



Old Colony Habitat for Humanity

P.O. Box 100 • Attleboro, MA 02703 • dir@oldcolonyhabitat.org



Are you a 1st time homebuyer? ___ Yes ___ No

LOTTERY APPLICATION TO PURCHASE HOME LOCATED AT 35 HAWTHORNE ROAD, NORTON, MA							
Applicant's name:				Co-applicant's name:			
Date of Birth: _____ Married ___ Separated ___ Single ___ Widowed ___ Divorced ___				Date of Birth: _____ Married ___ Separated ___ Unmarried ___ <i>(unmarried includes single, widowed, divorced)</i>			
Present Address:				Present Address:			
Mailing address <i>(if different from above)</i> :				Mailing address <i>(if different from above)</i> :			
Home phone #:				Home phone #:			
Work phone #:				Work phone #:			
Cell phone #:				Cell phone #:			
e-mail:				e-mail:			
Do you have a need for a 3 bedroom home in which each bedroom will be occupied? ___ Yes ___ No Include the names of any child or adult other than applicant(s), who will live with you in your home.							
Name	Age	M	F	Name	Age	M	F
PRESENT HOUSING CONDITION:							
Number of bedrooms where you currently live: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ Other rooms in the place where you currently live: Kitchen ___ Dining room ___ Living room ___ Bathrooms # ___							
Name & address of current landlord:				Landlord's phone # _____			
INCOME INFORMATION: Please include income from ALL household members over the age of 18 who receive income. Any dependent household members between the ages of 18 and 25 who are students need to supply documentation of their full-time student status.							
	APPLICANT JOB (1)	APPLICANT JOB (2)	CO-APPLICANT JOB (1)	CO-APPLICANT JOB (2)			
Gross Monthly Pay							
Net Monthly Pay							
Hours regularly worked per week							

Average overtime hours per week				
Permanent or Seasonal				
Employer				
Employer's Address				
Phone No.				

If employed less than 3 years at primary occupation, add details of previous employment, including contact information, on a separate sheet.

OTHER INCOME: Indicate monthly income of any sources that apply to your family (for example: TAFDC, EAEDC, Workman's Compensation, Veterans Benefits, Child Support, Alimony, Unemployment Compensation, Social Security Benefits, Pension Income, Disability Income, Investment Income, or other income (please specify)).

Source of Income	Monthly Amount	Source of Income	Monthly Amount
Child support/alimony?		Unemployment Compensation:	
Social Security Payments?		Pension Income:	
Disability Income?		Other, please specify:	
Other, please specify:			

I/we currently receive the following types and amounts of monthly assistance:

MassHealth: Yes__ No__	Affordable Housing Benefit: \$	Fuel Assistance: \$
Food Stamps: \$	Number of children eligible for free/reduced school lunch program: _____	

EXPENSES:

Enter dollar amount for each item or enter a "0" if item does not apply to applicant/co-applicant. See applicant checklist for clarification and required documentation of expenses.

Expense	Cost Per Month	Expense	Cost Per Month	Expense	Cost Per Month
Rent	\$	Auto Insurance	\$	Life Insurance	\$
Gas-heat (based on yrly average)	\$	Cable T.V.	\$	Property Insurance	\$
Or Oil (based on yearly average)	\$	Child Care	\$	Transportation expenses	\$
Electric (based on yrly average)	\$	Alimony/Child Support	\$	Job Related Expenses	\$
Telephone/cell phone	\$	Car Payment	\$	Entertainment	\$
Food	\$ XXXXXXXXX Leave blank	Education	\$	Internet	\$
Clothing	\$	Medical	\$	Other (specify)	\$

AUTHORIZATION AND RELEASE

I understand that, by filing this application, I am authorizing Old Colony Habitat for Humanity to evaluate my eligibility for the low-income housing sale lottery. Old Colony Habitat is working with local banks that will review and potentially pre-qualify the applicant for a mortgage. The lottery will include all pre-qualified applicants and will be conducted by Old Colony Habitat for Humanity once eligibility reviews are completed and the application deadline has expired. I understand that the evaluation may include landlord checks and employment verification. I have answered all the questions on this application truthfully.

I understand that if I have not answered the questions truthfully, my application to participate in the lottery may be denied. I authorize Old Colony Habitat for Humanity to contact my landlord and check employment references. The original or a copy of this application will be retained by Old Colony Habitat for Humanity for a limited time even if you are determined to not be eligible to participate in the lottery.

Please remember to have all of the applicants to sign the document.

Applicant's Signature	Date	Co-Applicant's (or other adult residing in the home) Signature	Date

If you are selected to purchase this home, how should your name appear on legal documents?

Applicant (please print)	Co-Applicant (please print)

YOUR APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE

To participate in the lottery selection process, your application must be received by no later than Friday, December 01, 2017

This is NOT a postmark deadline. Applications may NOT be submitted by fax or email.

Application should be mailed to:

Old Colony Habitat for Humanity
P.O. Box 100
Attleboro, MA 02703

or

Hand-delivered to:

Habitat ReStore
9 Washington Street (Route 1), Attleboro, MA 02703

If you have questions or if you need help with this form, please email: dir@oldcolonyhabitat.org