

ACRE CROSSING - APPLICATION

652 MERRIMACK ST LOWELL, MA, 01854



NEWLY-BUILT
AFFORDABLE
CONDOMINIUMS
FOR SALE TO
FIRST-TIME
HOMEBUYERS

2 Bedroom / 2 Bathroom

3 Bedroom / 2 Bathroom

Sale Price
\$326,633

Sale Price
\$358,761

Condo Fee
\$296/Month

Condo Fee
\$362/Month

To be eligible for buying a home at Acre Crossing, you must be at or below the Household Income Limits (100% AMI) and your liquid assets cannot exceed \$100,000.

HOUSEHOLD SIZE (Regardless of Age)	1	2	3	4	5	6
INCOME LIMITS	\$96,250	\$110,000	\$123,750	\$137,500	\$148,500	\$159,500

Down-payment assistance is available and subject to approval. Sales are based on a First-Come, First-Serve Basis.

APPLICATIONS CAN BE SUBMITTED IN PERSON AT MVHP'S OFFICE: **67 MIDDLE STREET, SUITE 500, LOWELL, MA 01852** OR EMAILED TO: **ACRECROSSING@MVHP.ORG** OR MAILED TO: **PO BOX 1042, LOWELL, MA 01853-1042**



THE DEVELOPER, STAFF AND CONSULTANTS ARE COMMITTED TO BOTH STATE AND FEDERAL FAIR HOUSING LAWS AND THERE WILL NOT BE ANY DISCRIMINATION AGAINST ANY PROTECTED CLASS IN THE SELECTION OF APPLICANTS.

PLEASE COMPLETE THE ENTIRE APPLICATION. DO NOT LEAVE SECTIONS BLANK. IF SOMETHING DOES NOT APPLY TO YOU, WRITE "N/A".

If you would like assistance in completing this application or have questions regarding eligibility, please contact us at (978) 459-8490 or email us at acrecrossing@mvhp.org

DATE OF APPLICATION

NAME	
ADDRESS	
EMAIL	
PHONE NUMBER	
DATE OF BIRTH	
EMPLOYER NAME	
GROSS ANNUAL INCOME	
SCHOOL NAME (IF STUDENT)	

HOW MANY PEOPLE ARE IN YOUR HOUSEHOLD? (SELECT ONE)

1 2 3 4 5 6

PLEASE SELECT THE NUMBER OF BEDROOMS YOU ARE APPLYING FOR:

2 BEDROOM 3 BEDROOM 2 OR 3 BEDROOM

I CERTIFY ALL INFORMATION ON THIS PAGE IS TRUE AND CORRECT

INITIAL _____



COMPLETE THE FOLLOWING INFORMATION FOR EACH HOUSEHOLD MEMBER REGARDLESS OF AGE.

PLEASE NOTE: YOU WILL NEED TO SUBMIT SUPPORTING DOCUMENTATION FOR ALL HOUSEHOLD MEMBERS WHEN REQUESTED.

HOUSEHOLD MEMBER 2

NAME	
DATE OF BIRTH	
EMPLOYER NAME	
GROSS ANNUAL INCOME	
SCHOOL NAME (IF STUDENT)	

HOUSEHOLD MEMBER 3

NAME	
DATE OF BIRTH	
EMPLOYER NAME	
GROSS ANNUAL INCOME	
SCHOOL NAME (IF STUDENT)	

HOUSEHOLD MEMBER 4

NAME	
DATE OF BIRTH	
EMPLOYER NAME	
GROSS ANNUAL INCOME	
SCHOOL NAME (IF STUDENT)	



HOUSEHOLD MEMBER 5

NAME	
DATE OF BIRTH	
EMPLOYER NAME	
GROSS ANNUAL INCOME	
SCHOOL NAME (IF STUDENT)	

HOUSEHOLD MEMBER 6

NAME	
DATE OF BIRTH	
EMPLOYER NAME	
GROSS ANNUAL INCOME	
SCHOOL NAME (IF STUDENT)	

PLEASE REFER TO THE FREQUENTLY ASKED QUESTIONS SECTION OF THE INFORMATION PACKAGE TO ANSWER THE FOLLOWING QUESTIONS.

Are you claiming an exception to the “First-Time Homebuyer” rule? YES | NO

If YES, please indicate which exception:

DISPLACED HOMEMAKER

SINGLE PARENT

ELDERLY HOUSEHOLD MEMBER (55 AND OLDER)

OWN A RESIDENCE NOT PERMANENTLY FIXED

OWN A RESIDENCE NOT IN COMPLIANCE WITH STATE OR LOCAL CODE

Please Explain:



PLEASE LIST THE ADDRESS OF ANY HOME, LAND, OR PROPERTY THAT ANY HOUSEHOLD MEMBER HAS OWNED OR HAD A JOINT INTEREST IN IN THE PAST THREE YEARS. PLEASE INCLUDE A COPY OF THE DEED OR HUD SETTLEMENT SHEET FOR EACH PROPERTY.

PROPERTY #1

PROPERTY #2

INCOME AND ASSET INFORMATION

COMPLETE THE FOLLOWING SECTION FOR ALL HOUSEHOLD MEMBERS REGARDLESS OF AGE. YOU WILL NEED TO SUBMIT ASSET INFORMATION FOR ALL HOUSEHOLD MEMBERS, UPON REQUEST.

