FACT SHEET
FIRST TIME HOMEBUYER DOWN PAYMENT ASSISTANCE LOAN PROGRAM

NORTH SUBURBAN CONSORTIUM
c/o Malden Redevelopment Authority
17 Pleasant St., 3rd Floor, Malden MA 02148
Mailing Address: P.O. Box 278, Malden MA 02148
Telephone: (781) 324-5720 • Fax: (781) 322-3734
To request accommodation or language assistance: (781) 324-5720

About the Program
The North Suburban Consortium (NSC) utilizes federal grant funds from the HOME investment partnerships program to strengthen public-private partnerships to expand the supply of decent, safe, sanitary and affordable housing for low and moderate income homebuyers. The goals of the program are:

- Assistance is available to income-eligible applicants who are first time homebuyers (or one who has had no homeownership interest in a principal residence during the past 3 years OR a displaced homemaker or single parent who has only owned a home with a former spouse while married).
- Assistance will be provided on a first-come, first-served basis, upon receipt of completed application, supporting documentation and determination of eligibility and priority status, until funding is exhausted.

Eligible Property
To be eligible, a property must be:
- Located in one of the NSC communities: Arlington, Chelsea, Everett, Malden, Medford, Melrose, Revere, Winthrop;
- Occupied by income-eligible persons as described below; and
- Single-Family Home/Condominium/Townhouse.

Income-Eligibility
To be income-eligible, annual (gross) income of all persons in the household cannot exceed 80% of median for the area as determined by Housing and Urban Development (HUD). Annual income includes all income anticipated to be received by household members for the next 12 months. 2019 income limits are listed below.

<table>
<thead>
<tr>
<th>Effective 4-24-19</th>
<th>1 Person</th>
<th>2 Person</th>
<th>3 Person</th>
<th>4 Person</th>
<th>5 Person</th>
<th>6 Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% Income Limit</td>
<td>$62,450</td>
<td>$71,400</td>
<td>$80,300</td>
<td>$89,200</td>
<td>$96,350</td>
<td>$103,500</td>
</tr>
</tbody>
</table>

Contact NSC for income limits for households with more than six persons.

In addition to meeting income limits, buyer:

- Must be approved for a mortgage with a lender (no cash buyers);
- Total liquid assets * cannot exceed $75,000

*Liquid Assets include:
- CDs, savings, checking accounts,
- stocks and bonds,
- gifted money, including gifts of equity
- other forms of capital investments,
- Roth IRAs,
- real property (whole or partial interest).

Excluded assets:
- retirement accounts such as 401K, 403B, 457 and IRA accounts,
- government approved college savings plan,
- municipally funded buy-downs
- community, municipal or employer funded down payment or closing cost assistance that meets Fannie Mae’s definition of a Community Seconds Program.

Other Requirements
- Properties located in a flood zone will be required to have flood insurance
- Homes constructed prior to 1978 are subject to HUD Lead-Based Paint Requirements in addition to passing Housing Quality Standards Inspection.
To Apply

Applications are available
- at MRA office located at 17 Pleasant St., 3rd Floor, Malden MA 02148
- online at www.maldenredevelopment.com

Questions/Appointments
For questions or to schedule an appointment, please call 781-324-5720. If you wish to discuss in person, please call for an appointment.

The North Suburban Consortium & Malden Redevelopment Authority do not discriminate against any person in program or client services regardless of race, color, age, national origin, marital status, sex, disability, religion, or any other legally protected status.
APPLICATION CHECKLIST
FIRST TIME HOME BUYER DOWN PAYMENT ASSISTANCE LOAN PROGRAM
NORTH SUBURBAN CONSORTIUM

MAIL APPLICATION TO:
P O. Box 278
Malden, MA 02148

DROP OFF IN PERSON AT:
17 Pleasant St., 3rd Floor
Malden, MA 02148

APPLICATIONS WILL NOT BE ACCEPTED VIA EMAIL. A application will not be processed unless it is complete AND all supporting documentation provided. If an item does not apply, write N/A beside the check box. For questions about the application, call 781-324-5720 Ext. 5729. If it is determined your household meets qualifications, you will be notified. PLEASE ALLOW THREE TO FOUR WEEKS FROM DATE OF SUBMISSION FOR PROCESSING.

