

# Boston Planning & Development Agency ("BPDA") Affidavit of Eligibility for Deed Restricted Home Ownership Units

|  | Owner or marketing agent to complete this se                     | ction            |          |
|--|--|------------------|----------|
| Development<br>name: Harborwalk Residences | Submitted by: (Name & Company)<br>Maureen O'Hagan, MCO Housing S | Date<br>Services |          |
| (I/We),                                    |  |                  |          |
|  | Names of Buyer(s)  |                  |          |
| currently residing at                      |  |                  | , Unit   |
| ,    | Address  |                  | ·        |
|  |  |                  |          |
| City/Neighborhood                          |  | State            | Zip Code |
| (),  |  |                  | _@,      |
| Telephone                                  | E-mail Address   |                  |          |

do hereby represent and warrant as follows:

The singular "I" or "my" below shall signify the plural in the case of more than one prospective purchaser.

**1.** I understand if I make any material misstatements or omissions in this Affidavit, I will be ineligible to rent, purchase or own this or any unit with a BPDA income restriction.

Initials:

Initials:

# 2. The Property

The Property I intend to purchase is located within the City of Boston at the following address:

| Street Address                              | <br>/  | Unit            |  |
|---|--------|-----------------|--|
| East Boston                                 | <br>   | 02128           |  |
| City/Neighborhood                           | State  | Zip Code        |  |
| The purchase price of the property is:      | \$<br> |                 |  |
| The purchase price of the parking space is: | \$<br> | (if applicable) |  |
| The Total Price is:                         | \$<br> |                 |  |
| The estimated condo fee is:                 | \$<br> | monthly         |  |
|   |        |                 |  |

Buyer(s) must initial where indicated below on each page.



- 3. I certify that the amount to be paid for the Property shall not be greater than the Total Price stated in #2 above. The Total Price shall include the aggregate value of all money, property, services, or other consideration given, paid to, or for the benefit of the owner of the Property in connection with its transfer, including any amount paid for any other real property or personal property conveyed by the owner to me or any member of my household
- 4. I acknowledge that I received a copy of the Covenant for Affordable Housing (the "Covenant"). I have read the Covenant, or have had it read to me, and understand the restrictions and requirements contained therein. I understand I have the option of consulting an attorney to review the Covenant. I understand that the Property is subject to the Covenant, and may not be sold, conveyed, or refinanced without the express permission of the BPDA.

Any applicant who resides in a BPDA-restricted unit and fails to comply with the Covenant's requirements or income/asset limits may be ineligible as an applicant for a different BPDA-restricted unit. The BPDA reserves the right to deny approval of such applicant or household.

# 5. Owner Occupancy Requirement

I intend to occupy the Property as my principal place of residence. I understand that I must live in the Property continually for the duration of my ownership and that I may not lease, sublease, or rent the Property in whole or in part for any length of time, including through services such as Airbnb. I will occupy the Property within sixty (60) days of the closing date.

# 6. Disclosure of Conflict of Interest: $\Box$ N/A $\Box$ Yes/Applicable

*This section applies to applicants who are, or within the last 12 months have been, employed by the City of Boston, and to applicants with one or more immediate family members who are, or within the last 12 months have been, employed by the City of Boston.* 

*If applicable, City employee(s) must file a <u>Disclosure of Appearance of Conflict of Interest</u> with the City Clerk, Room 601, Boston City Hall. The form is available online (click <u>here</u>) or from the City Clerk's office. A copy of the filed form (stamped as received by the City Clerk's office) must be included with this Affidavit. Note: This form only needs to be filed once, and does not need to be filed annually.* 

Note: the developer and immediate family members thereof, including the developer's agents and employees and immediate family members thereof, are prohibited from purchasing or renting any BPDA-restricted housing unit in any project owned or managed by the developer. Employees of BPDA or any of its subdivisions or affiliates (EDIC, OWD, etc.) as well as immediate family members thereof are prohibited from purchasing or renting any BPDA-restricted housing unit.

