

26 Claridge Drive

Lottery Application

Worcester, MA

Application Deadline

September 28, 2026 at 2:00 pm

Completed Applications and Mortgage Pre-Approvals must be delivered or postmarked by this date. Applications postmarked by the deadline must be received no later than 5 business days from the deadline.

Sales Price

One (1) 4 Bedroom Single-Family Home for \$295,700

Maximum Household Income Limits

\$73,750 (1 person), \$84,300 (2 people), \$94,850 (3 people)
\$105,350 (4 people), \$113,800 (5 people), \$122,250 (6 people)

The affordable homes are expected to be ready for occupancy immediately following the lottery in the Fall of 2026.

The Maximum Household Asset Limit is \$75,000. There are no MINIMUM household income requirements, but households must be pre-approved for a mortgage. **Please read the Information Packet for more details.**

Directions

Applications must be completed and submitted as specified by the date at the top of this page. The first section must be filled out entirely for your application to be processed. Every space given to initial must be initialed, even if you answer "N/A". If a question does not apply to you, check "N/A". Leave nothing blank. Send or drop off all applications and documentation by the date at the top of this page to: SEB Housing, Re: 26 Claridge Drive, 257 Hillside Ave, Needham, MA 02494; Fax: (617) 782-4500; Email: info@sebhousing.com

Este documento es muy importante. Favor de comunicarse con el SEB Housing en info@sebhousing.com o (617) 782-6900 x3 y deja un mensaje para ayuda gratis con el idioma.



26 Claridge Drive. Please provide all the following contact information for the Head of Household (please print clearly):

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone:(_____) _____ Home Phone:(_____) _____

Work Phone:(____) _____

Email address: _____ @ _____

Please note: We will only use your email address to contact you about this application. Providing your email should facilitate the process of completing your application as you will be notified of missing documentation faster than if we can only send notifications via postal mail. We will not contact you about future lotteries unless requested.

Bedroom Size Information: ☐ 4 Bedroom Single-Family Home (\$295,700)

Please fill out the chart below for everyone who will be occupying the unit:

(NOTE: Minors/Dependents can only be considered part of the household if head(s)-of-household have at least shared physical and legal custody or guardianship)

NAME	AGE	HEAD OF HOUSEHOLD OR DEPENDENT	RELATIONSHIP TO APPLICANT LISTED AT THE TOP OF THIS PAGE	IS THIS PERSON A FULL-TIME STUDENT OR WILL BE A FULL- TIME STUDENT IN THE NEXT 12 MONTHS?
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

I certify that my Household Size is (total number of household members) _____.

Initial(s): _____

Initial(s): _____

HOUSEHOLD TYPE You must check one of the following boxes for your household Type. The Information Packet has more details on Types.

- ☐ **1 person household** (Type I)
- ☐ **1 person household with a disability or medical need for TWO bedrooms** (Please note that verification from medical provider of need for a 2BR unit will be required at certification otherwise household may be removed from Waiting Lists) (Type II)
- ☐ **2 person household: 2 heads-of-household who are in a relationship** (Type I)
- ☐ **2 person household: 2 heads-of-household who are not in a relationship** (Type II)
- ☐ **2 person household: 1 head-of-household plus one dependent** (Type II)
- ☐ **2 person household with a disability or medical need:** 2 heads-of-household who are in a relationship where (A) heads-of-household cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on their mental or physical health OR (B) there is a separate disability or medical need for **two** bedrooms. (In either case, please note that verification from medical provider of need for separate rooms for heads of households or of need for a 2BR unit will be required at certification otherwise household may be removed from Waiting Lists) (Type II)
- ☐ **2 person household with a disability or medical need for THREE bedrooms** (Please note that verification from medical provider of need for a 3BR unit will be required at certification otherwise household may be removed from Waiting Lists) (Type III)
- ☐ **3 person household: 1 head-of-household plus 2 dependents** (Type III)
- ☐ **3 person household: 2 heads-of-household who are in a relationship plus 1 dependent** (Type II)
- ☐ **3 person household: 2 heads-of-household who are not in a relationship plus 1 member** (Type III)
- ☐ **3 person household with a disability or medical need:** 2 heads-of-household who are in a relationship plus one dependent, where (A) heads-of-household cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on their mental or physical health OR (B) there is a separate disability or medical need for **three** bedrooms. (In either case, please note that verification from medical provider of need for separate rooms for heads of households or of need for a 3BR unit will be required at certification otherwise household may be removed from Waiting Lists) (Type III)
- ☐ **3 person household with a disability or medical need:** 1 head-of-household plus 2 dependents where there is a disability or medical need for **four** bedrooms (note that verification from a medical provider of need for fourth bedroom will be required at certification otherwise household may be removed from Waiting Lists) (Type IV)
- ☐ **4 person household: 2 heads-of-household who are in a relationship plus 2 dependents** (Type III)
- ☐ **4 person household: 2 heads-of-household who are not in a relationship plus 2 dependents** (Type IV)
- ☐ **4 person household: 1 heads-of-household plus 3 dependents** (Type IV)
- ☐ **4 person household with a disability or medical need:** 2 heads-of-household who are in a relationship plus two dependents, where (A) heads-of-household cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on their mental or physical health OR (B) there is a separate disability or medical need for **four** bedrooms. (In either case, please note that verification from medical provider of need for separate rooms for heads of households or need for a 4BR unit will be required at certification or household may be removed from Waiting Lists) (Type IV)
- ☐ **5 person household: all types** (Type IV)
- ☐ **6 person household: all types** (Type IV)
- ☐ **7 person household: all types** (Type IV)
- ☐ **8 person household: all types** (Type IV)

