



AQUINNAH HOUSING COMMITTEE

65 State Road Aquinnah, Massachusetts 02535 Tel: 508.645.2300

DUKES COUNTY REGIONAL HOUSING AUTHORITY

PO BOX 4538, VINEYARD HAVEN MA 02568 PH. 508-693-4419 FAX 508-693-5710 DCRHA@VINEYARD.NET

SMALLEY'S KNOLL, AQUINNAH APPLICATION

FOR OFFICE USE ONLY

Date of Receipt: _____

Control No. _____

PLEASE PRINT:

Name of Applicant(s) _____

Street _____ Apt. No. _____

City/Town _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Mailing Address _____

Email Address(s) _____

HOUSEHOLD INFORMATION - All members of household including minors.

First, Middle, Last Name of all Household Members	Relationship	Sex	Date of Birth	Employed	SS#
1.	Primary Applicant			Y/N	
2.				Y/N	
3.				Y/N	
4.				Y/N	
5.					



SMALLEY'S KNOLL, AQUINNAH APPLICATION HOUSEHOLD INFORMATION
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- Have you attended an Information Meeting regarding the application process? ☐ Yes ☐ No
- Is a change in your household expected? ☐ Yes ☐ No
If yes, what type of change? _____ When? _____
- Have you or any household member owned a home? ☐ Yes ☐ No
- Have you been pre-qualified for a mortgage? ☐ Yes ☐ No Please list amount: \$ _____
- Have you and your lender reviewed and completed the IHT Lender Criteria form? ☐ Yes ☐ No
- Do you have funds saved for closing costs and/ or down payment? ☐ Yes ☐ No Amount: \$ _____
- Are you expecting to receive a family gift toward closing costs and/or down payment? ☐ Yes ☐ No
If yes, for how much? \$ _____
- If you are purchasing a home with someone else, please indicate which household members will be listed on the mortgage and on the deed of the property.

Mortgagees: _____

Deed/Owners _____

- **Local Preference:** You may apply for preference as a current resident of the Town of Aquinnah ☐

Applicants applying for preference must provide proof of their "residence" with a copy of their voter registration, rental lease or rent receipts, utility bills, vehicle registration, a copy of school records, etc.

- **Racial or Ethnic Designation:** Responding to this section is **optional** but may assist in qualifying the applicant for Local Preference. *Please Circle as applicable:*

American Indian or Alaska Native Hawaiian or Pacific Islander

Black or African American Latino or Hispanic

Asian White Other (specify): _____

**SMALLEY'S KNOLL, AQUINNAH - APPLICATION
INCOME INFORMATION**

Income is the combined pre-tax income for everyone in the household (regardless of whether or not they will be on the mortgage and/or deed), which includes job earnings; benefit payments, support payments, and income from assets. If you are self-employed, please list your net income (after deducting businesses expenses).

Failure to report household income will result in the cancellation of this application.

List all income of any household member **over the age of 17** received from self-employment, wages/ salaries, overtime pay, commissions, fees/ tips, and bonus before taxes for the last 12-months. applications must include the previous two years of federal income tax returns, including all corresponding W2's and attached schedules. If you are self-employed (full or part-time), submit a year-to-date profit/ loss statement AND the previous two years of federal income tax returns including all attached schedules.

Household Member	Type of Income	Name & Address of Employer or Source of Income	Gross Income for last 12 Months
1.	Salaries, wages, including overtime/tips		
2.	Salaries, wages, including overtime/tips		
3.	Salaries, wages, including overtime/tips		
	Net income from business or profession (Schedule C)		
	Trust income Interest and Dividends		
	Pensions and annuities		
	Regular unemployment or disability compensation		
	Regular Social Security benefits and/or SSI or V.A. Disability		
	AFDC or Public Assistance		
	Regular Alimony, Child Support Payments, Gifts		
	Other Income: _____		
TOTAL GROSS INCOME:			

**SMALLEY'S KNOLL, AQUINNAH - APPLICATION
ASSET INFORMATION**

List below the assets of everyone to live in the house including, but not limited to: all bank accounts, stocks and bonds, trust agreements, real estate, 401K, Keogh, etc. **Do not** include clothing, furniture or cars.

Household Member	Type of Asset	Cash Value
	Checking Account #:	
	Savings Account #:	
	Stocks, Bonds, Mutual Funds:	
	401k, IRA, Keogh*:	
	Real Estate: (owned or sold within past 3 years)	
	Monetary Gift:	
Other:		

Household Member	Type of Asset	Cash Value
	Checking Account #:	
	Savings Account #:	
	Stocks, Bonds, Mutual Funds:	
	401k, IRA, Keogh*:	
	Real Estate: (owned or sold within past 3 years)	
	Monetary Gift:	
Other:		

* Please specify any dedicated, non-liquid retirement funds.