APPLICANT NAME: _____

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE
TYPE OF INCOME	YES OR NO	AMOUNT RECEIVED MONTHLY
UNEMPLOYMENT BENEFITS		
WORKER'S COMP		
SSI/SS DISABILITY		
ALIMONY/CHILD SUPPORT		



HOUSEHOLD MEMBER # 2 NAME _____

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE
TYPE OF INCOME	YES OR NO	AMOUNT RECEIVED MONTHLY
UNEMPLOYMENT BENEFITS		
WORKER'S COMP		
SSI/SS DISABILITY		
ALIMONY/CHILD SUPPORT		

HOUSEHOLD MEMBER # 3 NAME _____

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE
TYPE OF INCOME	YES OR NO	AMOUNT RECEIVED MONTHLY
UNEMPLOYMENT BENEFITS		
WORKER'S COMP		
SSI/SS DISABILITY		
ALIMONY/CHILD SUPPORT		



HOUSEHOLD MEMBER # 4 NAME _____

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE
TYPE OF INCOME	YES OR NO	AMOUNT RECEIVED MONTHLY
UNEMPLOYMENT BENEFITS		
WORKER'S COMP		
SSI/SS DISABILITY		
ALIMONY/CHILD SUPPORT		

HOUSEHOLD MEMBER # 5 NAME _____

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE
TYPE OF INCOME	YES OR NO	AMOUNT RECEIVED MONTHLY
UNEMPLOYMENT BENEFITS		
WORKER'S COMP		
SSI/SS DISABILITY		
ALIMONY/CHILD SUPPORT		



HOUSEHOLD MEMBER #6 NAME _____

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE
TYPE OF INCOME	YES OR NO	AMOUNT RECEIVED MONTHLY
UNEMPLOYMENT BENEFITS		
WORKER'S COMP		
SSI/SS DISABILITY		
ALIMONY/CHILD SUPPORT		

ANY ADDITIONAL ACCOUNTS IN THE HOUSEHOLD

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE
TYPE OF INCOME	YES OR NO	AMOUNT RECEIVED MONTHLY
UNEMPLOYMENT BENEFITS		
WORKER'S COMP		
SSI/SS DISABILITY		
ALIMONY/CHILD SUPPORT		



DO YOU HAVE ANY STOCKS, BONDS, OR CD'S?

YES **NO**

IF YES, LIST THE TOTAL VALUE

APPLICANTS MAY RECEIVE MONETARY GIFTS FROM A RELATIVE TO ASSIST WITH DOWNPAYMENT AND OR CLOSING COSTS.

ARE YOU EXPECTING TO RECEIVE A MONETARY GIFT?

YES **NO**

IF YES, LIST THE ESTIMATED AMOUNT

ARE YOU EXPECTING A CHANGE IN ANY HOUSEHOLD INCOME IN THE NEXT 12 MONTHS?

YES **NO**

IF YES, PLEASE EXPLAIN:

IS ANY MEMBER OF THE HOUSEHOLD DISABLED?

YES **NO**

DO YOU REQUIRE A REASONABLE ACCOMMODATION?

YES **NO**

IF YES, PLEASE EXPLAIN:



HOMEBUYER DISCLOSURE STATEMENTS (PLEASE INITIAL)

_____ I/We certify that I/We have read the entire information packet including the Frequently Asked Questions.

_____ I/We certify that we are first-time homebuyers as defined within the Frequently Asked Questions.

_____ I/We certify that our family household size does not exceed the income limits provided in the information packet.

_____ I/We certify that I/we have read the Homebuyer Disclosure Statements and understand the purchaser's obligation there under or shall seek legal or other counsel for further explanation and understanding.

_____ I/We certify that we are within the maximum asset limitations of \$100,000.

_____ I/We certify that the Lottery Agent or any other employee shall not be held liable for any decisions made pertaining to the applicants' eligibility.

Information missing, including, but not limited to the following could be considered an incomplete application, thus being ineligible.

- Completed Application Lender and Disclosure Statement
- Lender Pre-Approval Letter (not pre-qualification)
- Valid HUD accredited First-Time Homebuyer Certificate
- Signed Disclosure Statement

_____ I/We understand that the initial determination of eligibility does not guarantee that I/we are eligible to purchase one of the affordable homes. A final determination of eligibility will be made by the Monitoring Agent. This determination will require additional documentation including but not limited to 3 years' tax returns, 5 most recent pay stubs and last 3 months' bank statements, etc.

_____ Program requirements and guidelines are established by MassHousing and the Monitoring Agent, CHAPA. I/We agree to comply with any program changes at any time throughout the process. If any conflicts arise, I/we agree that any determination made by the project-monitoring agent, is final.

_____ I/We certify that no member of our household has a financial interest in this development.

_____ I/We have completed the application, have reviewed, and understand the process in qualifying to purchase one of the affordable homes.

_____ I/We believe we are qualified based upon the information in the Information Packet.

_____ I/We certify that the information in this application is true and correct to the best of my/our knowledge and belief under full penalty of perjury.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE



**Where did you hear about Acre Crossing?
(Select all that apply)**

- EMAIL
- CO-WORKER
- FIRST-TIME HOMEBUYERS CLASS
- CIVIC/SOCIAL ASSOCIATION
- FLYER
- WEBSITE
- SOCIAL MEDIA
- BILLBOARD
- OTHER (*PLEASE SPECIFY*)