

APPLICATION PROCESS

• LOTTERY APPLICATIONS

- Step one is to complete your application VIA the JOTFORM online, please see link below or by paper application printed and mailed to:

VIV LOTTERY
PO BOX 201 SHARON MA 02067

- Applications are being accepted now thru January 1, 2025.
- Upon receipt of application, our leasing office will review your application to confirm eligibility. Please note that incomplete applications will not be accepted.

• INFORMATION SESSION

- A general information session will be held on December 1, 2024 at 10AM via Zoom. If you're unsure of how to complete your application or have any additional questions, we encourage you to attend this meeting online.
 - Go to zoom.com/join and enter Meeting ID: 875 6465 1277 and Passcode: 1ZnGvv

• INITIAL QUALIFICATION

- Once the Lottery Agent has received the Lottery Application, they will determine initial compliance for the lottery. Households without housing subsidies who fall well below the minimum income limits, and households who submit applications indicated they are above the maximum allowable income limits, will not be entered into the lottery. Entrance into the lottery does not guarantee final income certification approval.
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- The randomly drawn Application Numbers are then placed in the order drawn on a Lottery Result List.
- If a household is awarded a unit in the lottery, they will then be required to provide additional income, credit and asset verifications.
- Once determined that lease is eligible, the household will be able to complete a reservation form with their preferred unit and anticipated move in date. Apartment homes should be available for move in beginning February 2025. The leasing office will be able to provide additional information post lottery of associated move in costs and processes.



www.vivBoston.com
hello@vivBoston.com

500 Talbot Ave
Boston, MA 02124



Please provide all the following contact information for the Head of Household:

Applicant's Name: _____

Applicant's Address: _____

Phone: (_____) _____ Email: _____@_____.

Employer: _____

Anticipated Move-In/Lease Renewal Date: _____

Bedroom Size Information: Check the bedroom size for which you are applying:

- ONE BEDROOM
- TWO BEDROOM
- THREE BEDROOM

Do you currently receive or do you have a Section 8 mobile voucher or certificate?

The Lottery Agent does not discriminate based on source of income. This question is asked for the sole purpose of determining ability to pay rent.)

- YES NO

Please fill out the chart below for everyone who will be occupying the unit:

NAME	AGE	HEAD OF HOUSEHOLD OR DEPENDENT	RELATIONSHIP TO APPLICANT LISTED AT THE TOP OF THIS PAGE	IS THIS PERSON A FULL-TIME STUDENT OR WILL BE A FULL TIME STUDENT IN THE NEXT 12 MONTHS?	
				Yes	No

I certify that my Household Size is (total number of household members) _____.

Additional Required Information

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? YES NO

If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). _____

Have you or any member of your household resided outside of Massachusetts? YES NO

If yes, please list all other states of residence for each household member: _____

NOTE: FAILURE TO RESPOND FULLY TO THESE QUESTIONS MAY RESULT IN REJECTION OR DENIAL OF APPLICATION.

Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

Initial(s): _____ Initial(s): _____





HOUSEHOLD TYPE

- 1 person household**
- 1 person household with a disability or medical need for Two Bedroom.** (Note:: Reasonable Accommodation form will need to be completed at time of certification, accompanied by verification from a medical provider.)
- 2 person household: 2 heads-of-household**
- 2 person household: 1 head-of-household plus one dependent**
- 2 person household with a disability or medical need:**
- 3 person household: all types**
- 4 person household: all types**

RACE: (OPTIONAL)

You are requested to complete the following optional section in order to assist in determining preference. Completing this section may qualify you for additional lottery pools. (Please check all boxes that apply):

- Alaskan Native / Native American
- Black / African American
- Hispanic or Latino
- Asian or Pacific Islander
- White (not of Hispanic origin)

DISABLED-ACCESSIBLE PREFERENCE INFORMATION

Are you, or any member of your household, in need of an accessible unit? This is defined as persons with a physical disability that meet standards established by the Executive Office of Housing and Livable Communities and state laws for disabled accessible housing and who needs the features of a disabled-accessible unit.

- Yes
- No

REASONABLE ACCOMMODATION

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, (“practices”) when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing. If you have a reasonable accommodation request related to this Application/Certification, please describe it here. If you have any other requests, including a reasonable accommodation request related to the Owner/Developer’s practices, or a reasonable modification request related to the physical structure of the building or unit, do not list it here. That request must be made directly to the Owner/Developer.

Does any member of the household have any reasonable accommodation requests or alternative ways we need to communicate with you?

