

Mar. 28, 2017
West Tisbury Affordable Housing Committee
Minutes

Present: Larry Schubert, Mike Colaneri, Ted Jochsberger, Angela Prout and Vickie Thurber

Absent with Regrets: Susan Feller and Glenn Hearn

Also Present: Rhonda Conley

Mike made a motion seconded by Vickie to accept the minutes of 2/28/17 as written.

VOTE 3 YES 0 NO 2 ABSTAIN

INVOICES

Town Counsel: Rhonda presented the various invoices for \$1,463.25 from Reynolds, Rappaport, Kaplan and Hackney, LLC. ***Mike made a motion seconded by Vickie to recommend to Affordable Housing Trust to pay the invoices.*** **VOTE 5 YES 0 NO**

ONGOING BUSINESS

Scotts Grove (Fire Station) Lot: Rhonda informed the committee that Jen stated the selectmen will not be signing the ground lease until the IHT has their funding in place.

Larry will address at town meeting the water tank funding. He will explain that the tank will service not only the development at Scotts Grove but the whole town.

Old Court House Rd. Town Building: Vickie reported on the subcommittee studying a new use for the building. She stated that a member of the committee had did a personal survey of town people and got the overall opinion that the building lot should be used for affordable housing. Larry believes the subcommittee should go back to the selectmen with their recommendation for affordable housing and that the selectmen should pass the property into the care of the AHC. Vickie also stated that the subcommittee is curious about the affordable housing ranges up to 140% and where the housing range need is in West Tisbury as well as to do rental or homeownership. She stated the subcommittee was not ready to make a decision or recommendation yet. Mike mentioned that the Historic Commission may have some say in the building.

Lambert's Cove Lot: The committee viewed the map with the 50 ft. setbacks and had a short discussion about developing the land. The questions that need to be answered are what the members believe should be done: home ownership, elderly housing, mix rentals, mixed rentals with some above the 80%. The committee hopes to have these ideas discussed and decided by the end of the year.

Adjourned at 7:15 PM

The next AHC meeting will be April 25, 2017 in the 2nd floor conference rm. of Town Hall at 6:30 PM.

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Respectfully submitted by Rhonda Conley

STANDARD APPLICATION FOR AFFORDABLE HOUSING OWNERSHIP

West Tisbury Affordable Housing Committee
P.O. Box 278
West Tisbury, MA 02575
508-699-0102
affordhouse@westtisbury-ma.gov

APPLICATIONS WILL BE PROCESSED BY DUKES COUNTY REGIONAL HOUSING AUTHORITY (DCRHA) for WEST TISBURY AFFORDABLE HOUSING COMMITTEE (WTAHC)

PLEASE PRINT all application answers. Incomplete applications cannot be processed. Complete all information requested on the application form. If a question is not applicable, please write N/A. Make sure that you sign on the 4th page and the verification forms.

If you need additional space to provide an answer, you may attach an additional sheet(s).

Completed applications can be mailed to Dukes County Regional Housing Authority (DCRHA) P.O. Box 4538, Vineyard Haven, MA 02568 or hand-delivered to the DCRHA Office at 346 State Road in Vineyard Haven, MA. Office hours are Monday-Friday: 9am to 5 pm.

1. Name of Applicant _____

Street _____ Apt. No. _____

City/Town _____ State _____ Zip _____

Home Telephone _____ Work Phone _____

E-Mail and Cellphone _____

Please indicate the best telephone number to reach you

2. Type of Housing Needed (check one or more)

☐ Elderly/Accessible ☐ Family Home

3. Number of Bedrooms Needed (Circle One) 1 2 3 4

4. Special Housing Needs (e.g. wheel chair accessible/other):

Please specify: _____

West Tisbury Affordable Housing Committee does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, gender identity or any other class protected by state, federal or local law, in the access or admission to its housing program(s), or employment or any other of its programs, activities, functions or services.

5. Members of household to live in unit including the Head of Household

First, Middle & Last Name	Relationship to Head of- Household	Social Security Number	Sex	Date of Birth	Occupation At Home Student-grade Employed
1.					
2.					
3.					
4.					

6. Is a change in the household composition expected? (circle one) YES NO

If yes what type of change? _____ When? _____

7. INCOME BEFORE DEDUCTIONS

List the gross income (before taxes) for **ALL Household Members** from all sources for the **LAST 3 YEARS**. Specify all sources. Applicant must submit signed copies of their household's income tax returns (as filed) for the previous 3 years, a signed IRS form 4506 (see attached) requesting transcripts of their 1040 tax forms filed during the previous 3 years, and a signed verification of income from wages form (see attached).

Please attach all necessary papers to form (tax returns, W-2's, 1099's, etc.) to verify information. Please attach separate sheets if needed.

Year	Household Member	Type of Income	Name/Address of Employer	Gross Income

Estimate separately the gross income (before taxes) anticipated for ALL household members from all sources for the next 12 months. Specify all sources. Use separate sheets as needed.

Household Member #	Type of Income	Name and Address of Employer or Source of Income	Gross Income for next 12 months
1.	Salaries, wages, including	Overtime/tips	
		Salaries, wages, including Overtime/tips	
		V.A. Disability Income	
		Net Income from business or Profession (Schedule C)	
		Trust income: Interest and Dividends	
		Pensions and annuities	
		Regular unemployment or Disability compensation	
		Regular Social Security Benefits and/or SSI	
		TAFDC or Public Assistance	
		Regular alimony, child Support payments, gifts	
		Other Income	
TOTAL INCOME			

8. CURRENT EXPENSES

Please include expenses for all household members. Please use separate sheets as needed.

