

# EXHIBIT A - APPLICATION FOR LOTTERY

## STAGECOACH HEIGHTS – AFFORDABLE HOUSING UNIT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Work Address \_\_\_\_\_  
Work Telephone \_\_\_\_\_

Have you owned a home at any time in the past? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, when did you most recently own one? \_\_\_\_\_

You are requested to complete the following section in order to assist us in determining preference categories:

	Applicant	Co-Applicant	Dependent
Black	_____	_____	_____
Hispanic	_____	_____	_____
Cape Verdean	_____	_____	_____
Asian/Pacific Islander	_____	_____	_____
Eskimo/Aleut	_____	_____	_____
American Indian	_____	_____	_____
White/Non-Minority	_____	_____	_____

Please list all members of the household and state relationship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any members of your household been a resident of Hopkinton for 12 consecutive months within the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give name of person and date of residency. \_\_\_\_\_

Are you or any member of your household presently a full-time employee of the Town of Hopkinton? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give name of person and position. \_\_\_\_\_

Have you or any members of your household been a resident of Massachusetts for 12 consecutive months within the past 5 years? Yes\_\_\_\_ No\_\_\_\_

If Yes, give name of person and dates of residency.\_\_\_\_\_

Please check the following if they apply.

\_\_\_ I/we certify that we have read and understood the Applicant information which was supplied with this application. Preference in the lottery will be given to households (2 or more persons) over individuals. Preference for 2 and 3 bedroom units will be determined by family size. The lottery and certifying process will be carried out by \_\_\_\_\_ who will administer the guidelines and make any and all final interpretations.

\_\_\_\_\_ I/we certify that our household size is \_\_\_ persons.

\_\_\_\_\_ I/we certify that we qualify as first-time homebuyers as defined in the Lottery Information.

\_\_\_\_\_ I/we certify that at least one member of our household qualifies under the Minority preference category, if applicable.

\_\_\_\_\_ I/we certify that at least one member of our household qualifies under the Hopkinton resident preference category, if applicable.

\_\_\_\_\_ I/we certify that at least one member of our household qualifies under the State preference category, if applicable.

\_\_\_\_\_ I/we certify that our household income does not exceed the income limits provided in the Lottery Information.

\_\_\_\_\_ I/we certify that our household has sufficient resources to provide a minimum downpayment of 5 percent.

\_\_\_\_\_ I/we certify that our household has sufficient resources to cover minimum anticipated closing costs of 5 percent or that I intend to apply for closing cost assistance from other eligible sources. Actual closing costs may be more.

\_\_\_\_\_ I/we certify that our household does not have allowable assets over \$50,000.

Please send this application to \_\_\_\_\_.  
**THE DEADLINE FOR RECEIVING APPLICATIONS IS**  
**\_\_\_\_\_ , 20 \_\_\_\_\_ AT**  
**\_\_\_\_\_**. Applications received after that time will be

returned. **WHEN RESPONDING TO THE LOTTERY PLEASE RETURN EXHIBIT A and B ONLY.**

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

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

Lot2-app