"Immediate family" shall be defined as it is in M.G.L. c.268A, the Conflict of Interest Law. This policy may be further expanded to include a broader degree of kinship, and may be refined to encompass a broader range of parties other than a named developer or named applicant.

I am currently or have been, or a member of my immediate family is or has been, employed within the last 12 months at the following department/agency of the City of Boston: \_\_\_\_\_\_.





# 7. Household

"Household" shall mean all persons whose names will appear on the deed, and also all persons who intend to occupy the Property as their permanent primary residence.

Legally married couples shall both be considered part of the household, even if separated.

Income from employment is not counted for household members under the age of 18.

*For purposes of income determination <u>only</u>, all household members are counted toward the applicable household size parameter with two exceptions:* 

- Persons who have no employment income and who are not immediate family (as defined by Massachusetts General Law c. 268A) of one or more of the primary applicants;
- *Minors/dependents not listed on the most recent tax return or for whom the applicants have not provided documentation of legal custody/guardianship.*

The following includes all persons who intend to reside at the Property including myself.

| Α    | В   | С                    | D                                | E  |
|------|-----|----------------------|----------------------------------|--|
| Name | Age | Buyer or<br>Occupant | Relationship to<br>Primary Buyer | Estimated Current<br>Annualized Gross Income |
|      |     |                      |                                  |  |
|      |     |                      |                                  |  |
|      |     |                      |                                  |  |
|      |     |                      |                                  |  |
|      |     |                      |                                  |  |
|      |     |                      |                                  |  |
|      |     |                      |                                  |  |
|      |     |                      |                                  |  |

Household size (total number of entries in column A): \_\_\_\_\_\_.

# 8. Students

*Eligibility of students is as follows:* 

- Full-time undergraduate students age 18 and over are not eligible unless they are co-buyers with an immediate family member who is a non-full-time student.
- Full-time graduate students without income are not eligible unless they are co-buyers with an immediate family member who is a non-full-time student.

The BPDA's determination of full-time student status will be final.

For every household member 18 years or older who is a full-time student, I have attached proof of fulltime student status in the form of a letter from the Registrar or other enrollment verification.





#### 9. Income

Only income which is reported to the IRS or evidenced on official pay stubs and/or benefit letters may be considered as income. The BPDA does not use income as reported on a W-2 to determine estimated current annualized income. Income from wages, salaries, tips, etc., is the full amount, before any deductions, of gross wages, salaries, tips, etc.

*Income information may include the source and estimated current annualized gross amounts of all income, both taxable and non-taxable, including but not limited to:* 

- Wages, salaries, tips, overtime, bonuses, commissions, fees, sick pay, and deferred income;
- Income received from: trusts, business activities (including partnership income and Schedule K-1 information), corporate distributions, rentals or leases, investments;
- Legally documented alimony and support payments, social security benefits, disability payments, veterans' benefits, and workers' compensation; and
- Dividends, interest, annuities, pensions, distributions from IRAs or other retirement accounts. Any other income or gains from any asset

Unemployment compensation is not considered income for eligibility purposes unless the applicant has a twoyear history of seasonal employment along with receipt of unemployment compensation.

The value of a housing voucher or other government benefits such as SNAP (food stamps) benefits is not considered income for BPDA eligibility purposes.

*Note: If applicants are substantially below the income limit, the BPDA reserves the right to request additional documentation to determine applicants' ability to purchase the Property.* 

#### Documentation

#### a. Taxes

Applicants must provide the two most recent years' state and federal income tax returns (including any attachments and amendments) for every household member age 18 years or older. Any household members who did not file taxes must provide verification of non-filing from the IRS in lieu of the tax returns.

Copies of tax returns and verifications of non-filing may be obtained from the IRS by submitting Form 4506-T (available online at <u>www.irs.gov</u>) or by calling the IRS. If further confirmation of tax documents is necessary, BPDA may require an official tax transcript from the IRS.

