



**AFFORDABLE RESALE  
29 Village Lane  
Berlin, MA 01503**

Attached is the information you requested regarding the  
Two Bedroom Condominium  
Sale Price: \$192,255

Unit Availability: First Come First Serve

**(Applications will not be accepted via email)**

The first applicant to submit all documentation as noted below will have the first  
opportunity to purchase

**Please MAIL 1 copy of all required financial documentation, application  
affidavit, and disclosure form and mortgage pre-approval to:**

MCO Housing Services  
P.O. Box 372  
Harvard, MA 01451

or

**DELIVER To:**

206 Ayer Road  
Harvard MA 01451

*During Business Hours  
Monday thru Friday 9AM - 5PM*



your resource for Affordable Housing



**Two Bedroom Condominium  
Mosaic Commons Condo/Trust  
29 Village Lane  
Berlin, MA 01503**

**Sale Price: \$192,255**

| <u>Unit Information</u> |                         | <u>Eligibility Criteria</u>  |              |                  |
|-------------------------|-------------------------|--|--------------|------------------|
|                         |                         | <u># of People</u>   | <u>Limit</u> |                  |
| # of Bedrooms:          | 2                       | 1  | \$66,300     | 1. Income Limits |
| # of Bathrooms:         | 1.5                     | 2  | \$75,750     |                  |
| Parking:                | Surface                 | 3  | \$85,200     |                  |
| Year Built:             | 2008                    | 4  | \$94,650     |                  |
| Sq. Ft.:                | 864                     | 5  | \$102,250    |                  |
| Heat:                   | Electric                | 6  | \$109,800    |                  |
| Appliances:             | Dishwasher, Range, Hood | 2. Asset Limits @ \$75,000   |              |                  |
| HOA Fee:                | \$259 / Month           | 3. Must be first time homebuyer  |              |                  |
| Estimated Annual Taxes: | \$2,415 / Year          | (exceptions may apply)   |              |                  |
|                         |                         | Please go to <a href="http://www.mcohousingervices.com">www.mcohousingervices.com</a> for more info and to download the application. |              |                  |



**Great Commuter Location**



Karen Morand  
(978) 235-5595  
Harvard MA 01451  
[www.mcohousingervices.com](http://www.mcohousingervices.com)





## REQUIRED FINANCIAL DOCUMENTATION

(Please check circles below to indicate you have included the following documentation in your package)

Following are the required financial documentation. Please provide a **copy** of all applicable information.

- a. A mortgage pre-approval letter showing you are able to secure a mortgage. The mortgage must be from a Mass Housing approved lender and they must have determined your mortgage eligibility based on your credit score. An online mortgage pre-approval will not be accepted. This mortgage must be a 30 yr conventional loan.
- b. Federal Tax Returns –Last 3 years (**DO NOT SEND MASS STATE TAXES**)
- c. W2 and/or 1099-R Forms: Last 3 years
- d. Asset Statement: **Current** statements including **3** months checking accounts (full statement showing activity/every page front and back), saving accounts (full statement), investment accounts including retirement, certificate of deposit, property, down payment gift amount etc.
- e. Five (5) consecutive pay stubs ending within one month of unit application for all jobs (check/direct deposit stubs). For unemployment, copies of unemployment checks or DOR verification stating benefits received.
- f. Social Security: official statement of monthly amount received for year in review and statement of total amount received for latest tax year.
- g. Pension: statements indicating amount received for year in review and statement of total amount received for latest tax year.
- h. Child support and alimony: document indicating the payment amount.
- i. Proof of student status for dependent household members over age of 18 and full-time students.
- j. If you intend to utilize a gift from a family member to assist with the down payment, please advise us of the gift amount with the name and telephone number of the person providing the gift.
- k. If you have a home to sell a market analysis is required along with a copy of your last mortgage statement.

