



## Chapter 40B Affordable Property Resale Application

**Development: Crescent Gate, a 55+ Development  
Property Address: 7 Crescent Gate, #105, Sturbridge**

Packet Includes:  
Household Information Form  
Disclosure Form



**This application is for a purchaser that does not meet Chapter 40B income and asset guidelines, but may purchase certain affordable properties because the deed rider allows sale to an ineligible purchaser after the affordable marketing period has ended.**

Applications will be reviewed on a first-come, first-served basis. Only complete applications will be reviewed and approved.

# Household Information Form

## Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Co-Applicant Information (if applicable)

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Household Information

Please list ALL household members, regardless of age, who will occupy the affordable home:

Name	Date of Birth	Relationship

## First-Time Homebuyer

Have you owned a home or a joint interest in a home in the past three years from the date of this application?       YES       NO

If yes, please explain: \_\_\_\_\_

## **Real Estate Agent Contact Information (if applicable)**

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## **Demographics**

Please check off all applicable categories for each household member.

	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Dependent(s)</b>
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 accordance with federal and state guidelines to ensure affirmative marketing.*

How did you hear about this property? \_\_\_\_\_

## **Pre-Approval Information**

CHAPA recommends working with a local bank or credit union for your mortgage financing.

Please provide a copy of your preapproval letter.

Lending Institution/Bank: \_\_\_\_\_ Amount of Pre-Approval: \_\_\_\_\_

Date of Pre-Approval: \_\_\_\_\_ Amount of Down Payment: \_\_\_\_\_

## **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 CHAPA 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 CHAPA's Buyer Selection and Approval Process.

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Applicant Name

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Applicant Signature

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Date

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Co-Applicant Name

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Co-Applicant Signature

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Date

# Disclosure Form

Please check and fill in the following items that apply to you.

- I/We certify that our household size is \_\_\_\_\_ persons.
- 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 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 CHAPA's Buyer Selection and Approval Policy. I/We have reviewed and understand that process.
- I/We have been provided and have reviewed the Chapter 40B affordable housing deed rider and CHAPA policies that will apply to this property should I/we purchase it. I/We agree to the restrictions and to abide by all CHAPA policies, including those regarding residency, resale, refinancing, and repair. Policies available at [www.chapa.org](http://www.chapa.org).**

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Applicant Signature

Date

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Co-Applicant Signature

Date

## **After You Submit:**

- Your application will be reviewed on a first-come, first-served basis. Only complete applications will be reviewed. Other complete applications received after an incomplete application is received will be reviewed first.
- If your application is not complete, every effort will be made to notify you of any additional information or documentation needed, but CHAPA cannot guarantee any review of applications to request additional documentation. **PLEASE THOROUGHLY REVIEW YOUR APPLICATION BEFORE SUBMITTING.**