RELATED PARTY

Is any member of the household related to or employed by the developer or related to or employed by the Property Management Company?

☐ Yes

☐ No

If yes, please explain the relationship in the space provided here:

DATABASE INFORMATION

How did you find out about this affordable housing opportunity?

(please be as specific as possible, if found "online" please provide web address)

REASONABLE MODIFICATION OR ACCOMMODATION

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, ("practices") when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing. If you have a reasonable accommodation request related to *this Application/Certification*, please describe it here. If you have any *other* requests, including a reasonable accommodation request related to the *Owner/Developer's* practices, or a reasonable modification request related to the physical structure of the building or unit, do *not* list it here. That request must be made directly to the Owner/Developer.

MORTGAGE QUALIFICATIONS

1. What is the *estimated* total net value of your assets?
(Please see the Asset Table in the Application Below)

\$

Box 1

2.. What is the size of the loan in your mortgage pre-approval?

\$

Box 2

3. What is the total of Box 1 + Box 2?

\$

Box 3

If Box 3 is less than the sales price of the lowest priced home for which you applied, you will not be entered into the lottery. Please speak to your lender for more details.

MORTGAGE PRE-APPROVAL REQUIREMENT

Applications without mortgage pre-approvals will not be accepted for the lottery.

1. I have attached a mortgage pre-approval that meets each and every one of the following standards for this affordable housing program:

- The loan must have a fixed interest rate through the full term of the mortgage.
- The loan must have a current fair market interest rate. (*No more than 2 percentage points above the current MassHousing rate, (617) 854-1000 or www.masshousing.com*)
- The loan can have no more than two points.
- The loan cannot be an FHA or VA loan (as FHA and VA will not accept the terms of the Deed Restriction)
- The buyer must provide a down payment of at least 3% - half of which must come from buyer's own funds.

I understand that I can go to any lender of my choosing as long as the pre-approvals abide by the above standards but it is strongly recommended that I talk to a lender that has familiarity with affordable housing in Massachusetts as they will be more familiar with the process, mortgage requirements, and Deed Restrictions than a lender with no experience in affordable housing. A list of recommended lenders is in the Mortgage Pre-Approval section in the Information Packet:

I understand that the mortgage pre-approval process should be my first step in documentation gathering as this entire process and program depends on my ability to eventually get a mortgage so I can purchase a home.

I also understand that I should make copies of all the documentation I give to my bank as I may need copies to submit with this application.

Initial(s): _____

Initial(s): _____

HOMEOWNERSHIP (CIRCLE "YES" OR "NO")

Does anyone on this application currently own a home?

YES NO

If you answered YES, you are not eligible for this opportunity. *Households cannot currently own homes and be eligible for this opportunity. Please see the Info Packet for more details.*

Has anyone listed on this application owned a home in the past 3 years and has sold the home?

YES NO

If you answered NO, please move on to the next page.