- Yes
- No

If yes, please explain in the space provided here or write a signed statement and attach it:

RELATED PARTY

Is any member of the household related to or employed by the developer or related to or employed by the Property Management Company?

- Yes
- No

If yes, please explain in the space provided here or write a signed statement and attach it:

INCOME

Please complete the following pages with income information.

You will later (after the lottery and after reserving a unit, if applicable) be asked to submit supporting documentation in the form of the **five most recent consecutive pay stubs and/or income statements for all sources of income, W-2 statements** and the **most recent federal income tax returns** (including all attachments and amendments) for each member of the household.

For the purpose of **income determination**, “**Household**” shall mean all persons whose names appear on the lease, and also all persons who intend to occupy the housing unit as their permanent primary residence, even if they are not included on the lease. Legally married couples shall both be considered part of the household, even if separated. The incomes of *all* household members will be included, with the exception of income from employment for household members under the age of 18 or any income over \$480/year of full-time students who are dependents (but please note that documentation of income for those dependents still needs to be supplied).

Please note:

1. Gross income from current wages, salaries, tips, etc. is the full amount, before any deductions, and is the amount used to determine estimated current annualized income.
2. For self-employed applicants- include the contract or job name in the space provided. You will be directed to all the additional documentation you will need to submit in Section 2.
3. “Interest Income” refers to any amount that you receive from any asset except for amounts drawn down from a retirement account or 401K as those go on the lines for “pension” or “retirement funds”.

INCOME



Household Member Name	Source of Income	Current GROSS Monthly Income
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Child Support/Alimony	
	Child Support/Alimony	
	Social Security Income	
	Social Security Income	
	Social Security Income	
	Social Security Income	
	SSDI	
	SSDI	
	Pension (list source)	
	Pension (list source)	
	Retirement Funds	

Household Member Name	Source of Income	Current GROSS Monthly Income
	Unemployment Compensation	
	Workman's Compensation	
	Severance Pay	
	Title IV/TANF	
	Full-Time Student Income (18 & Over Only)	
	Full-Time Student Income (18 & Over Only)	
	Periodic payments from family/friends & Recurring Gifts (i.e. rent assistance from family)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Other Income (name/source)	
	Other Income (name/source)	
	Gross Monthly Household Income (GMHI)	\$ /month
GMHI x 12 = Gross Annual Household Income \$ /year		

ASSETS

If a section doesn't apply, cross out or write N/A. After the lottery you will be directed to submit detailed bank/balance statements for EVERY ASSET listed here. If any household member has divested themselves of an asset for less than full and fair present cash value of the asset within two years prior to this application, the full and fair cash value of the asset at the time of its disposition must be listed below.

	Bank Name	Last 4 Digits of Acct Number	Amount	
Checking Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Trust Account			Balance \$	
Venmo/Paypal /Cash-App			Balance \$	
			Balance \$	
Certificates (or CDs)			Balance \$	
			Balance \$	
			Balance \$	
Savings Bonds	Maturity Date:		Value \$	
	Maturity Date:		Value \$	
401k, IRA, Retirement Accounts (Net Cash Value)	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
Mutual Funds	Name:	# of Shares:	Interest/Dividends	Value
			\$	\$
			\$	\$
			\$	\$
Stocks			\$	\$
			\$	\$
			\$	\$
Bonds			\$	\$
			\$	\$
Investment Land (not a home)			Current Net Equity \$	

You MUST complete this section on Real Estate too!

<p>Do you, or anyone on this application, currently own a home (including an investment home) or are listed on the deed for any home?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If YES, put the current equity or the amount you should receive from the settlement here: \$</p>	

NOTE: A failure to complete the application in full may result in rejection or denial of this application.

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature, and a consumer credit report and a Criminal Offenders Record Information (CORI) report or other criminal background check may also be requested. I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

LANDLORD VERIFICATION FORM

TO BE COMPLETED BY APPLICANT

Applicant Name: _____ Current Address: _____

Phone Number: _____ EMail Address: _____

I hereby authorize the release of the following information, concerning my current housing