Applicant Name (please print):

Co-applicant Name (please print):

Property Address:

Eligible Property
To be eligible, a property must be:
- Located in one of the following communities: Arlington, Chelsea, Everett, Malden, Medford, Melrose, Revere, Winthrop;
- Occupied by income-eligible persons as described below; and
- Single-Family/Condominium/Town house.

Income-Eligibility
To be income-eligible, annual (gross) income of all persons in the household cannot exceed 80% of median for the area as determined by Housing and Urban Development (HUD). Annual income includes all income anticipated to be received by household members for the next 12 months. 2018 income limits are listed below.

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<tr>
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<th>6 Person</th>
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<td>$89,200</td>
<td>$96,350</td>
<td>$103,500</td>
</tr>
</tbody>
</table>

Contact NSC for income limits for households with more than six persons.

☐ Completed Application signed and dated by applicant, co-applicant and all other household members age 18 or older, as applicable
☐ Authorization Form signed and dated by applicant, co-applicant and all other household members age 18 or older, as applicable
☐ Copy of signed Purchase & Sale Agreement (for single-family, condominium or townhouse)
☐ Voluntary Sale Disclosure (to be signed by seller prior to executing Purchase & Sale Agreement), if applicable
☐ Right to Withdraw (to be signed by seller if Purchase & Sale Agreement has already been executed), if applicable
☐ First Time Home Buyer Counseling Workshop Certificate (cannot be more than 2 years old)
☐ Evidence of Permanent Resident Alien Status or Legal Alien Status for applicant, co-applicant and all other household members age 18 or older, if applicable
☐ Bank Statements: three mos. recent months’ statements for ALL accounts including stocks, bonds, CDs, cash, savings, checking, trust funds for applicant, co-applicant and all other household members age 18 or older
☐ Most Recent Statements for ALL 401Ks, IRAs, Stocks/Bonds, Retirement/Pensions, if applicable
☐ Three most recent months’ pay stubs for applicant, co-applicant and all other household members age 18 or older, if applicable
☐ Three most recent years’ federal tax returns (all schedules) and three most recent years W2s (all employers) for applicant, co-applicant and all other household members age 18 or older, if applicable
☐ If self-employed, provide a year-to-date profit and loss statement and previous three years’ federal tax returns (all schedules)
Please check one of the following documents and return the completed documentation to:

North Suburban Consortium & Malden Redevelopment Authority
17 Pleasant Street, 3rd Floor
Malden, MA 02148

Current Social Security award letters (including disability income) for applicant, co-applicant and all other household members age 18 or older, if applicable

Divorce Decree and proof of alimony payments, if applicable

Current child support printout, if applicable

Zero Income Affidavit/Unemployment statement, if applicable (separate affidavit required for each household member age 18 or older who has no income)

Liquid Asset Certification

IRS Certification Form AND IRS 4506-T Form

HQS Disclosure

Copy of complete credit report (or credit reports if more than one applicant)

Copy of Mortgage Application, 1003 and 1008 Forms issued by primary mortgage lender

Copy of TRID documents (detailing principal, interest, taxes, insurance – PITI) issued by primary mortgage lender

Copy of primary and other mortgage financing commitment letter(s)

Additional documentation/information may be required upon receipt and review of your application and the information provided.

To Apply
Applications are available

• at Malden Redevelopment Authority office located at 17 Pleasant St., Third Floor, Malden MA 02148
• online at www.maldenredevelopment.com

Questions/Appointments
For questions or to schedule an appointment, please call 781-324-5720. If you wish to discuss in person, please call for an appointment.

