

**NORTH SUBURBAN CONSORTIUM
FIRST TIME HOME BUYER DOWN PAYMENT ASSISTANCE
APPLICATION CHECKLIST**

SUBMIT APPLICATION TO:
Office Of Strategic Planning & Economic Development
281 Broadway
Revere, MA 02151

APPLICATIONS WILL NOT BE ACCEPTED VIA EMAIL. The application will not be processed unless it is completely filled out AND all supporting documentation is provided. *If an item does not apply to you, please write in N/A beside the check box.* If you have questions about this application, please contact us at **781-324-5720 Ext. 5729**. If it is determined your home and household meet qualifications, you will be notified in writing.

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. 2016 income limits are listed below.

Effective 3-29-16	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
80% Income Limit	\$51,150	\$58,450	\$65,750	\$73,050	\$78,900	\$84,750

Please contact NSC for income limits for households with more than six persons.

- Completed Application signed and dated by *applicant, co-applicant and all family members over the age of 18, as applicable*
- First Time Home Buyer Counseling Workshop Certificate (*cannot be more than 2 years old*)
- Authorization Form *signed and dated by applicant, co-applicant and all family members over the age of 18, as applicable*
- Evidence of Permanent Resident Alien Status or legal Alien Status for applicant/co-applicant, *if applicable*
- Divorce Decree and proof of alimony payments, *if applicable*
- Bank Statements: last 3 months statements or a three month average of checking account balance as provided on financial institution's letterhead.
- Statements for 401K, IRA, Stocks/Bonds, Retirement/pension, *if applicable*
- Three most recent month's pay stubs for applicant, co-applicant and other household members age 18 or older, *if applicable*
- Three years of federal tax returns (all schedules) and three years of W-2's (all employers) for applicant, co-applicant and other household members age 18 or older, *if applicable*
- If self-employed, provide a year-to-date profit and loss statement and tax returns for the previous three (3) years
- Current Social Security award letters (including disability income) for all adult household members, *if applicable*
- Child support current printout, *if applicable*
- Zero Income Affidavit/Unemployment statement, *if applicable (separate affidavit for each applicable household member required)*

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- Liquid Asset Certification
- IRS Certification Form & executed IRS 4506-T Form
- Copy of Mortgage Application-1003, 1008 Forms issued by primary mortgage lender
- Copy of complete mortgage credit report *(or credit reports if more than one applicant)*
- Copy of TRID documents issued by primary mortgage lender
- Copy of primary and other mortgage *(if applicable)* financing commitment letter
- Copy of signed Purchase & Sale Agreement
- Voluntary Sale Disclosure, *if applicable (to be signed by seller prior to executing Purchase & Sale Agreement)*
- Right to Withdraw, *if applicable (to be signed by seller if Purchase & Sale Agreement has already been executed at the time of this application)*

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

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.



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

FIRST TIME HOME BUYER APPLICATION

PART 1 – GENERAL INFORMATION				
Name of Applicant:		(Last)	(First)	(MI)
Name of Co-Applicant:		(Last)	(First)	(MI)
Address:				
Applicant preferred phone # _____		Co-Applicant preferred phone # _____		
Email Address:				
Citizenship Status* (CIRCLE ONE):		Applicant		Co-Applicant
Are you a US citizen?		Yes	No	Yes No
Are you a permanent resident alien?		Yes	No	Yes No
Other(Please Specify):				
<small>*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 9.254.</small>				

PART 2 – DEMOGRAPHIC 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.

Ethnicity: (CHECK ONE) Hispanic or Latino Not Hispanic or Latino

Race: (CHECK ONE) White Black or African American American Indian or Alaska Native
 Asian Native Hawaiian or other Pacific Islander Other

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, rents etc.

Household Member Name	Relationship to Applicant	Age	Source of Income	Estimated Monthly Amount	Employer

Is applicant, co-applicant or any other household member over the age of 18 a full-time student? Yes No

Do you anticipate an increase or decrease in household members in the next six months? Yes No

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, 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.

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

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.

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

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?

**AUTHORIZATION FOR RELEASE OF INFORMATION
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

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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 Veterans Administration, Annuities, Insurance Policies, Retirement Funds, Pensions, Disability or Death Benefits;
- Unemployment, disability and/or Worker's 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:

Employers Social Security Administration Veteran's Administration	Banks Financial/Retirement Institutions Unemployment Agency	Alimony/Child Support Agencies Other Support Providers Welfare Agency
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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

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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

Name

My Commission Expires: _____

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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.