Attached are the two most recent years' state and federal income tax returns or verification of non-filing for every household member age 18 years or older.

#### b. Wage Income (W-2 Wage Earners)

Attached are copies of the two most recent consecutive pay stubs for every household member age 18 years or older. If a member of my household is age 18 years or older and is not employed, I have attached a notarized letter from them attesting to this fact.

*If a household member is no longer employed at a W-2 job held during the most recent tax year, attach the W-2 with a signed letter of clarification from the household member including dates of employment.* 



#### 9. Income (continued)

#### c. Self-Employment Income (if applicable)

Attached is a current year-to-date profit-and-loss statement for every self-employed household member 18 years or older.

Statement must show actual profits and losses, not projected profits and losses.

#### 10. Household Assets

Assets include but are not limited to the following: checking or savings accounts, CDs, money market accounts, Treasury bills, stocks, bonds, securities, trust funds, gifts, pensions, IRAs, other retirement accounts, current assessed value of all real estate, rental property, and other real estate holdings, all property held as an investment, and safe deposit box contents (include the value).

<u>All accounts must be represented by complete statements, with all pages included, and must be no more than 60</u> <u>days old</u>. If a bank account has been closed within the past 60 days, a copy of the final bank statement showing a zero balance must be submitted.

If a member of the household has disposed of an asset for less than the fair market value during the past two years, the BPDA will consider the asset as belonging to the household and count its fair market value towards the asset calculation.

# Asset Limitation

- **a.** When applying for a unit designated for households at or below 80% of the area median income (AMI), the combined total assets of the household cannot exceed \$75,000. When applying for a unit designated for households in income categories greater than 80% AMI, the combined total assets of the entire household cannot exceed \$100,000.
- Qualified retirement accounts (IRA, 401(k), pension plan, etc.) established at least six months prior to application are exempt from consideration as part of the household's total assets unless they are being liquidated in whole or in part. Government-approved college savings accounts and health savings accounts (HSAs) are also exempt. Supplemental needs trusts may be exempt from the asset cap. However, documentation of these assets must still be submitted.



### 10. Household Assets (continued)

I have completed the chart below and attached supporting documentation for all assets held by each household member 18 years of age or older.

| Type of Account<br>or Asset | Account Number<br>(last 4 digits only) | Account<br>Holder's Name | Balance | Date<br>Account<br>Opened |
|-----------------------------|--|--------------------------|---------|---------------------------|
|                             |  |                          |         |                           |
|                             |  |                          |         |                           |
|                             |  |                          |         |                           |
|                             |  |                          |         |                           |
|                             |  |                          |         |                           |
|                             |  |                          |         |                           |
|                             |  |                          |         |                           |
|                             |  |                          |         |                           |

Disclosure: if all assets are not disclosed at the time of application, the household may be denied approval.

Households determined to be ineligible cannot restructure their finances or household composition and reapply. After an applicant is deemed ineligible for exceeding the income and/or asset limit, there will be a two-year waiting period to reapply for a unit in the same income category.

- **11.** I understand that co-signers and guarantors of mortgages or any lending instrument are not permitted unless they are co-buyers of the Unit. In addition, I understand that I must obtain armslength financing from a bank or mortgage company, and that I may not borrow money for the purchase from a family member, friend, or other private source.
- **12.** I understand that any documents provided to the BPDA will not be returned.