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**FIRST TIME HOME BUYER DOWN PAYMENT ASSISTANCE LOAN APPLICATION**

**PART 1—GENERAL INFORMATION**

<table>
<thead>
<tr>
<th>Name of Applicant:</th>
<th>(Last)</th>
<th>(First)</th>
<th>(MI)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Co-Applicant:</th>
<th>(Last)</th>
<th>(First)</th>
<th>(MI)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Applicant preferred phone #</th>
<th>Co-Applicant preferred phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Citizenship Status* (CIRCLE ONE):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>Are you a US citizen?</td>
</tr>
<tr>
<td>Are you a permanent resident alien?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other(Please Specify):</th>
</tr>
</thead>
</table>

*Each applicant and co-applicant must comply with all applicable restrictions on citizenship and legal immigration status pursuant to the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and 8 U.S.C. 1611 et. seq., both of which are in effect as of the adoption of these policies; and further, must be eligible under any future statutes or regulations governing eligibility enacted subsequently. The residency status of a qualified alien must be continuous in nature required under 24 CFR 9.224.

**PART 2—DEMOGRAFIC INFORMATION:** The information requested below is for statistical purposes only and has no bearing on the approval of your application. Please check the box that applies to the applicant.

<table>
<thead>
<tr>
<th>Ethnicity:</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>☐</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race:</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>☐</td>
</tr>
<tr>
<td>Black or African American</td>
<td>☐</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>☐</td>
</tr>
<tr>
<td>Asian</td>
<td>☐</td>
</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
</tr>
</tbody>
</table>

**PART 3—HOUSEHOLD COMPOSITION:** List all current household members. Indicate the relationship of each member to the applicant or co-applicant (spouse, sibling, etc.). List all wages, W2, Social Security, SSI, pensions, retirements, rents etc.

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Relationship to Applicant</th>
<th>Age</th>
<th>Source of Income</th>
<th>Estimated Monthly Amount</th>
<th>Employer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is applicant, co-applicant or any other household member over the age of 18 a full-time student?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Do you anticipate an increase or decrease in household members in the next six months?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, please explain:
PART 4—EMPLOYMENT INFORMATION: Provide information for Applicant and Co-Applicant, as applicable

Applicant:
Employer Name: ___________________________ Position: ___________________________
Address: __________________________________ Phone#: ___________________________
Date of Hire: ___________ Monthly Salary: $__________

Co-Applicant:
Employer Name: ___________________________ Position: ___________________________
Address: __________________________________ Phone#: ___________________________
Date of Hire: ___________ Monthly Salary: $__________

PART 5—ANNUAL HOUSEHOLD INCOME: Include wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, pensions, retirements, other benefits for all household members age 18 or older. List gross income. Failure to disclose complete earnings can render an applicant disqualified from consideration. Attach additional pages if needed.

<table>
<thead>
<tr>
<th>Source</th>
<th>Applicant</th>
<th>Co-applicant</th>
<th>Other Household Member 18 or Older</th>
<th>Total Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overtime, Commission, Tips, Bonuses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alimony, Child Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security/Disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pensions, Retirement Funds, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment, Workers' Compensation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Income from Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Income from Rental Property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Welfare Payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest and/or Dividends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART 6—ASSET INFORMATION: Attach bank statements (most recent three months of checking or recent three month average checking balance as listed on financial institution's letterhead; current savings account balance) and other proof of asset information.

<table>
<thead>
<tr>
<th>Type</th>
<th>Cash Value</th>
<th>Name of Account</th>
<th>Bank Name</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking Account (list six-month average balance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Savings Account (current balance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks, Bonds, CDs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRAs, 401K</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you own any other real estate? ☐ Yes ☐ No

Have you disposed of any major assets in the past two years? ☐ Yes ☐ No

If YES, what was the value?
PART 7 – CONFLICT OF INTEREST:
Are you or any member of your family related to anyone who works for the MRA/City of Malden or anyone who is a member of the MRA/NSC Board or an elected official of the City of Malden?