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

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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.

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

Request for Copy of Tax Return

(Rev. September 2013)

Department of the Treasury
Internal Revenue Service

▶ Request may be rejected if the form is incomplete or illegible.

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See Form 4506-T, Request for Transcript of Tax Return, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" or call 1-800-908-9946.

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
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution. If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

6 **Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶

Note. If the copies must be certified for court or administrative proceedings, check here

7 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

8 Fee. There is a \$50 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.	\$ 50.00
a Cost for each return	
b Number of returns requested on line 7	
c Total cost. Multiply line 8a by line 8b	\$
9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here <input type="checkbox"/>	

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 line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note.** For tax returns being sent to a third party, this form must be received within 120 days of the signature date.

	Phone number of taxpayer on line 1a or 2a
Sign Here ▶ Signature (see instructions)	Date
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ Spouse's signature	Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4508 and its instructions, go to www.irs.gov/form4508. Information about any recent developments affecting Form 4508, Form 4508T and Form 4508T-EZ will be posted on that page.

General Instructions

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

Purpose of form. Use Form 4508 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

How long will it take? It may take up to 75 calendar days for us to process your request.

Tip. Use Form 4508-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and records of account.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" or call 1-800-908-9946.

Where to file. Attach payment and mail Form 4508 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year 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 returns (Form 1040 series)

If you filed an individual return and lived in:	Mail to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 8716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 8705 P-6 Kansas City, MO 64998

Chart for all other returns

If you lived in or your business was in:	Mail to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 149600 Stop 2800 F Cincinnati, OH 45250

Specific Instructions

Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, please include it on this line 3.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on Lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party - Business.

Signature and date. Form 4508 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4508 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4508 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4508 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4508 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 8103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4508 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4508.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4508 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.; Preparing the form, 15 min.; and Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4508 simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6628
Washington, DC 20224.

Do not send the form to this address. Instead, see *Where to file* on this page.

Disclosure to Seller with Voluntary, Arm's Length Purchase Offer

DECLARATION

This is to inform you that _____ would like to purchase the property, located at _____ if a satisfactory agreement can be reached. We are prepared to pay \$_____ for a clear title to the property under conditions described in the attached 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, _____, through the agency, North Suburban Consortium (NSC) 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 that the property's fair market value is \$ _____. We are prepared to purchase your property; however, depending on the results of the appraisal, our 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, we will take no further action to acquire it. If you are willing to sell the property under the conditions described in the attached contract of sale, please sign the contract and return it to us at: North Suburban Consortium, 200 Pleasant St Room 621, Malden MA 02148.

If you have any questions about this matter, please contact HOME program Director Dee Bireddy at 781-324-5720 Ext. 5729 or via email dbireddy@maldenredevelopment.com.

Sincerely,

Title

Buyer

Date

Buyer

Date

Form continues on next page with Seller's Acknowledgment

Disclosure to Seller with Voluntary, Arm's Length Purchase Offer
(Page 2)

Acknowledgement

As the Seller I/we understand that the Agency 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 City's Program, 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; New; or Being Purchased by Occupant

I/we hereby certify that I have read and understand this "Declaration" and a copy of said Notice was given to me prior to the offer to purchase. If received after presentation of the purchase offer, I/We choose to withdraw or not to withdraw, from the Purchase Agreement.

Seller

Date

Seller

Date

RIGHT TO WITHDRAW

(to be presented to Seller if purchase offer and contract of sale have already been executed)

NORTH SUBURBAN CONSORTIUM

Phone: 781-324-5720 Ext 5729 Fax: 781-322-3734

Serving the communities of

MALDEN ♦ MEDFORD ♦ ARLINGTON ♦ CHELSEA ♦ EVERETT ♦ MELROSE ♦ REVERE ♦ WINTHROP

Date: _____, 20 ____

Property Owner: _____

Address: _____

_____, _____

Subject Property: _____

_____, Massachusetts

Dear _____:

On _____, 20____ the buyer entered into an option to acquire your property for \$ _____. Our records do not indicate we made it clear to you that the acquisition of your 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 \$ _____.

Because you were not advised of one or both of the above, we wish to offer you 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 acquiring buyer at the following address or phone number: _____

Sincerely,

(Signature and title of Buyer Representative)

(Date)

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

- I/we do not wish to withdraw from my/our agreement, without penalty, to sell the subject property.

Signature of Owner Date Signature of Owner