**Third-party verification:** I authorize the BPDA to verify the information contained in this Affidavit and obtain additional information regarding me and my household that is pertinent to eligibility for BPDA income-restricted housing. (Every member of the household 18 years or older must sign below.)

| Name (print): | Name (print): |
|---------------|---------------|
| Signature:    | Signature:    |
| Date:         | Date:         |





- **13. Expiration Date of Income Certification**: I understand that my BPDA Certificate of Compliance, required at closing, is valid for 120 days from the date issued.
- **14.** I understand that approval from any source other than the BPDA does not guarantee BPDA income eligibility certification.
- 15. I declare under penalties of perjury that the information provided in this Affidavit of Eligibility is correct, accurate, and complete in all respects.

| Signed, sealed and delivered on this day of   | , 20      |
|---|-----------|
| Buyer:  |           |
| Print name  | Signature |
| Co-Buyer:   |           |
| Print name  | Signature |
| Note: All buyers must sign above and have their signat<br>Notaries may be found at most major bank branch loo |           |

# Commonwealth of Massachusetts, Suffolk County, ss.

| On this the day of                                | , 20 , before me                                     |
|---|--|
| ,   | , the undersigned Notary Public, personally appeared |
|   | and proved to me through satisfactory evidence       |
| of identity, which was/were                       | to be the person(s) whose name(s)                    |
| is/are signed on the preceding or attached docume | ent, and who swore or affirmed to me that the        |
| contents of the document are truthful and accurat | e to the best of his/her/their knowledge.            |

Notary Public

My commission expires



# Appendix A

# **Required Attachments for Affidavit of Eligibility (Ownership Units)**

Lottery applicants please see Appendix B for additional required documents.

# All applicable items on this list <u>must</u> be included.

# Incomplete Affidavits will be returned to the seller/agent and will delay the certification process.

All supporting attachments must be dated within <u>60 days</u> of submission of the Affidavit.

| Project & Unit #:  |            | Information Expiration Date:            |
|--|------------|---|
| Application (new developments/lottery only)                  |            |   |
| Affidavit of Eligibility – initialed, signed, & notarized    |            |   |
| - Unit address and price must be listed                      |            |   |
| - Missing initials, signatures, or notary stamp/signature    |            |   |
| - Disclosure of Appearance of Conflict of Interest           |            |   |
| form, if applicable ( <i>City of Boston employees only</i> ) |            |   |
| - Proof of residency ( <i>lottery only</i> ): either a or b  |            |   |
| a) 2 different utility bills (gas/oil/electric/cable/phone)  |            |   |
| b) current signed lease/shelter letter AND 1 utility bill,   |            |   |
| proof of voter registration, proof of auto insurance         |            |   |
| (w/garage address), or proof of renter's insurance           |            |   |
| - Letter from Registrar for full-time students               |            |   |
| - Notarized letter from unemployed adults                    |            |   |
| Income calculation worksheet                                 |            |   |
| Two paystubs (current)                                       |            |   |
| - Self-employed: YTD profit and loss statement               |            |   |
| Past 2 years' tax returns and W2s &/or 1099s                 |            |   |
| - Federal taxes  |            |   |
| - State taxes  |            |   |
| - All W2s (all most recent W2s must have either 2 pay        |            |   |
| stubs or an employment clarification letter)                 |            |   |
| - Did not file taxes? Submit IRS Form 4506-T to IRS          |            |   |
| for proof of non-filing & send verification to BPDA          |            |   |
| Asset statements* must include all pages                     |            |   |
| - Checking   |            |   |
| - Savings (interest/dividends)                               |            |   |
| - eBanking   |            |   |
| - IRA/investment account (interest/dividends)                |            |   |
| - 401(k)/pensions (interest/dividends)                       |            |   |
| - Stocks, investments  |            |   |
| Mortgage preapproval letter                                  |            |   |
| Disclosure statement – must be signed by all buyers          |            |   |
| * All assets must have interest and/or dividend information  | on, and en | tire statements must be submitted. All  |
| bank statements must be full and complete with all page      | provided   | . Printed transaction histories are not |

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acceptable; however, printouts of regular monthly statements in PDF format are acceptable.



# Appendix B Required Attachments for Affidavit of Eligibility (Ownership Units - lottery)

### If applying for preferences:

□ **Urban Renewal Displacee** (This preference is rarely applicable.)

For persons displaced from the specific property and/or displaced from the relevant Urban Renewal Plan Area by clearance and redevelopment activities carried out by the Boston Redevelopment Authority.

