



ACTON HOUSING AUTHORITY
68 Windsor Avenue
P.O. Box 681
Acton, MA 01720-0681
(978) 263-5339 fax (978) 266-1408
TDD# 1-800-545-1833 ext. 120

For Office Use Only:

Date Appl. Rcvd: _____

Household Size: _____

Control #: _____

Acton Local Initiative Program Rental Units
Application

PERSONAL INFORMATION:

Date: _____

Name: _____

Address: _____ Town: _____ Zip: _____

Home Telephone _____ Work: _____ Cell: _____

Email: _____ Do you currently own a home? ____ Yes ____ No

Do you have a Section 8 Voucher: ____ Yes ____ No

FINANCIAL WORKSHEET: (Include all Household Income, which includes gross wages, retirement income (if drawing on it for income), business income, veterans' benefits, alimony/child support, unemployment compensation, social security, pension/disability income, supplemental second income and dividend income.)

Applicants Monthly Base Income (Gross) _____

Other Income, specify _____

Co-Applicant Monthly Base Income (Gross) _____

Other Income, specify _____

TOTAL MONTHLY INCOME: _____

Household Assets: (This is a partial list of required assets. Complete all that apply with current account balances)

Checking (avg balance for 6 months) _____

Savings _____

Stocks, Bonds, Treasury Bills, CD or _____

Money Market Accounts and Mutual Funds _____

Individual Retirement, 401K and Keogh accounts _____

Retirement or Pension Funds (amt.+ you can w/d w/o penalty) _____

Revocable trusts _____

Equity in rental property or other capital investments _____

Cash value of whole life or universal life insurance policies _____

TOTAL ASSETS _____

(continue on back)



EMPLOYMENT STATUS: (include for all working household members. Attach separate sheet, if necessary.)

Employer: _____
Street Address: _____
City/State/Zip: _____
Date of Hire (Approximate): _____
Annual Wage - Base: _____
Additional: _____ (Bonus, Commission, Overtime, etc.)

ABOUT YOUR HOUSEHOLD: (OPTIONAL)

You are requested to fill out the following section in order to assist us in fulfilling affirmative action requirements. Please be advised that you should fill this out based upon family members that will be living in the apartment/unit. Please check the appropriate categories:

	Applicant	Co-Applicant	(#) of Dependents
Non-Minority	_____	_____	_____
Black or African American	_____	_____	_____
Hispanic or Latino	_____	_____	_____
Asian	_____	_____	_____
Native American or Alaskan Native	_____	_____	_____
Native Hawaiian or Pacific Islander	_____	_____	_____

The total household size is _____ (This is very important to determine the maximum allowable income for your household.)

Household Composition

Applicant Name _____ Age _____

Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____

SIGNATURES:

The undersigned warrants and represents that all statements herein are true. It is understood that the sole use of this application is to establish the preliminary requirements for placement on the waiting list for a Local Initiative Program unit. I (we) understand if selected all information provided shall be verified for accuracy at the time of lease.

Signature _____ Date: _____
Applicant(s)

Signature _____ Date: _____
Co-Applicant(s)

Based upon the preliminary information provided, it is my judgment that the applicant should be placed on the waiting list for a Local Initiative Program Unit. If selected all information provided shall be verified for accuracy at the time of lease.

Signature _____ Date: _____
Acton Housing Authority

Return with signed Affidavit & Disclosure Form and complete financial documentation to:

Acton Housing Authority, P.O. Box 681, Acton, MA 01720



**Local Initiative Program Rental Units
Affidavit & Disclosure Form**

I/We understand and agree to the following conditions and guidelines regarding the Local Initiative Program rental units:

1. The gross annual household income for my family does not exceed the allowable limits as follows:

Household Size	1	2	3	4
Max Allowable Income	\$78,300	\$89,500	\$100,700	\$111,850

Income from all family members must be included.

2. I/We understand the calculation of income will include the higher of actual income from assets (if over \$5,000) or an imputation of .06% of the value of total household assets which is added to a household's income in determining eligibility.
3. The household size listed on the application form includes only and all the people that will be living in the residence.
4. I/We certify all data supplied on the application is true and accurate to the best of my/our knowledge and belief under full penalty of perjury. I/We understand that providing false information will result in disqualification from further consideration.
5. I/We understand that by coming to the top of the list does not guarantee that I/we will be able to lease a unit. I/We understand that all application data will be verified and additional financial information may be required, verified and reviewed in detail prior to leasing a unit. I/We also understand that the Acton Housing Authority will also perform its own screening to determine if you are qualified to lease.
6. I/We further authorize the Acton Housing Authority to verify any and all income, assets and other financial information, to verify any and all household, resident location and workplace information and directs any employer, landlord or financial institution to release any information to Acton Housing Authority for the purpose of determining income eligibility for Local Initiative Program (LIP) units.
7. I/We understand that if selected I/we will be offered a specific unit. I/We will have the option to accept the available unit, or to reject the available unit. If I/we reject the available unit I/we will move to the bottom of the waiting list and will likely not have another opportunity to lease an affordable unit through the LIP program.
8. Program requirements are established by DHCD and are enforced by DHCD. I/We agree to be bound by whatever program changes that may be imposed at any time throughout the process. If any program conflicts arise, I/we agree that any determination made by DHCD is final.
9. I/We certify that no member of our family has a financial interest in the LIP units.
10. I/We understand that if my/our total income exceeds 140% of the maximum allowable income at the time of annual eligibility determination, after the end of my then current lease term I will no longer be eligible for the affordable rent.

I/We have completed an application. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.

Applicant

Co-Applicant

Date

Return with completed application and complete financial documentation to:

Acton Housing Authority
P.O. Box 681 Acton, MA 01720
Or e-mail waitlist@actonhousing.net



Required Income Verification Documents

Provide **One copy** of all applicable information. Failure to provide complete information can delay the approval process and put your ability to lease an affordable unit in jeopardy. If you have any questions please call, 978-263-5339x8 or e-mail waitlist@actonhousing.net

1. Federal Tax Returns for most recent year – NO STATE TAX RETURNS
2. W2 and/or 1099-R Forms: most recent year
3. Five (5) **consecutive** pay stubs ending within one month of application for all jobs (check/direct deposit stubs). For unemployment, copies of unemployment checks or DOR verification stating benefits received. Same for disability compensation, worker's compensation and/or severance pay.
4. Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts.
5. Child support and alimony: legal court document indicating the payment amount.
6. Self employed – provide a detailed expense and income statement for the 6 months prior to the application, as well as 6 months of business checking and savings accounts.
7. Interest, dividends and other net income of any kind from real or personal property.
8. Asset Statement(s): provide 6 months of most recent statements of all that apply, unless otherwise noted:
 - Checking accounts – provide 6 months of statements – EVERY PAGE – FRONT AND BACK
 - Pre-paid debit cards
 - Saving accounts
 - Revocable trusts
 - Equity in rental property or other capital investments
 - Investment accounts, including stocks, bonds, Treasury Bills, Certificates of Deposit, Mutual Funds and Money Market Accounts including all individual retirement accounts, 401K, Keogh accounts and Retirement and Pension funds.
 - Cash value of Whole Life or Universal Life Insurance Policy.
 - Personal Property held as an investment
 - Lump-sum receipts or one-time receipts
9. Proof of student status for dependent household members over age of 18 and full-time students.
10. A household may not count an unborn child as a household member.
11. If the applicant is in the process of a divorce or separation, the applicant must provide legal proof that the divorce or separation has begun or has been finalized, as set forth in the application.