☐ Yes  ☐ No

Explanation:

PART 8 – PRIVACY ACT NOTICE: This notice is provided to you pursuant to the requirements of the Privacy Act of 1974. As a result of your request and/or receipt of financial assistance through NSC’s Homebuyer program, the United States Department of Housing and Urban Development is requiring the collection of this information to determine your eligibility for assistance through the program and to protect the Government’s financial interest and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant and as required by law, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released to any other person or government agency without your prior written consent, except as may be permitted or required by law. NSC is authorized to ask this information by the National Affordable Housing Act of 1990.

If you wish to allow NSC staff to discuss your application with a third party, you must list the individual that you wish to allow access to your information below:

By listing the individual below and signing this application, you are authorizing NSC staff to discuss your case with this individual.

_____________________________  __________________________  _________________
Name                                         Relationship                              Telephone #

PART 9 – DECLARATIONS: Please answer the questions below. A "yes" answer may not be an automatic reason for rejection but may cause North Suburban Consortium to request additional information to determine eligibility.

<table>
<thead>
<tr>
<th></th>
<th>Applicant</th>
<th>Co-Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there any outstanding judgments against you?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you been declared bankrupt within the past 7 years?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you had property foreclosed upon or given deed in lieu thereof in the last 3 years?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Are you party to a lawsuit?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Are you presently delinquent or in default on any loan, mortgage, financial obligation, government debt, bond, or loan guarantee?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

PART 10 – APPLICANT(S) SIGNATURE/CERTIFICATION:

By signing below, the homeowner(s) and other household family member(s) over the age of 18 certify that all income sources and assets have been disclosed on this application. I/we acknowledge that the information provided is true and correct. I/we acknowledge and understand any false statements or false information made on this application will result in immediate denial of my/our application for this program.

_____________________________  _________________
Applicant’s signature                                      Date

_____________________________  _________________
Co-Applicant’s signature                                   Date

_____________________________  _________________
Signature of family member over the age of 18             Date

_____________________________  _________________
Signature of family member over the age of 18             Date

_____________________________  _________________
Signature of family member over the age of 18             Date

The North Suburban Consortium & Malden Redevelopment Authority do not discriminate against any person in program or service services regardless of race, color, age, national origin, marital status, sex, disability, religion or any other legally protected status.

Warnings: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

For Official Use Only:
Application Received By: _______________________________________
Date/Time Application Received: ___________________________
NORTH SUBURBAN CONSORTIUM

c/o Malden Redevelopment Authority
17 Pleasant St., 3rd Floor, Malden MA 02148
Mailing Address: P.O. Box 278, Malden MA 02148
Telephone: (781) 324-5720 Fax: (781) 322-3734
To request accommodation or language assistance: 781-324-5720

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I/We, the undersigned, have applied for purchasing a house that is partly subsidized by federal funds and hereby authorize you to release to the NORTH SUBURBAN CONSORTIUM (NSC) all records and information necessary to determine my/our eligibility for assistance through this program. This authorization hereby gives NSC the right to request all information that we can or could obtain from any persons, company, or firm on any matters referred to below. I/We agree to have no claims for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement of information released by them to NSC for the purposes of determining eligibility.

INFORMATION COVERED:

- Employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips;
- Cash held in checking/savings accounts, stocks, bonds, certificates of deposit (CD's) Individual Retirement Accounts (IRA's), interest, dividends, etc.;
- Payments from Social Security OR Veteran's Administration, Annuities, Insurance Policies, Retirement Funds, Pensions, Disability or Death Benefits;
- Unemployment, disability and/or Workers' Compensation, Welfare Assistance;
- Mortgage Loan Information, including balance, payment record, etc.;
- Income from Operation of a Business;
- Alimony or child support payments, etc.