If you answered YES, you must answer all the following questions to see if you qualify for an exception (*as the following exceptions apply to households who have owned a home in the past 3 years but do NOT currently own a home*).

To qualify as an age-qualified household, please answer the following question about the person that has owned a home in the past 3 years but does not currently own the home:

Are they age 55 or older?

YES NO

To qualify as a displaced homemaker, please answer the following questions about the person that has owned a home in the past 3 years but does not currently own the home:

Are they an adult?

YES NO

Have they owned a home only with a partner?

YES NO

While married did they not work full-time, full year in the labor force but worked primarily without remuneration to care for the home or family?

YES NO

Are they currently divorced from a spouse?

YES NO

If you answered NO to the last question, you must finalize your divorce before you can be placed on the Waiting List. **Please read the Information Packet for more details.**

To qualify as a single parent, please answer the following questions about the person that has owned a home in the past 3 years but does not currently own the home:

Do you have 1 or more child of whom you have custody or joint custody, or are you pregnant?

YES NO

Did you own a home with your partner or reside in a home owned by your partner?

YES NO

Are you divorced from your spouse?

YES NO

If you answered NO to the last question, you must finalize your divorce before you can be placed on the Waiting List. **Please read the Information Packet for more details.**

INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE

Please complete the Income Table on the following two pages. After the lottery, top households will be asked to attach supporting documentation which includes, but is not limited to, the **five most recent consecutive pay stubs and/or income statements for all sources of income, W-2 statements** and the **THREE most recent federal income tax returns** (including all attachments and amendments) for each member of the household.

For the purpose of **income determination**, **“Household”** shall mean all persons who intend to occupy the housing unit as their permanent primary residence, even if they are not included on the mortgage or title to the home. The incomes of *all* household members will be included, with the exception of income from employment for household members under the age of 18 or any income over \$480/year of full-time students who are dependents (but please note that documentation of income for those dependents still needs to be supplied).

Applicants applying without their spouse: For purposes of this application, the Applicant does not need to include their spouse’s income and assets if the spouse will not be residing in, or taking ownership of, the unit. However, after the lottery, if the Applicant is invited to move forward and is undergoing a full eligibility screening and has not yet completed their divorce, then the spouse’s income and assets will need to be documented and included in the eligibility determination. This is true even if the Applicant is separated from the spouse, and even if the spouse does not intend to occupy the unit.

Please note:

1. Gross income from current wages, salaries, tips, etc. is the full amount, before any deductions, and is the amount used to determine estimated current annualized income.
2. For self-employed income/wages- include the contract or job name in the space provided and you should use the net income for self-employment (note: For Self-Employment income only is “net” income counted. Income from all other sources is counted as “gross” income)
3. “Interest Income” refers to any amount that you receive from any asset except for amounts drawn down from a retirement account or 401K as those go on the lines for “pension” or “retirement funds”.
4. Households, or their families, cannot have a financial interest in the development and a households member cannot be considered a Related Party.

INCOME

Household Member Name	Source of Income	Current GROSS Monthly Income
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Child Support/Alimony	
	Child Support/Alimony	
	Social Security Income	
	Social Security Income	
	Social Security Income	
	Social Security Income	
	SSDI	
	SSDI	
	Pension (list source)	
	Pension (list source)	
	Retirement Distributions	

Household Member Name	Source of Income	Current GROSS Monthly Income
	Unemployment Compensation	
	Workman's Compensation	
	Severance Pay	
	Title IV/TANF	
	Full-Time Student Income (18 & Over Only)	
	Full-Time Student Income (18 & Over Only)	
	Periodic payments from family/friends & Recurring Gifts <i>(i.e. monthly/weekly money from family/friends)</i>	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Other Income (name/source)	
	Other Income (name/source)	
	Gross Monthly Household Income (GMHI)	\$ /month

GMHI x 12 =	Gross Annual Household Income	\$ /year
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ASSETS

If a section doesn't apply, cross out or write N/A. You will be directed to submit detailed bank/balance statements for EVERY ASSET listed here. If any household member has divested themselves of an asset for less than full and fair present cash value of the asset within two years prior to this application, the full and fair cash value of the asset at the time of its disposition must be listed below.