EXPENSE	TOTAL

Secondary Education/Child Support Payments
Expense for Care of Children or sick/Incapacitated Family Member
Unreimbursed Medical Expenses
Health Insurance
Other
CURRENT TOTAL EXPENSES

<u>Household Member</u>	<u>Description of Assets</u>	<u>Value of Asset</u>
	Bank & Saving Acct.#	
	IRA, Stocks, Bonds:	
	Real Estate (owned or sold within past 2 years)	
	Other	
	TOTAL ASSETS	

Address: _____ Telephone: _____

Landlord Address _____

PLEASE ATTACH SHEET(s) as needed.

12. *PREFERENCE. Applicants applying for residence preference must provide a copy of their voter registration, rental lease or rent receipts, utility bills, or vehicle registration for residence proof. Those applying for public service preference must provide a notarized letter from the public service organization stating time period performed public service.

*May or may not apply depending on housing project.

13. HOUSING ASSISTANCE: Are you , or any member of your household, currently receiving housing assistance, including Public Housing, MRVP, Section 8, etc. (circle one) YES NO

14. RELATIONSHIP to DCRHA or West Tisbury Affordable Housing Committee: Are you a Board Member, employee, or a member of the immediate family of an employee or Board member of DCRHA or WTAHC? (If so, this will not necessarily disqualify your application) (circle one) YES NO

If yes, please explain: _____

15. EMERGENCY REFERENCE: Name of relative or friend not planning to live with you. We will contact this person if we are not able to reach you in case of emergency.

Name: _____ Relationship _____

Address _____ Telephone _____

16. CRIMINAL RECORD:

Have you or any member of your household who will live in the unit ever been convicted of a crime? (circle one)

YES NO If yes please explain _____

Do you or any member of your household who will live in the unit have any criminal matters pending? (circle one)

YES NO If yes, please explain _____

Are you or anyone in your household a life-time registered Sex Offender? (circle one)

YES NO Name of member(s) _____

I understand that this application is not an offer of housing. I understand I should not make any plans to move or end my present tenancy until I have received an offer of housing from WTAHC, based on this application and the additional materials needed to complete the application process.

I understand that any false statement, misrepresentation and/or nondisclosure of information, and failure to provide complete and accurate information in this application may result in denial of my application.

I understand that it is my responsibility to inform DCRHA/WTAHC in writing of any change of address, income or household composition. I authorize DCRHA/WTAHC to make inquires to verify the information provided in this application.

I certify that the information I have given in this application is true and correct. I understand that DCRHA/WTAHC may request a Criminal Offender Record Information Report from the Criminal History Systems Board and/or perform credit checks and Internet searches for all adult members of the household.

Signs under the pains and penalties of perjury.

Applicant's Signature _____ Date _____

VERIFICATION OF BANK ACCOUNT

Date: _____

Bank Name and Address

To: _____

Re: _____
SS#: _____

The above-referenced individual has applied for a West Tisbury home/homesite lot with the West Tisbury Affordable Housing Committee. Please be sure to accurately complete this form. We ask that you complete and return this form to the address shown below. The information will be used solely for the determination of eligibility under the West Tisbury Affordable Housing Committee program and will not be disseminated or otherwise released to any third party. Alternately, you may send your reply by fax to West Tisbury Affordable Housing Committee at 508-696-0103. If you have any questions, please feel free to contact _____ at _____.

Very truly yours,
West Tisbury Affordable Housing Committee
P.O. Box 278
West Tisbury, MA 02575

I hereby authorize the release of the information requested on this verification form.

Signature _____

To be completed by Bank: Please attach separate sheets as needed

Checking	_____	_____
	Average 6 month Balance	Rate of Interest
Savings	_____	_____
	Average 6 month balance	Rate of Interest
Retirement	_____	_____
Other	_____	_____
_____	Authorized Title	_____
_____	Authorized Signature	_____
		Phone
		Date

VERIFICATION OF INCOME FROM WAGES

Date: _____

Employer Name and Address

To: _____

Re: _____

SS# _____

Dear Employer:

The above-referenced individual has applied with West Tisbury Affordable Housing Committee for a home site lot. We require written confirmation of the income of all applicants. Income maximums are based upon family size and minimum income requirements also exist. Please be sure to accurately complete this form. Intentionally supplying false or misleading information can result in fines or imprisonment.

We ask that you complete and return this form by mail or fax. The information will be used solely for the determination of eligibility under the West Tisbury Affordable Housing Committee program and will not be disseminated or otherwise released to any third party.

You may mail or fax your reply to West Tisbury Affordable Housing Committee at 508-696-0103. If you have any questions, please feel free to contact _____ at _____.

Very truly yours,

West Tisbury Affordable Housing Committee

P.O. Box 278

West Tisbury, MA 02575

I hereby authorize the release of the information requested on this verification form.

Applicant's Signature

Date

Do Not Write Below This Line-Employer Use Only: Please attach separate sheets as needed

Date of Hire: _____

Average Total hours worked weekly: _____ Hourly Rate _____ Overtime _____

Does employee earn:

Tips? _____ If yes, estimated per week _____

Additional compensation

Such as commission, bonuses, or shift differential pay _____ Estimated _____

Employer Signature

Date

Name (print) and Title

Phone