SOURCES THAT MAY BE ASKED TO PROVIDE WRITTEN/ORAL VERIFICATIONS:

<table>
<thead>
<tr>
<th>Employers</th>
<th>Banks</th>
<th>Alimony/Child Support Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Administration</td>
<td>Financial/Retirement Institutions</td>
<td>Other Support Agencies</td>
</tr>
<tr>
<td>Veteran's Administration</td>
<td>Unemployment Agency</td>
<td>Other Support Providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Welfare Agency</td>
</tr>
</tbody>
</table>

I/we agree that a photographic or FAX copy of this authorization may be used for the purposes stated above. This Authorization is good for 12 months from the date signed below.

__________________________
Applicant's Signature      Printed Name      Date

__________________________
Co-Applicant's Signature   Printed Name      Date

__________________________
Other Family Member Over Age 18 Signature  Printed Name  Date

__________________________
Other Family Member Over Age 18 Signature  Printed Name  Date

__________________________
Other Family Member Over Age 18 Signature  Printed Name  Date
Disclosure to Seller: Voluntary, Arm's Length Purchase Offer
(to be signed by Seller prior to execution of purchase offer and contract of sale)

This is to inform you that ____________________ would like to purchase the property located
at ______________________________ if a satisfactory agreement can be reached. They are prepared to
pay $________________ for a clear title to the property under conditions described in the proposed contract of sale.

Because Federal funds may be used in the purchase, we are required to disclose to you the following information:

1. The sale is voluntary. If you do not wish to sell, the buyer, ____________________, with North Suburban
   Consortium (NSC) assistance will not acquire your property. The buyer does not have the power of eminent domain
to acquire your property by condemnation (i.e. eminent domain) and the agency/sponsor NSC will not use the power
   of eminent domain to acquire the property.

2. The subject property is listed for purchase at $________________. We believe the property’s fair market value is
   $____________ (appraised value acceptable). The buyer is prepared to purchase your property with assistance
   from the NSC, however, depending on the results of the appraisal, the written offer may differ from this amount.

Since the purchase would be a voluntary, arm’s length transaction, you would not be eligible for relocation
payments or other relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition
Policies Act of 1970 (URA), or any other law or regulation. Also, as indicated in the contract of sale, this offer is
made on the condition that no tenant will be permitted to occupy the property before the sale is completed.

Again, please understand that if you do not wish to sell your property, no further action will be taken to acquire it.
If you are willing to sell the property under the conditions described in the contract of sale, please sign this document
and the contract of sale and return to: North Suburban Consortium, c/o Malden Redevelopment Authority, 17
Pleasant St., 3rd Floor, Malden, MA 02148.

If you have questions, contact the NSC HOME Program Director at 781-324-5720 Ext. 5729.

Sincerely,

______________________________
Buyer

______________________________
Buyer

______________________________
Date

Form continues on next page with Seller’s Acknowledgment
Disclosure to Seller: Voluntary, Arm's Length Purchase Offer (Page 2)

Acknowledgement

As the Seller I/we understand that the NSC will inspect the property for health and safety deficiencies. I/we also understand that public funds may be involved in this transaction and, as such, if the property was built before 1978, a lead-based paint disclosure must be signed by both the buyer and seller, and that a visual assessment will be conducted to determine the presence of deteriorated paint.

As the Seller, I/we understand that in order for the buyer to receive assistance from the NSC, the property must be currently owner-occupied, vacant for at least 3 months at the time of submission of purchase offer, new (never occupied), or renter purchasing the unit. I/we hereby certify that the property is:

- [ ] Vacant at least 3 months;
- [ ] Owner-occupied;
- [x] New;
- [ ] Being Purchased by Occupant

I/we hereby certify that I/we have read and understand this “Disclosure” and a copy of said notice was given to me prior to purchase. If received after presentation of the purchase offer, I/we choose to:

withdraw [ ] or [ ] not to withdraw, from the contract of sale.