Attach a displacement notice or proof of residency at the time of displacement in the form of utility bills, voting record, record of birth or other official documentation.

#### □ Boston Resident preference

"Boston Resident" shall mean any individual whose permanent and principal residence, where he or she normally eats, sleeps, and maintains his or her personal and household effects, is in the City of Boston.

Attach a copy of two (2) utility bills from separate utility companies in your name: electric, oil, gas, phone (landline or cell phone), cable/satellite. Bills must be dated within the last 60 days and display a service address.

If utility bills cannot be provided, applicants must attach one document from each of the following columns:

| <ul> <li>current signed lease</li> <li>official letter from a homeless shelter<br/>confirming current residency (must be on<br/>shelter letterhead and signed by an<br/>executive or manager authorized to act on<br/>behalf of the agency).</li> </ul> | <ul> <li>one bill from any of the above utilities</li> <li>proof of automobile insurance (showing the address where the car is garaged)</li> <li>proof of renter's insurance</li> <li>proof of voter registration</li> </ul> |
|---|--|
|---|--|

# □ Certified Artist preference

"Artist" shall mean an individual who has received a current City of Boston/BPDA/BRA Artist Certificate. This section is applicable only if there are designated artist preference units in the development. For more information on the BPDA's Artist Certification program, please visit <u>http://www.bostonredevelopmentauthority.org/housing/artistspace-program</u>.

Attach a copy of the Artist Certification letter from the issuing entity (City of Boston, BPDA, or BRA).

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# **Appendix C**

In an effort to better understand who the Boston Planning & Development Agency ("BPDA") serves in incomerestricted housing, and to provide program level data to the U.S. Department of Housing and Urban Development, the BPDA requests that all residents of units monitored by the BPDA have the opportunity to complete this form on race and ethnicity. This information will only be used in aggregate, for the purposes of reporting and analysis. **There is no penalty for persons who do not complete the form.** 

#### **General Instructions**

This form is to be completed by individuals who are seeking to live (applicants) or are currently living (residents) in deed restricted housing monitored by the BPDA.

Owners and agents are required to offer the applicant/resident the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household changes.

# **Completing the Form**

To complete the form, the response is for the race and ethnicity of the head of household only.

- 1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  - a. **Hispanic or Latino.** A person of Dominican, Puerto Rican, Cuban, Mexican, South or Central American, or other Spanish culture of origin, regardless of race.
  - b.**Non-Hispanic or Latino.** A person not of Dominican, Puerto Rican, Cuban, Mexican, South or Central American, or other Spanish culture of origin, regardless of race.
- 2. The five racial categories to choose from are defined below. You should check as many as apply to you. You may also check "other" and provide additional information.
  - a. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North, Central, and South America, and who maintains tribal affiliation or community attachment.
  - b.**Asian.** A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian subcontinent including, for example, Vietnam, China, Taiwan, Cambodia, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, and Thailand.
  - c. Black or African American. A person having origins in any of the black racial groups of Africa.
  - d.**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  - e. White. A person having origins in any of the original peoples of Europe, the Middle East (West Asia), or North Africa.

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| Name of Pro | perty: |
|-------------|--------|
|-------------|--------|

Property Address:

Name of Developer/Property Manager:

Name of Head of Household:

Name of Co-Head of Household:

| Ethnic Categories                         | Select One            |
|---|-----------------------|
| Hispanic or Latino                        |                       |
| Not Hispanic or Latino                    |                       |
| Racial Categories                         | Select All that Apply |
| American Indian or Alaska Native          |                       |
| Asian                                     |                       |
| Black or African American                 |                       |
| Native Hawaiian or Other Pacific Islander |                       |
| White                                     |                       |
| Other                                     |                       |

Head of Household Signature

Co-Head of Household Signature

Please submit the completed form with the Affidavit of Eligibility.

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Date

Date