SMALLEY'S KNOLL, AQUINNAH - APPLICATION REQUIRED DOCUMENTATION CHECKLIST

Each of the following documents for **all household members** (when applicable) must be submitted for the application to be complete.

- ☐ **Completed application, signed and dated;**
- ☐ **A current pre-qualification letter from a lender signed and dated by your lender and a completed Island Housing Trust Lender Criteria form;**
- ☐ **Complete copies of your 2 most recent Federal income tax returns. You must include all corresponding W2's and attached schedules;**
- ☐ **Copies of your 5 most recent pay stubs;**
- ☐ **Copies of your 3 most recent bank statements and/or any investment account statements;**
- ☐ **If you are self-employed (full or part-time), submit a year-to-date profit/ loss statement AND the previous two years of federal income tax returns including all attached schedules;**
- ☐ **If you are divorced or legally separated and/or receiving alimony or child support, please attach a copy of the decree/agreement and any statement of payment accounts such as provided by the Department of Revenue;**
- ☐ **If you are receiving any other form of down payment assistance (a personal gift and/ or aid from another program), submit a letter from the 3rd party offering the assistance describing the amount and type of assistance, the terms on any repayment or that repayment is not expected;**
- ☐ **Any adult member of the applicant's household not working must submit a signed **Affidavit of No Income**;**
- ☐ **Copies of any documentation of local preference;**
- ☐ **Signed Verification Forms:**
 - ☐ Request for Transcript of Tax Return (4506-T)
 - ☐ Bank Account Verification
 - ☐ Verification of Income from Wages
 - ☐ Verification of Child Support (if applicable)
 - ☐ Verification of Unemployment Wages (if applicable)

**SMALLEY'S KNOLL, AQUINNAH - APPLICATION
CERTIFICATION AND ACKNOWLEDGEMENTS**

It is the policy of the Dukes County Regional Housing Authority to verify all information contained in this application. In acknowledgement of this policy, please sign your name(s) where indicated.

Anyone over the age of 17 who will be living in the home must sign below.

I/We certify the following:

- All the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief. I/We are aware that any misrepresentation may result in cancellation of my application.
- Consent to Release Information: I/We authorize representatives of the Dukes County Regional Housing Authority and the Island Housing Trust to supply and receive information to/ from my/our employer(s), my/our financial institution(s), other housing assistance programs, and/or my/our mortgage lender to verify the information contained in this application and to confirm my eligibility for homeownership opportunities.
- I/We understand that completion of this application does not guarantee my/our eligibility for the program and/or that I/we will successfully purchase a townhouse at SMALLEY'S KNOLL, AQUINNAH from the Island Housing Trust.
- If I/we purchase a home at SMALLEY'S KNOLL, AQUINNAH I/We agree to accept a Ground Lease with restrictions that require the property to be owner-occupied, limit the transfer of the property to income-eligible buyers, limit the sale price and the amount of equity available upon re-sale or refinance and require payment of a monthly \$50.00 ground lease fee. I/we acknowledge that the intentions of these Ground Lease restrictions are to ensure that opportunities to purchase affordable homes be preserved for future generations of buyers.

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____

The Dukes County Regional Housing Authority suggests that you schedule a review of your completed application at least one week before the closing of the application period to insure successful participation in the lottery process.

Dukes County Regional Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, marital status, veteran status, public assistance, disability, genetic information, gender identity or any other class protected by state, federal or local law, in the access or admission to its housing program(s), or employment, or any other of its programs, activities, functions or services.

Request for Transcript of Tax Return

OMB No. 1545-1872

► Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b First social security number on tax return or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return.

2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

DUKES COUNTY REGIONAL HOUSING AUTHORITY

346 State Road · P.O. Box 4538 · Vineyard Haven, MA 02568

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☒

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. ☐

c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days ☐

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☐

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days ☐

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on line 1a or 2a

**Sign
Here**

Signature (see instructions)

Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date

BANK ACCOUNT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

Bank Contact:

Bank Name:		Contact Person:	
Address:		Phone:	
City:		State:	
		Zip:	
		Fax:	
		Email:	

My Signature Authorizes Verification of My Bank Account Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 Low Income Housing Tax Credit Program. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Barbara Hoffman
Project Owner/Management Agent

RETURN THIS FORM TO:

DUKES COUNTY REGIONAL
Housing Authority
P.O. Box 4538
Vineyard Haven, MA 02568-4538

