

**City of Boston - AFSCME Council 93, AFL-CIO Housing Trust Fund
HOMEOWNERSHIP BENEFIT
APPLICATION, DISCLOSURE & AFFIDAVIT**

Please mail or drop off this application to:

City of Boston - AFSCME COUNCIL 93, AFL-CIO Housing Trust Fund
8 Beacon Street, 8th floor
Boston, MA 02108

Please submit this application with the following materials:

- A copy of a **valid HB101 Certificate** or confirmation that you completed an approved HOMEBUYING 101 class.
- Your "member in good standing letter" received from AFSCME Council 93 or your Local President or delegate, and issued within the past six months.
- Copy of your **most recent pay stub**.

****Please print, read carefully and answer all questions. Your signature is required on page 2.****

I. Buyer Information

Member:	<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> First MI Last </div>	Social Sec	_____
Co-Applicant:	<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> First MI Last </div>	Social Sec	_____
Address:	<div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Zip </div>		
Phone:	<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Home Work Cell Phone (if available) </div>		
Your Work Site:	_____		
Has the AFSCME member had any ownership interest in a home in the last five years? Yes ___ No ___			

TERMS AND CONDITIONS

(Please note, the use of the singular "I" or "my" below, shall include the plural in the case of more than one Homebuyer. "AFSCME" denotes the American Federation of State and County Municipal Employees. The "Trust" denotes the City of Boston - AFSCME COUNCIL 93, AFL-CIO Housing Trust Fund)

I, as a buyer of a home in the City of Boston, do hereby apply for a Homeownership Benefit of \$10,000.00 under the Trust, I hereby certify and warrant as follows:

I, as an AFSCME Council 93 member, have an annual base income from the City of Boston that is less than or equal to \$79,050.00.

I, as an AFSCME Council 93 member, do not currently owe any money to the Trust for previous assistance with a Rental or Emergency benefit. I understand that after receiving a Homeownership Benefit, I am not eligible to apply for an Emergency Benefit for a period of one year from the date of receipt of the Homeownership Benefit.

I, as an AFSCME Council 93 member, am a "First Time Homebuyer." "First Time Homebuyer" means an applicant who has not owned a home within five years prior to the purchase of the home assisted by the Trust.

I, as an AFSCME Council 93 member, do not presently owe any past due real estate taxes to the City of Boston.

I intend to occupy the home in Boston, that I am purchasing as my primary residence, within sixty (60) days of the date of closing unless otherwise agreed upon by the Trust and shall continually occupy the home thereafter.

I will use the proceeds of this Homeownership Benefit only to pay expenses related to purchasing a home in Boston.

The Trust has made available to me a copy of the Promissory Note, and Mortgage, which lists the conditions attached to receiving Homeownership Assistance under the Trust guidelines. I have read the Promissory Note, or have had it read to me, and understand these conditions. I understand that I will be required to sign the Promissory Note and the corresponding Mortgage, prior to actually receiving Financial Assistance. I understand the benefits of consulting an attorney to review such documents for me.

I am aware that different definitions and criteria (such as a different definition of "Income") may apply and I may be required to submit additional information if I intend to also seek Home Buyer assistance from other City sponsored housing programs.

I am aware and agree that I will complete a free City sponsored HOMEOWNER 201 course, and submit the Certificate of Completion to the Trust, within one year of purchasing a home with assistance from the Trust.

I am aware that I must comply with the regulations set forth by the Massachusetts Department of Public Health in 105 CMR 460.000 "Lead Poisoning Prevention and Control."

I authorize the Trust or the Lender to release my name to a selected foreclosure prevention counseling agency in the event I become sixty (60) days delinquent in paying my first mortgage.

I am aware that the information contained herein is subject to verification by the Trust or its agents. I hereby give my permission to the lender to which I have applied for mortgage financing, to release confidential materials relevant to my mortgage loan to the Trust or its respective agents, for the purpose of verifying information contained in this Application Form. This form may be reproduced and that copy shall be as effective as this original consent.

I understand that if I have made any material misstatements in the foregoing representations, on the lender's mortgage application or on any statements or documents related to this financial assistance loan; or if I have omitted any of the information requested, this will be considered an event of default and the Homeownership Benefit provided to me through the Trust must be repaid by me to the Trust or its respective agent.

I hereby certify the information provided is accurate and correct to the best of my knowledge. I authorize the Trust to independently verify the information provided here. I certify that I have read the Terms and Conditions and I agree to the Terms and Conditions of this program.

Signed under the penalties of perjury.

Member (print name)

Co-Applicant (print name)

Date

Member (sign name)

Co-Applicant (sign name)

Date