.

This property is deed restricted and monitored by Andover Community Trust (ACT):

- **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 ACT.
- **Refinancing**: You must get approval from ACT and the municipality if you wish to refinance your mortgage or obtain a second mortgage.
- **Capital Improvements**: You must contact ACT prior to making capital improvements to your home.
- Notice to ACT and the town when Selling Your Home: When you decide to sell your
 affordable home, you must notify ACT 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

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

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.

	I 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	Social Security or benefit award letter	
	0	Retirement or pension documentation	
	0	Child support/alimony award or proof of receipt	
	☐ All applicable asset documentation, including:		
	0	Most recent checking and savings account bank statements	
	0	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		
_	— 0.6 = .00		

Submitting Your Application:

Please submit the complete application to:

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

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

Please call 978.276.9228 to arrange drop off appointment if you wish.

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. You can slide your packet under the door.

After You Submit:

- If your application is complete and received within the initial collection period, it will be
 entered into a selection ranking lottery with other applications. Priority is given to households
 that fully occupy the home. 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, 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.