

# Lottery Application for Income-Restricted Rental Housing at 346 Union, Somerville

Applications must be completed and delivered (not postmarked) by  
May 4<sup>th</sup>, 2023

You can apply online here:

[www.jotform.com/SEBHousing/union346](http://www.jotform.com/SEBHousing/union346)

This is an important document. If you require language interpretation, please contact the agent for this development directly (Union346@sebhousing.com or 617-782-6900 x1, x1) and request interpretation services in your own language. If the agent does not speak your primary language they will contact a translator who will provide language assistance.

Este es un documento importante. Si necesita su interpretación en algún idioma, comuníquese directamente con el agente de este desarrollo (Union346@sebhousing.com y 617-782-6900 x1, x1) y solicite servicios de interpretación en su propio idioma. Si el agente no habla su idioma principal, se pondrá en contacto con un traductor para que proporcione asistencia lingüística. Aplicación aquí, Paquete de información aquí

Este documento é importante. Se você precisar de interpretação de idioma, entre em contato diretamente com o agente para este desenvolvimento (Union346@sebhousing.com e 617-782-6900 x1, x1) e solicite serviços de interpretação em seu próprio idioma. Se o agente não falar seu idioma principal, ele entrará em contato com um tradutor que fornecerá assistência linguística. Candidate-se aqui, Pacote de informações aqui

Sa a se yon dokiman enpòtan. Si w bezwen entèpretasyon lang, tanpri kontakte ajan pou devlopman sa a dirèkteman (Union346@sebhousing.com & 617-782-6900 x1, x1) epi mande sèvis entèpretasyon nan pwòp lang ou. Si ajan an pa pale lang prensipal ou a yo pral kontakte yon tradiktè ki pral ba w asistans lang. Aplikasyon isit la, Pake enfòmasyon isit la

यो एउटा महत्वपूर्ण कागजात हो । यदि तपाईंलाई भाषाको अनुवाद चाहिएमा, कृपया यो विकासको लागि एजेन्टलाई सोझै सम्पर्क गर्नुहोस् (Union346@sebhousing.com & 617-782-6900 x1, x1) र तपाईंको आफ्नै भाषामा अनुवादको सेवाहरू अनुरोध गर्नुहोस् । यदि एजेन्टले तपाईंको मुख्य भाषा नबोलेमा, तिनीहरूले भाषा सहयोग प्रदान गर्ने अनुवादकलाई सम्पर्क गर्नेछन् । आवेदन यहाँ जानकारी प्याकेट यहाँ

这是一份非常重要的文件，如果您需要语言翻译，请直接联系此开发代理(Union346@sebhousing.com & 617-782-6900 x1, x1)，并要求以您自己的语言提供口译服务。如果代理不能使用您的主要语言，他们会联系翻译人员，翻译人员会向您提供语言帮助。

這是一份非常重要的文件，如果您需要語言翻譯，請直接聯繫此開發代理(Union346@sebhousing.com & 617-782-6900 x1, x1)，並要求以您自己的語言提供口譯服務。如果代理不能使用您的主要語言，他們會聯繫翻譯人員，翻譯人員會向您提供語言幫助。

**DO NOT SEND APPLICATIONS TO 346 UNION (THE PROPERTY).**

**DO NOT SEND APPLICATIONS TO SOMERVILLE'S HOUSING DIVISION.**

**ALL APPLICATIONS MUST ARRIVE TO THE NEEDHAM ADDRESS BELOW BY 2 PM ON May 4<sup>th</sup>, 2023  
IF YOU'VE MAILED THE APPLICATION AND IT IS RECEIVED AFTER 2 PM ON May 4, 2023, IT WILL  
NOT BE ACCEPTED (SO IF MAILING, BE SURE TO MAIL YOUR APPLICATION AT LEAST 1 WEEK  
BEFORE THE DELIVERY DEADLINE).**

**Directions:**

**Applications must be completed and delivered by May 4<sup>th</sup>, 2023 at 2 pm.** This application must be filled out entirely in order for your application to be processed. Every space provided for initials must be initialed, even if you answer "N/A". If a question does not apply to you, check "N/A". LEAVE NOTHING BLANK.