**MAIL all documentation, mortgage pre-approval, and application to:**



MCO Housing Services  
P.O. Box 372  
Harvard, MA 01451





Date Received: \_\_\_\_\_

**BUYER APPLICATION**  
29 Village Lane, Berlin, MA

**PERSONAL INFORMATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you owned a home? \_\_\_\_\_ If so, when did you sell? \_\_\_\_\_

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

Borrowers Monthly Base Income (Gross) \_\_\_\_\_

Other Income, specify \_\_\_\_\_

Co-Borrowers Monthly Base Income (Gross) \_\_\_\_\_

Other Income, specify \_\_\_\_\_

**TOTAL MONTHLY INCOME :**

**HOUSEHOLD ASSETS:** Complete all that apply with current account balances

Checking (avg balance for 3 months) \_\_\_\_\_

Savings \_\_\_\_\_

Stocks, Bonds, Treasury Bills, CD or \_\_\_\_\_

Money Market Accounts and Mutual Funds \_\_\_\_\_

Individual Retirement, 401K and Keogh accounts \_\_\_\_\_

Retirement or Pension Funds (amount you can withdraw without penalty) \_\_\_\_\_

Revocable trusts \_\_\_\_\_

Equity in rental property or other capital investments \_\_\_\_\_

Cash value of whole life or universal life insurance policies \_\_\_\_\_

Down payment Gift \_\_\_\_\_

**TOTAL ASSETS** \_\_\_\_\_

**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 FAMILY: (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 unit. Please check the appropriate categories:

|                              | (#) of    |              |           |
|------------------------------|-----------|--------------|-----------|
|                              | Applicant | Co-Applicant | Dependent |
| White                        | _____     | _____        | _____     |
| African American             | _____     | _____        | _____     |
| Hispanic/Latino              | _____     | _____        | _____     |
| Asian or Pacific Islander    | _____     | _____        | _____     |
| Native American of Alaskan I | _____     | _____        | _____     |
| Cape Verdean                 | _____     | _____        | _____     |

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

**HOUSEHOLD COMPOSITION (including applicants)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

**ADDITIONAL INFORMATION:**

The MAXIMUM allowable annual income is as follows:

| Household Size    | 1        | 2        | 3        | 4        | 5         | 6         |
|-------------------|----------|----------|----------|----------|-----------|-----------|
| Max Income Limits | \$66,300 | \$75,750 | \$85,200 | \$94,650 | \$102,250 | \$109,800 |

These income limits are FIRM and cannot be adjusted. Please be advised that the income to be used should include income for all members of the household that are to be residing in the home. Applicants will be responsible for all closing costs and down payments associated with the purchase of a home.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant





**AFFIDAVIT AND DISCLOSURE FORM**

I/We understand and agree to the following conditions and guidelines regarding the distribution of resale unit(s):

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

|                   |          |          |          |          |           |           |
|-------------------|----------|----------|----------|----------|-----------|-----------|
| Household Size    | 1        | 2        | 3        | 4        | 5         | 6         |
| Max Income Limits | \$66,300 | \$75,750 | \$85,200 | \$94,650 | \$102,250 | \$109,800 |

2. I/We understand that we need to be first time homebuyers, defined as not having owned a home for 3 years or one buyer must be 55 or older

3. I/We certify that my/our total assets do not exceed the asset limit. I/We understand the full value or portion of retirement accounts do apply.

4. The household size listed on the application form includes only and all the people that will be living in the residence.

5. 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 providing false information will result in disqualification from further consideration.

6. I/We understand that by submitting this application it does not guarantee that I/we will be able to purchase a unit. I/We understand that all application data will be verified and additional financial information will be required, verified and reviewed in detail prior to purchasing a unit.

7. I/We understand that it is my/our obligation to secure the necessary mortgage for the unit purchase and all expenses, including closing costs and down payments, are my responsibility.

8. I/We further authorize MCO Housing Services 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 MCO Housing Services and consequently the project's monitoring agency, for the purpose of determining income eligibility.

9. I/We understand this unit is available on a first come first serve basis.

10. Resale program requirements are established by the Projects Monitoring Agent 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 Monitoring Agent is final.

I/We have completed the application and have reviewed and understand the process that will be utilized to distribute the available units. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date



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