_________________________________________  _________________________________  
Seller                                                                 Date

_________________________________________  _________________________________  
Seller                                                                 Date
RIGHT TO WITHDRAW

Date: ______________________

Property Owner: ____________________________________________

Address: ___________________________________________________

____________________________________, ______________________

Subject Property: ______________________________________________

____________________________________, Massachusetts

Dear Owner:

On ______________________, 20___ the buyer entered into an option to acquire the subject property for $_________________. Our records do not indicate if it was made clear to you that the acquisition of the property is voluntary in nature through an amicable agreement and, therefore, without any threat of eminent domain (condemnation), and/or that we informed you we believe the estimate of fair market value of your property to be $_____________ (appraised value acceptable).

Because you were not advised of one or both of the above, you are being given the opportunity to withdraw from your agreement of sale, without penalty. **Before we can proceed, it is necessary that you complete, date, sign and return this letter to us indicating your decision to not withdraw from the agreement of sale.**

If you have any questions about this notice, please contact the buyer or the NSC at 781-324-5720 x 5729.

Sincerely,

__________________________ ________________________________
(Signature and title of Buyer or Representative) (Date)

☐ I/we certify that I/we understand I/we have the right to withdraw from my/our agreement to sell the subject property, without penalty.

☐ I/we do not wish to withdraw from my/our agreement to sell the subject property.

__________________________ ________________________________
Signature of Owner Date Signature of Owner Date
Zero Income Affidavit

Household Member Name:

Property Address:

1. I hereby certify that I do not individually receive income from any of the following sources:
   a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
   b. Income from operation of a business;
   c. Rental income from real or personal property;
   d. Interest or dividends from assets;
   e. Social Security payments, annuities, insurance policies, retirement funds, pensions or death benefits;
   f. Unemployment or disability payments;
   g. Public assistance payments;
   h. Periodic allowances such as alimony, child support or gifts received from persons living in my household;
   i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
   j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

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 understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

_____________________________  _______________________________  ____________
Household Member/Applicant    Printed Name    Date

Sworn to before me and subscribed in my presence this _____ day of ___________, 20__.

_____________________________
Signature of Notary Public

My Commission Expires: _________________________________
**Liquid Asset Certification**

The combined totals of my/our available liquid assets after closing will not exceed $75,000. The definition of liquid assets is typified by cash, monetary holdings in bank accounts (savings, checking, and certificates of deposit), stocks, bonds, trust funds, gifted money and other forms of capital investments.

<table>
<thead>
<tr>
<th>Applicant's Signature</th>
<th>Printed Name</th>
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</tr>
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<tbody>
<tr>
<td>Co-Applicant's Signature</td>
<td>Printed Name</td>
<td>Date</td>
</tr>
<tr>
<td>Other Family Member Over Age 18 Signature</td>
<td>Printed Name</td>
<td>Date</td>
</tr>
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</table>
**NORTH SUBURBAN CONSORTIUM**
c/o Malden Redevelopment Authority
17 Pleasant St., 3rd Floor, Malden MA 02148
Mailing Address: P.O. Box 278, Malden MA 02148
Telephone: (781) 324-5720 Fax: (781) 322-3734
To request accommodation or language assistance: 781-324-5720

**Internal Revenue Certification**

I/We certify that the __________ and __________ 1040 IRS Tax Returns with Schedules submitted to the North Suburban Consortium are those actually submitted to the Internal Revenue Service by me/us and that to date, they have not been changed to necessitate any change in income as reported.

<table>
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</table>
Request for Transcript of Tax Return

- Do not sign this form unless all applicable lines have been completed.
- Request must be rejected if the return is incomplete or illegible.
- For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also request transcripts by using our automated self-help service tools. Please visit us on IRS.gov and click on "Get a Tax Transcript" under "Tools" or call 1-800-908-9946. 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, individual taxpayer identification number, or employer identification number (see instructions) |
| 2a If a joint return, enter spouse's name shown on tax return. |
| 2b Second social security number or individual taxpayer identification number (if joint tax return) |

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

- Previous address shown on the tax return filed in a different from line 1 (see instructions)

Caution: If the tax transcript is being mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

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

- 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 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 10 business days.

