

NORFOLK AFFORDABLE HOUSING NORFOLK TOWN CENTER CONDOMINIUMS LOTTERY APPLICATION

Name _____ Home Tel. #

Address _____ Work Tel.

City _____ State _____ Zip

Social Security # _____ Number in Household

HOUSEHOLD MEMBERS:

Please list **ALL** household members who will occupy the affordable home:

Name	Date of Birth	Sex	SS#	Relationship

Do you or a member of the household currently reside in the town of Norfolk?

YES _____ NO _____

If yes, please give your current address

Proof of residency will be provided by the current Census listing.

Are you or a member of the household either the child or parent of a current resident of Norfolk?

YES _____ NO _____

If yes, please provide the name of the resident and the type of relationship.

Proof of relationship must be provided at later date.

Are you or a member of the household an employee of the Town of Norfolk or the school district serving the Town of Norfolk?

YES _____ NO _____

If yes, please list job title and town department _____

Verification must be provided at a later date.

Are you age 55 or over and applying for a 2 Bedroom unit?

Yes _____ No _____

Are you applying for a 3 bedroom family unit?

Yes _____ No _____

Have you owed a home or joint interest in a home in the past three years?

YES _____ NO _____

If yes, please explain

PREFERENCE INFORMATION:

This is an optional section that you may complete:

_____ Applicant Co-Applicant Dependent

Black _____
Hispanic _____

Cape Verdean _____

Asian/Pacific Islander _____

Eskimo/Aleut _____

Native American _____

White/Non-Minority _____

EMPLOYMENT STATUS

Applicant's Name

Occupation

Name & Tel. # of Present Employer

Business Address

Name & Title of Supervisor

Annual Gross Salary

Co-Applicant's Name

Occupation

Name & Tel. # of Present Employer

Business Address

Name & Title of Supervisor

Annual Gross Salary

If other adult household members are employed, please attach a separate sheet with their current employment information.

INCOME INFORMATION:

Please complete the following information for all persons receiving income in the household for the past twelve months. Documentation will need to be provided at a later date if you are selected to purchase a condominium in the lottery.

	Applicant	Co- Applicant	Other
Salary	_____	_____	_____
Interest & Dividends	_____	_____	_____
Veteran's Benefits	_____	_____	_____

Alimony/Child
Support _____
Other Income _____

Total Income

Value of Assets

Name on
Account _____
Bank Name _____

Address

Savings

Checking

Other

Name on Account

Bank Name

Address

Savings

Checking

Other

Name on Account

Bank Name

Address

Savings

Checking

Other

Securities Value

Real Estate Location & Value

Other Assets of Value

PLEASE CHECK THE FOLLOWING ITEMS THAT APPLY TO YOU:

_____ I/We certify that our household is _____ persons.

_____ I/We certify that we qualify as first-time home buyers as defined in the Lottery Information Packet.

_____ I/We certify that at least one member of the household qualifies under the Norfolk Local Resident preference category as defined, in the Information Packet, if applicable.

_____ I/We certify that our household income does not exceed the income limits provided in the Lottery Information Packet.

_____ I/We certify that our household is able to provide the minimum down payment required for the first-time home buyer program.

_____ I/We certify that the information in this application and in support of this application is true and correct to the best of my/our knowledge and belief. I/We understand that perjury will result in disqualification from further consideration.

Your signature(s) below gives consent to the Town of Norfolk to verify information provided in this application. No applications will be considered complete unless signed and dated by the Applicant/Co-Applicant.

Applicant Signature

Date

Co-Applicant Signature

Date

**ALL APPLICATIONS MUST BE SUBMITTED TO JWO
CONSULTANT SERVICES, P.O. BOX 323, WESTWOOD, MA
02090 BY FRIDAY, JULY 21, 2006 TO BE ENTERED IN THE
LOTTERY.**