	Bank Name	Last 4 Digits of Acct Number	Amount	
Checking Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Accounts			Balance \$	
			Balance \$	
			Balance \$	
Trust Account			Balance \$	
Venmo/Paypal /Cash-App			Balance \$	
			Balance \$	
Certificates (or CDs)			Balance \$	
			Balance \$	
			Balance \$	
Savings Bonds	Maturity Date:		Value \$	
	Maturity Date:		Value \$	
401k, IRA, Retirement Accounts (Net Cash Value)	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
Mutual Funds	Name:	# of Shares:	Interest/ Dividends	Value
			\$	\$
			\$	\$
			\$	\$
Stocks			\$	\$
			\$	\$
			\$	\$
Bonds			\$	\$
			\$	\$
Investment Land (not a home)			Current Net Equity \$	
Down-Payment Assistance (An anticipated one-time gift from family/friends to help with the mortgage down-payment)			\$	

You MUST complete this section on Real Estate too!

Do you, or anyone on this application, currently own a home (including an investment home) or are listed on the deed for any home?	☐ Yes ☐ No
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You must now read, sign and date the following question AND read, sign and date the following page.

DEED RIDER SIGNATURE OF UNDERSTANDING:

I/We have read the resale restrictions for 26 Claridge Drive and agree to the restrictions. I/We understand that the Deed Rider Summary in the Information Packet is not the actual Deed Rider and it is only intended to provide general information about Property Restrictions in typical Affordable Housing Programs. I/We understand that a full copy of the example Deed Rider is available under the listing on the SEB Housing website: <https://sebhousing.com/affordable-housing-opportunities/> and that if requested, a copy of this example Deed Rider can be mailed to me. I/We also understand that, if selected to purchase this unit, a full copy of the Deed Rider will be provided.

Full Signature of Applicant: _____ Date: _____

Full Signature of Co-Applicant: _____ Date: _____

Please be sure to fully sign the lines above and not just initial them.

Please read each item below carefully before you sign.

1. I hereby declare under pain and penalty of perjury that the information provided on every page of this application is true and correct. I understand that if any sources of income or assets are not disclosed on this application, or any information provided herein is not true and accurate, this application may be removed immediately from further consideration and I will no longer be allowed to reserve a unit.
2. I understand that this application will be incomplete if I do not sign and date this page and initial at all indicated points in the application and that the failure to timely and/or fully supply information in accordance with the application may result in the the denial of my application and loss of position on all Waiting Lists.
3. The undersigned certify that none of the people listed in this application, or their families, have a financial interest in the development and none of the people listed in this application can be considered a Related Party by the affordable housing guidelines that govern this property.
4. The undersigned certify that the affordable unit will be undersigned's principal residence and the undersigned cannot own a home elsewhere or in trust while living in an affordable unit.
5. I understand that while previous years' tax transcripts and documentation are required, SEB Housing LLC does not use income reported on the previous years' tax documentation to calculate current annualized income.
6. I understand that the Purchase and Sale Agreement for the units to be occupied through this affordable housing program may be subject to cancellation if any of the information above is not true and accurate.
7. I understand that this is a preliminary application and the information provided **does not** guarantee housing.
8. I understand that any material change in the income or assets of my household that occurs after the submission of this application may make me ineligible for affordable housing. I understand that any changes to income or assets that may put my household into another income tier must be reported to SEB Housing.
9. Mortgage Co-signers **are not** permitted unless they are co-tenants who will reside in the unit.
10. I acknowledge that if my email address is provided in this application, SEB Housing, LLC will correspond with me by email instead of postal mail unless I make a written request otherwise. I understand that any changes to my contact information must be reported to SEB Housing.
11. I acknowledge that the determination of eligibility by SEB Housing is based upon the guidelines that govern the Affordable Housing Program for the development and, as such, barring any confirmed error by SEB Housing in applying the guidelines and/or calculating income, the decision is final and I further agree to hold harmless SEB Housing from any claim(s) related to this application.
12. The undersigned give consent to the City of Worcester, SEB Housing LLC, 26 Claridge Drive, and EOHLC to verify the information provided in this application. The undersigned authorize the release of information necessary in determining income and assets from third-party references.

Applicant's Signature

Date

Applicant's Signature

Date

For Questions contact info@sebhousing.com or call (617) 782-6900