- Return Transcript, which contains 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 return after the return was processed. Transcripts are available for the following returns: Form 1040 series, Form 1040, Form 1040A, Form 1040-H, and Form 1120-A. Return transcripts are available for all current and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days.

- Verification of Handling, 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.

- Form W-2, Form 1099 series, Form 1099-INT, or Form 1099-DIV series transcript. The IRS can provide a transcript that includes data from those 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 was filed with the IRS. For example, W-2 Information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 Information for retirement purposes, you should contact Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business 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 4806 and request a copy of your return, which includes all attachments.

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on this Form 4506-T or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporation officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, or administrator, trustee, or any other person, 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 the signature date.

Signature (see instructions)

Phone number of taxpayer on line 1a or 2a

Date

Sign

Here

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

Spouse's signature

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
Future Developments
For the latest information about Form 4562-T and its instructions, go to IRS.gov/form4562.
Information about any recent developments affecting Form 4562-T such as legislation enacted after we released it will be posted on this page.

General Instructions
Cautions: Do not sign this form unless all applicable lines have been completed.
Purpose of Form: Use Form 4562-T to record tax return information. You can also designate (on line 6) a third party to receive the Information. Taxpayers may substitute a tax year beginning in one calendar year and ending in the following year (fiscal year) but must use Form 4562-T to request a return transcript. If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip: Use Form 4560, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request: You can quickly request a transcript by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Taxes" or call 1-800-908-9946.

Where to file the return: Mail or fax Form 4562-T to the address below for the state you lived in or at the state where your business was headquartered. There are two address choices: individual transcript requests (Form 1040 series and Form W-2) and one for all other transcript requests.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2)

<table>
<thead>
<tr>
<th>State</th>
<th>Address Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin</td>
<td>Internal Revenue Service&lt;br&gt;State and Local Division&lt;br&gt;Stop 6116, A060&lt;br&gt;Austin, TX 78704</td>
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<tr>
<th>State</th>
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<tr>
<td>Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin</td>
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<tr>
<td>Florida, Georgia, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia</td>
<td>Internal Revenue Service&lt;br&gt;Internal Revenue Service&lt;br&gt;Stop 6116, A060&lt;br&gt;Austin, TX 78704</td>
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Chart for all other transcripts

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<tr>
<td>Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia</td>
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</tr>
</tbody>
</table>

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4562-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.
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HOUSING QUALITY STANDARD (HQS)  
INSPECTION DISCLOSURE

The North Suburban Consortium (NSC) through its designated entities will conduct a visual “hands off” inspection of the readily accessible areas of the property to determine compliance with the Housing Quality Standards (HQS) as adopted by the U.S Department of Housing and Urban Development (HUD).

The HQS inspection will be performed by the NSC through its designated entities prior to the acquisition at no cost to the buyer or seller.

If the house does not pass HQS, the Housing Rehabilitation Inspector will create a list of necessary work and a cost estimate. If it is determined that the buyer can reasonably undertake the work necessary to meet HQS, the buyer can sign a statement of their intention to complete the work within six months. If more substantial work is needed, the buyer must either apply to the Purchase and Rehabilitation loan program or select another home.

The HQS inspection is not intended to be a replacement for any other property inspection required by the lender or requested by the buyer. The HQS inspection will be made of readily accessible areas of the building and is limited to visual observation or apparent conditions existing at the time of the inspection only. Latent and concealed defects and deficiencies are excluded from the inspection: equipment and systems will not be dismantled. The HQS inspection is not a guarantee or warranty of the adequacy, performance or condition of any structure, item or system at the property address.

NSC and/or its designated entities is not responsible for the cost of repairing or replacing any reported or unreported defect or deficiency and for any consequential damage, property damage or personal injury of any nature.

Acceptance and understanding of this disclosure are hereby acknowledged:

SIGNATURES:

____________________  ________________________
Applicant:              Co-Applicant:

___________  __________
Date:                     Date:

DFA Fact Sheet Checklist and Application_Incomes Limits_20190424:NSC:PTIHP ITIHP DFA Application