

AFFIDAVIT AND DISCLOSURE FORM

PROPERTY NAME: HYNES ST, LENOX

I/We understand and agree to the following conditions and guidelines regarding the distribution of affordable homes.

1. The annual total gross household income for my family Does Not Exceed the allowable limits as follows:

BERKSHIRE PMSA

Household Size	1	2	3	4	5	6
Maximum Allowable Income	\$54,150	\$61,850	\$69,600	\$77,300	\$83,500	\$89,100

INCOME FROM ALL FAMILY MEMBERS MUST BE INCLUDED INCOME LIMITS SUBJECT TO CHANGE BASED ON HUD UPDATES

2. I/We have not individually or jointly owned a single-family home, town home, condo or co-op within the past three (3) years, including homes in a trust.
3. I/We certify my/our total household assets do not exceed the \$75,000 asset limit and understand additional asset guidelines will be provided if we have an opportunity to purchase. I/We understand that assets divested at less than full market value at least two years prior to application will be counted at full market value in determining eligibility.
4. The household size listed on the application form includes all the people who will be living in the house.
5. I/We understand being selected in the lottery does not guarantee I/we will be able to purchase a home. I/We understand that all application data will be verified, and additional financial information may be required prior to purchasing a home.
6. I/We authorize Construct, Inc to verify any and all assets, income and other financial information and to verify all household, resident and workplace information. I/We further direct our employer, landlord, or financial institution to release any information to Construct, Inc and consequently the project's monitoring agent for the purpose of determining eligibility.
7. I/We understand that if selected I/we will/may be offered a specific home. I/We will have the option to accept the available home, or to reject the

available home. If I/we reject the available home, I/we will move to the bottom of the waiting list and will likely not have another opportunity to purchase an affordable home at this development.

8. Program requirements are established by the Dept. of Housing and Community Development (DHCD), Mass Housing, HUD and the host community. I/We agree to be bound by program changes which may be imposed at any time throughout the process. If any program conflicts arise, I/we agree that any determination made by the monitoring agent is final.
9. I/we certify that no member of our family has a financial interest in the project.
10. NA
11. I/We understand these are Deed Restricted homes and acknowledge it has been recommended we consult an attorney.

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. It is understood the signing applicant has communicated all information to all parties that may be included with the application.

Applicant Signature _____

Date: _____



Applicants will not be discriminated against on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.