**Please see the following page for rents and income limits and read the Information Packet for more details. For the 50% and 80% AMI units, rents do not change based on applicant's income and tenants will be responsible for paying the full rent themselves. Applicants with Section 8, MRVP, or other vouchers should contact their local housing authorities before applying for a copy of their voucher, certificate or most recent rent share letter.**

**APPLICATIONS MUST BE DELIVERED (NOT POSTMARKED) BY 2:00 PM, on May 4<sup>th</sup>, 2023.**

Applications can be submitted the following ways:

**COMPLETE AND SUBMIT THE ONLINE APPLICATION HERE: [www.jotform.com/SEBHousing/union346](http://www.jotform.com/SEBHousing/union346)**

Mail: SEB Housing  
Re: 346 Union  
257 Hillside Ave  
Needham, MA 02494

*Note: SEB Housing is currently closed to  
the Public but there is an SEB Dropbox on site!*

OR

Somerville Drop Location:  
373 Highland Ave (in Somerville, but off site!)  
***Under green awning, black  
mailbox on wall by entrance***

**Note: Applications dropped in  
373 Highland Ave Drop Box Will NOT be reviewed  
until the deadline**

OR

Scan/Email: [info@sebhousing.com](mailto:info@sebhousing.com)

OR

Fax: 617-782-4500

*If faxing or scanning, be sure to transmit both sides of double sided pages*



**\*50% and 80% Rents are not based on each applicant's income (unless they already have a Section 8 voucher or similar). Minimum income for 50% AMI units is for households who do not already have a Section 8 voucher or similar subsidy. Rent for 110% units DOES change based on household income.**

**\*\* All utilities are electric, Tenants are responsible for paying all utilities including water and sewer. There are NO parking spots at this building. Tenants with cars will need to make arrangements for street parking.**

Unit Type	Disabled-Accessible (DA) and Hearing-Impaired (HI) Units	Minimum Gross Annual Income	Minimum Household Size	Approx. Size (subject to change)	# of bathrooms	No. of Units	Monthly Rent (not including utilities+ parking**)
<b>Seven (7) 50% AMI Apartments</b>							
<b>Studio</b>	1 DA	\$29,448*	1	427-458 sqft	1	5	\$1,075
<b>1 BR</b>	1 DA	\$31,560*	1	503-546 sqft	1	2	\$1,095
<b>Seven (7) 80% AMI Apartments</b>							
<b>Studio</b>	1 HI	\$49,101	1	384-531 sqft	1	6	\$1,418
<b>1 BR</b>	N/A	\$49,101	1	531 sqft	1	1	\$1,464
<b>Four (4) 110% AMI Apartments</b>							
<b>Studio</b>	N/A	\$78,301	1	353-486 sqft	1	4	\$1,806-\$2,932*

*\*\*Please note, the 80% and 110% AMI minimums shown are based on a household size equivalent to the number of bedrooms in the selected unit. For the actual MINIMUM AND MAXIMUM income limits based on household size for 80% and 110% units, please see the table below.*

<b>Income Limits (Income Limits are GROSS Income)</b>			
No. of people in your household	Max Income for 50 % AMI units	Max and Minimum Income: 80% AMI units	Max and Minimum Income: 110% AMI unit
1	\$49,100	\$49,101 to \$78,300	\$78,301 to \$107,954
2	\$56,100	\$56,101 to \$89,500	\$89,501 to \$123,376



# Lottery Application for 346 Union

Please provide all the following contact information for the Head of Household:

Email address: \_\_\_\_\_@\_\_\_\_\_

*Please note: This is the email address we will be using to communicate with you on your application.*

Check here if you do NOT want your email included in the City's Inclusionary Housing listserv

Please note, if this email address has already been used for a Lottery Application that has already been submitted, you must check one of the following two boxes:

Check here if you are applying again because you wish to override your previous submission (we will email you to confirm that your previous application is being removed from consideration).

Check here if you are submitting an application on behalf of someone else who does not have an email address or requested that you be the point of contact via email for their application.