Fax # 508-693-5710

THIS SECTION TO BE COMPLETED BY BANK

CHECKING Account Number	Avg 6 Month Balance	Interest Rate	Current Balance
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
SAVINGS Account Number	Current Balance	Interest Rate	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
OTHER Account (i.e. CD; Money Market; Debit, etc.)	Current Balance	Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	
	\$	%	
	\$	%	

If additional space is needed please attach a separate sheet with information, date and signature

Signature

Date

Name and Title of Person Supplying the Information

Phone #

Fax #

E-Mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

Employer Contact:

Business Name:		Contact Person:	
Address:		Phone:	
City:		State:	
		Zip:	
		Fax:	
		Email:	

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 Low Income Housing Tax Credit Program. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

Fax # 508-693-5710

DUKES COUNTY REGIONAL
Housing Authority
P.O. Box 4538
Vineyard Haven, MA 02568-4538

THIS SECTION TO BE COMPLETED BY EMPLOYER

- Please answer all questions fully leaving no blanks
- Please provide an employee pay history report when returning this completed form

Employee Name: _____ Job Title: _____

Presently Employed: Yes ☐ Date First Employed: ____/____/____ No ☐ Last Date of Employment: ____/____/____

Current Wages (check one) ☐ Hourly ☐ Salary \$ _____ Pay Frequency ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Semi-monthly ☐ Yearly
Pay Method ☐ Cash ☐ Check ☐ Direct Deposit ☐ Other

of weeks per year: _____

Number of regular hours scheduled per week: _____
(If hours vary please list average anticipated)

Gross pay from prior year: \$ _____

Gross Year to Date Pay: \$ _____

From ____/____/____ Through ____/____/____

Number of pay periods included in the YTD earnings above: _____

Overtime Rate: \$ _____ per hour

Average number of OT hours per week: _____

Shift Differential Rate: \$ _____ per hour

Average number of shift differential hours per week: _____

Commissions, bonus, tips, other: \$ _____ Frequency ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Semi-monthly ☐ Yearly ☐ Other _____

List the most recent change in the employee's rate of pay: \$ _____ % _____; Effective date: ____/____/____

List any anticipated change in the employee's rate of pay within the next 12 months: \$ _____ % _____; Effective date: ____/____/____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Is employee eligible for unemployment during the layoff? ☐ No ☐ Yes Does employee participate in a retirement plan i.e. 401k? ☐ No ☐ Yes

Additional Remarks: _____

Employer Signature

Employer Printed Name & Title

Date

Employer Name and Address

Phone #

Fax #

E-Mail

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Spectrum Enterprises 2015

CHILD SUPPORT OR ALIMONY INCOME VERIFICATION

Send this form to the person providing child support or alimony payments. If the payments are made due to a formal court order please include the divorce decree in the tenant file.

Applicant/Tenant: _____ **Unit #:** _____

Name and Address of Contributor:

Name: _____ **Relationship:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

I, _____, am contributing the following assistance to the above named individual.

Cash: \$ _____ **Frequency:** _____

This is ☐ CHILD SUPPORT or ☐ ALIMONY

These payments are made through a ☐ formal agreement or ☐ informal agreement

Will this assistance change in the next 12 months? ☐ YES ☐ NO

If YES please describe: _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud.

(Signature of Contributor)

Date

UNEMPLOYMENT INCOME VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

AGENCY PROVIDING BENEFITS

Agency Name:		Contact Name:	
Address:		Phone:	
City:		State:	
		Zip:	
		Fax:	
		Email:	

My Signature Authorizes Verification of my Unemployment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 Low Income Housing Tax Credit Program. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,


Barbara Hoffman
Project Owner/Management Agent

RETURN THIS FORM TO	DUKES COUNTY REGIONAL
Fax	Housing Authority
508-693	P.O. Box 4538
5710	Vineyard Haven, MA 02568-4538

THIS SECTION TO BE COMPLETED BY BENEFIT ADMINISTRATION

- PLEASE LIST ALL BENEFITS RECEIVED BY THE ABOVE NAMED APPLICANT/TENANT
- ATTACH A PAY HISTORY FOR PAST 12 MONTHS

Are benefits currently being paid? ☐ YES ☐ NO If NO, when did they end: _____

If YES, please list gross benefit amount: \$ _____ ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Other: _____

When did payments begin: _____

When will payments end: _____

List any available extensions: _____

Is the individual required to actively seek employment? ☐ YES ☐ NO

Please list any expected changes: _____

Please list any helpful remarks: _____

Signature

Date

Name and Title of Person Supplying the Information

Phone #

Fax #

E-Mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction