

EXHIBIT B --CERTIFICATION INFORMATION

Stagecoach Heights - Affordable Housing Unit

Date _____

RESIDENCE

Name _____

Present Street Address _____

City _____ State _____ Zip Code _____

Telephone Home _____ Work _____

Social Security Number _____

Have you owned a home at any time in the past? _____

If yes, when did you most recently own one? _____

Name of present landlord _____ Phone _____

Address of present landlord _____

Length of time of residence _____

Does any member of the household live in Hopkinton or is the immediate family member of a Hopkinton resident? Yes _____ No _____

Name of member _____

EMPLOYMENT

Is any member of the household an employee of the Town of Hopkinton or employed by a business located in Hopkinton?

Name and Position? _____

Applicant - Occupation _____

Name of present employer _____

Business address _____

Business telephone _____

Length of employment _____

Annual wage/salary _____

Co-Applicant - Occupation _____

Name of present employer _____

Business address _____

Business telephone _____

Length of employment _____

Annual wage/salary _____

if either applicant or co-applicant (if any) have been employed for less than 2 years with the present employer please complete the following for your previous employment.

Name _____ Occupation _____
 Name of Employer _____ Address _____
 Telephone _____ Length of Employment _____
 Annual Wage/Salary _____
 INCOME (Please include income from all members of the household)

	Annual Income	
	Source	Amount
Employment Earnings	_____	_____
Retirement	_____	_____
Public Assistance	_____	_____
Unemployment Compensation	_____	_____
Social Security	_____	_____
Pension/Disability	_____	_____
Interest/Dividends	_____	_____
Veterans Benefits	_____	_____
Alimony/Child Support	_____	_____
Deferred Compensation	_____	_____
Other	_____	_____

ASSETS

Bank _____ Address _____
 Savings Account \$ _____ Account No. _____
 Checking Account \$ _____ Account No. _____

Property owned _____ Address _____

Securities (stocks/bonds) _____
 Annual dividends _____

I am aware that this information will be verified with the above named institutions.

HOUSEHOLD INFORMATION

Please list all those who will occupy this unit:

Name	Date of Birth	Sex	Social Security #	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please complete the following section if you wish to be identified as one of the following minority categories (Minority Group Member). Please check the appropriate columns. If no columns are checked non-minority status will be assumed.

Applicant Co-Applicant Dependent

African-American _____
Hispanic/Latino _____
Cape Verdean _____
Asian/Pacific Islander _____
Alaskan Native _____
Native American _____
White/Non-Minority _____

Please mention any other information you feel should be included for the certification process, if any.

I/We the undersigned applicants, warrant and represent that all statements made herein are true and accurate. I/We understand that false or incomplete information may result in disqualification from further consideration. I/we give consent to the Certifying Agent to verify any and all information included in this application. I/We agree to provide additional information on request to verify the accuracy of all statements in this application.

I/We understand that any questions, inconsistencies, ambiguities and/or any other issues or matters that arise from any application, rule, regulation, document, procedure and/or the lottery shall be resolved by Stagecoach Heights Realty, LLC with coordination with the Hopkinton Housing Partnership Committee/Housing Committee. I/We agree to accept any and all decisions of the Committee and Stagecoach Heights Realty, LLC as final.

Applicant _____ Date _____

Co-Applicant _____ Date _____

Lot3-Certinfo