Applicant's Name: \_\_\_\_\_

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

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

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_\_) \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

How did you hear about this opportunity?  Email  City Website  Flyer  Newspaper  Family/friend  
 Other \_\_\_\_\_

*The following three questions are OPTIONAL and will not affect your eligibility in any way.*

Which best describes your ethnicity? (Select one)  Hispanic/Latino  Non-Hispanic/Latino

Which is the head of household/co-head of household's race? (Please check all boxes that apply):

Asian or Pacific Islander  Indigenous American/Alaskan Native  Asian

Middle Eastern/North African  African American

Native Hawaiian/Other Pacific Islander  White  Black  Brown  Two or more races

Other: \_\_\_\_\_

What is/are the head of household's/co-head of household's country of origin? (this question is optional) \_\_\_\_\_

**Do you work for the City of Somerville, or do you have any family members**

**that work for the City?** *There is no preference given in the lottery if you, or a member of your family, work for the City of Somerville. This is simply a disclosure. Note that there is preference for people who work in the City of Somerville, and that question is asked later in the application.*  YES  NO

**RELATED PARTY**

Is any member of the household related to or employed by the developer, John M Corcoran & Co or related to or employed by the Property Management Company, Corcoran Management?

- Yes
- No

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

**REASONABLE ACCOMMODATION**

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing.

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you?

- Yes
- No

If yes, please explain in the space provided here or write a signed statement and attach it:

**LANGUAGE**

If there is a language other than English that you would prefer to communicate, please indicate here:

- Arabic
- Cape Verdean Creole
- Chinese
- French
- Haitian Creole
- Nepali
- Portuguese
- Russian
- Spanish
- Vietnamese
- Other \_\_\_\_\_

**HOUSEHOLD AND UNIT SIZE/TYPE**

**Please fill out the following chart for all household members who will be occupying the unit.** Note that unborn children in the first or second trimester **cannot** be included as part of your household (but unborn children in their third trimester can be counted as part of your household under this program’s guidelines).

Legally married couples shall be considered part of the household **unless** the applicant can provide verification that the households are separated and living at separate addresses. Verification must be a copy a court filed document showing that divorce/separation has been filed (if the legal document shows separate addresses for the partners), OR documentation of the estranged spouse residing in separate addresses (such as copies of leases). Where no such documentation exists of residing at separate addresses, a notarized affidavit from the parties (or party in the event it is not safe or possible for both parties to do so) that they are separating and will be residing at separate addresses as of a certain date. Minors/dependents can only be considered part of the household if heads-of-household have physical custody or guardianship for 180 days a year.

Also note that unrelated and unmarried household members applying together will need to provide verification that they currently live together at the time of final Program Certification. Unmarried engaged households without a history of living together are not eligible.

NAME (FIRST, LAST)	AGE <sup>1</sup> <i>(this cannot be “0” or “zero”, see note below on unborn children)</i>	IS THIS PERSON ONE OF THE HEAD(S) OF HOUSEHOLD <sup>2</sup> ?	RELATIONSHIP TO APPLICANT LISTED AT THE TOP OF THIS PAGE	IS THIS PERSON A FULL-TIME STUDENT OR WILL BE A FULL-TIME STUDENT <sup>3</sup> IN THE NEXT 12 MONTHS?
		Yes No		Yes No
		Yes No		Yes No
		Yes No		Yes No

You MUST circle Y or N for both the Head-of-Household and the student question in the table above for EVERY household member. Please note that a full-time student is only eligible for an income-restricted unit if they are a co-head of household with someone who is NOT a full-time student and who they currently live with and will live with you at this property.

1 Unborn children can only be put in this table if they are in their third trimester (and in such cases, write “unborn, due date is…” and put their due date).For children between 0-12 months old, you must specify their age in months (ex: “5 months”). Do not put their age as “0”.

2 A Head of Household is any occupant over the age of 18 who is not listed as a dependent on the taxes of another person occupying the unit.

3 A full-time student is defined by the school’s registrar.

**Do you require a disabled accessible unit?**

YES  NO

If YES, after the lottery, verification of need of an accessible unit will be required after the lottery to receive a preference for an accessible unit.

**Do you need the features of a unit for the Hearing Impaired?**

YES  NO

If YES, after the lottery, verification of need of a unit with features for the hearing impaired will be required to receive a preference for a Hearing-Impaired unit.

Please check off all the unit sizes you are applying for. You may apply for more than one unit size.

- Studio       1 Bedroom

**SOMERVILLE PREFERENCE INFORMATION (YOU MUST CHECK "YES" OR "NO")**

**Do you currently live or work full-time in Somerville?**  YES  NO

If YES, please note that after the lottery, you will be required to submit the documentation detailed in the paragraph below to receive preference. Households who mark "Yes" here but who cannot later verify this preference after the lottery will be removed entirely from all Waiting Lists that they are placed on through the Lottery.

If you currently live in Somerville, after the lottery you will be required to submit a copy of your most recent utility bill, or a copy of a current lease, or copy of a bank statement, or a copy of your cell phone bill, or your voter registration. The document must be current and contain the applicant's name and address in Somerville.

If you currently work full time in Somerville, after the lottery you will be required to submit either (A) your most recent pay-stub that shows the Somerville address where you are employed more than 32 hours a week or, if your pay-stubs do not show those details, you need to submit (B) a signed statement from your employer on company letterhead that states the address of the job, the employee's name and the amount of hours you work per week (on average) in Somerville at that job.

**HOMEOWNERSHIP (CIRCLE "YES" OR "NO")**

**Does anyone listed on this application currently own a home?**  YES  NO

Please note that applicants who own property or interest in a property in the US or abroad, or have their name on a Deed or Mortgage at Program Certification are ineligible for an income-restricted apartment.

**INCOME**

**Do you currently receive or do you have a Section 8 mobile or MRVP voucher or certificate?**  YES  NO

*The Lottery Agent does not discriminate based on source of income. This question is asked for the sole purpose of determining ability to pay rent.*



## **INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE**

Please complete the Income Table on the following page. For the purpose of **income determination**, **"Household"** shall mean all persons whose names appear on the lease, and also all persons who intend to occupy the housing unit as their permanent primary residence, even if they are not included on the lease. Note that legally married couples shall be considered part of the household **unless** the applicant can provide verification that the households are separated and living at separate addresses. Verification must be a copy a court filed document showing that divorce/separation has been filed (if the legal document shows separate addresses for the partners), OR documentation of the estranged spouse residing in separate addresses (such as copies of leases). Where no such documentation exists of residing at separate addresses, a notarized affidavit from the parties (or party in the event it is not safe or possible for both parties to do so) that they are separating and will be residing at separate addresses as of a certain date. 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).

### **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 applicants- include the contract or job name in the space provided. You will be directed to all the additional documentation you will need to submit in **Section 2**.
3. "Interest Income" refers to any amount that you receive from any asset except for 1) any interest or dividends earned from a traditional retirement account (as defined by HUD 5) as these are not counted as income by the City of Somerville and 2) amounts drawn down from a retirement account or 401K as those go on the lines for "pension" or "retirement funds".

**You must list all sources of GROSS income in the Income Table. If a section doesn't apply, cross out or write NA. Prior to reserving an income-restricted unit, you will be directed to submit detailed statements for EVERY SOURCE OF INCOME for every household member.**

After the lottery, you will be asked to attach supporting documentation in the form of the **six (6) most recent consecutive pay stubs and/or income statements for all sources of income, three (3) consecutive months of bank statements, W-2 statements and the most recent federal income tax returns** (including all attachments and amendments) for each member of the household.

<b>Source of Income</b>	<b>Annual/Yearly GROSS Income</b>
<b>Income/Wages from Employment for ALL household members:</b>	\$
<b>Income/Wages from Self-Employment for ALL household members:</b>	\$
<b>Annual Child Support Received:</b>	\$
<b>Annual Alimony Received:</b>	\$
<b>Annual Total Social Security Income and SSDI for ALL household members:</b>	\$
<b>Annual Pension income received from all sources:</b>	\$
<b>Total distributions taken annually from ALL Retirement Accounts:</b>	\$
<b>Total Expected Unemployment Wages for Next 12 Months (<i>note: do NOT count FPUC (Federal Pandemic Unemployment Compensation) as FPUC is NOT counted for this Program</i>):</b>	\$
<b>Total Expected Workman's Compensation for Next 12 Months:</b>	\$
<b>Total Expected Severance Pay Next 12 Months:</b>	\$
<b>TAFDC/EAEDC</b>	\$
<b>Full-Time Student Income (18 &amp; Over Only)</b>	\$
<b>Total of periodic payments from family/friends &amp; Recurring Gifts for one year: (<i>i.e. rent assistance from family</i>)</b>	\$
<b>Interest/Dividend Income (NOT including any interest or dividends from retirement accounts):</b>	\$
<b>If you own property and receive rent, the total amount of annual rental income from your real estate holdings:</b>	\$

**MORE INCOME QUESTIONS ARE ON THE NEXT PAGE!**

**ADDITIONAL INCOME QUESTIONS:**

Check here if there is Bonus income NOT reflected in the table above (such as End-Of-Year Bonuses, anticipated raises) and then provide your expected Bonus income in the box below (ex: "John Doe will receive a \$1,000 bonus at the end of the calendar year" and then "\$1,000")

Bonus Income Details:	Expected Bonus income over next 12 months: \$
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Check here if there is there is any other income NOT reflected in the tables and boxes above.

"Other" Income Details (these should not be reflected anywhere in the above table):	Total Expected income from "Other" sources over next 12 months: \$
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Now total up all the income in the Income Table (on previous page) and the two boxes above. Your **Total Household Annual Income** is:

\$
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*You should check your Total Household Annual Income in the above box against the income limits shown at the start of this Lottery Application.*

Please complete the table below with your household's **Asset Information**. Note that 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 in the table above.

<b>Non-Retirement Assets</b>	<b>Amount</b>
<b>Total Amount in All Checking Accounts:</b>	\$
<b>Total Amount in All Savings Accounts:</b>	\$
<b>Total Amount in All Venmo/Paypal/Cash-App Accounts:</b>	\$
<b>Total Amount in Trusts (that you can access):</b>	\$
<b>Total Amount in Certificates/CDs:</b>	\$
<b>Total Amount in Savings/Treasury Bonds:</b>	\$
<b>Total Amount in Mutual Funds:</b>	\$
<b>Total Amount in Money Market Accounts:</b>	\$
<b>Total Amount in Currency Holdings (cash on hand, cryptocurrency etc):</b>	\$
<p>Do you or anyone on this application currently own property OR are you, or anyone on this Certification, entitled to receive any amount of money from the sale of any property? (currently or thru an upcoming court settlement)      <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If YES, put the Total Net Equity (Appraised Value minus mortgage or outstanding loans) on all real estate owned in the box on the right and note this property must be sold prior to Income Certification</p>	\$
<b>Sum Total of Non-Retirement Assets</b>	\$

Note: the "Sum Total of Non-Retirement Assets" must be below \$250,000 for eligibility into this lottery.

<b>Retirement Assets</b>	<b>Amount</b>
<p>Please note, only amounts that are in government recognized retirement accounts/products should be written here. If you are utilizing another type of asset as a savings or investment for your retirement, please note that they would need to be written in the above "non-retirement assets" section.</p>	
<b>Total Balance in 401(K)s:</b>	\$
<b>Total Balance in IRAs:</b>	\$
<b>Total Balance in Annuities:</b>	\$
<b>Total Balance in all other Tax-Deferred Retirement Accounts:</b>	\$
<b>Sum Total of Retirement Assets</b>	\$

Note: there is no asset limit for Retirement Assets in this lottery.

**You must now read, sign and date the next page.**

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 move forward in the process or reserve a unit.
2. I agree to submit all documentation required to verify any and all claims made in this application by the deadlines given to me by SEB Housing, the City of Somerville and/or the Management Company.
3. 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.
4. 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.
5. 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.
6. I understand that the lease or residency 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 this is not a lease application and if given the opportunity to move forward in the process of leasing an affordable unit, I will need to complete a lease application at the leasing office where my lease eligibility will be determined by additional factors such as credit score, tenant history and criminal background screening.
9. I understand that any material change in the income or assets of my household, or changes in household composition, that occurs after the submission of this application may make me ineligible for affordable housing.
10. Co-signers and Guarantors **are not** permitted.
11. I acknowledge that if my email address is provided in this application, SEB Housing 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 in writing.
12. 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.
13. The undersigned give consent to the City of Somerville, SEB Housing LLC and John M Corcoran & Co or their assigns 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.
14. I understand that if I occupy an income-restricted unit, I must submit income and asset documentation annually.
15. I acknowledge that if I have already submitted an application for this lottery, than this application will override and wholly replace any and all previous applications, and will void any Application Number or notices of approval related to any and all previous submissions.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Attach all documentation as directed on the coverage page.** For Questions contact [info@SEBHousing.com](mailto:info@SEBHousing.com) or (617) 782-6900  
x1. This development does not discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.