Applicant Signature: _____

TO BE COMPLETED BY LANDLORD

Occupancy Dates: _____ Monthly Rent: \$ _____

1. Did the resident pay rent on time? _____

Comments: _____

2. Were there any complaints? _____

Comments: _____

3. Did the resident fulfill the lease term? _____

Comments: _____

4. Was the resident evicted? _____

Comments: _____

Would you refer or re-rent to this resident? _____

5. Comments: _____

Landlord Signature

Phone Number

Date



1. I/we hereby declare under pain and penalty of perjury that the information provided on every page of this application is true and correct. I understand that if any sources of income or assets are not disclosed on this application, or any information provided herein is not true and accurate, this application may be removed immediately from further consideration, and I will no longer be allowed to reserve a unit or may lose my unit reservation.
2. I/we understand that this application will be incomplete if I do not sign and date this page and initial at all indicated points in the application.
3. I/we certify that none of the people listed in this application, or their families, have a financial interest in the development and none of the people listed in this application can be considered a Related Party by the affordable housing guidelines that govern this property.
4. I/we undersigned certify that the affordable unit will be undersigned's principal residence, and the undersigned cannot own a home elsewhere or in trust while living in an affordable unit.
5. I/we understand that the lease or residency agreement for the units to be occupied through this affordable housing program may be subject to cancellation if any of the information above is not true and accurate.
6. I/we understand that this is a preliminary application, and the information provided does not guarantee housing.
7. I/we understand this is not a lease application and if given the opportunity to move forward in the process of leasing an affordable unit, and by given deadlines I will need to complete Program Certification and a lease application where my affordable housing program and lease eligibility will be determined by additional factors such as credit score, tenant history and criminal background screening. I understand that if selected high enough in the lottery to move forward, I will need to be able to submit all required income, asset, tax and if applicable, local preference, accessible, vision-impaired, and/or hearing-impaired documentation within 10 days of reserving a unit and failure to submit the required documentation in time, or to meet any other deadlines given by SEB or the management company, will result in my removal from the Waiting List.
8. I/we understand that any material changes in the income or assets of my household, or my household composition, that occurs after the submission of this application may make me ineligible for affordable housing. I understand that any changes to income or assets that may put my household into another income tier must be reported to the leasing office.
9. I/we understand that Co-signers and Guarantors are not permitted unless they are co-tenants who will reside in the unit.
10. I/we acknowledge that if my email address is provided in this application, that the leasing office will correspond with me by email instead of postal mail unless I make a written request otherwise. I understand that any changes to my contact information must be reported to leasing office.
11. I/we acknowledge that the determination of eligibility is based upon the guidelines that govern the Affordable Housing Program for the development and, as such, barring any confirmed error by leasing office applying the guidelines and/or calculating income, the decision is final and I further agree to hold harmless leasing office from any claim(s) related to this application.
12. I/we the undersigned give consent to the owner, developer, leasing office or management agency, Mass Housing, BPDA and any other entities and any assigned parties, verify the information provided in this application. The undersigned authorize the release of information necessary in determining income and assets from third-party references.

Applicant's Signature Date

Applicant's Signature

Date

Applicant's Signature

Date

Applicant's Signature Date

**REMINDER:
COMPLETED APPLICATIONS SHOULD BE
MAILED TO:
VIV LOTTERY
PO BOX 201 SHARON MA 02067**



Consent for Release of Information

Name: _____

Phone: _____

Address: _____

I, the above-named individual, have authorized the above named Agent to verify the accuracy of the information which I have provided, from the following sources (specify):

_____	_____
_____	_____
_____	_____
_____	_____

I hereby give you my permission to release this information to the Agent, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Agent within five (5) days of receipt of this request. I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signed under the pains and penalties of perjury.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

THIS CONSENT IS VALID FOR A PERIOD OF FIFTEEN MONTHS FROM THE DATE NOTED ABOVE

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www.vivBoston.com
hello@vivBoston.com



500 Talbot Ave
Boston, MA 02124



VIV BOSTON

AFFORDABLE LOTTERY

GENERAL INFORMATION

JMB Property
Development

Program	Number of Available Units	Type	Size	Rent
100% AMI (See Limits Enclosed)	5	1BED/ 1 BATH	AVG 702 SQ FT	\$2,754
80% AMI (See Limits Enclosed)	2	1BED/ 1 BATH	AVG 695 SQ FT	\$2,448
70% AMI (See Limits Enclosed)	3 (1 Unit - ADA)	1BED/ 1 BATH	AVG 662 SQ FT	\$2,142
100% AMI (See Limits Enclosed)	2	2 BED/ 2 BATH	AVG 1,170 SQ FT	\$3,306
80% AMI (See Limits Enclosed)	2	2 BED/ 2 BATH	AVG 998 SQ FT	\$2,938
70% AMI (See Limits Enclosed)	2 (1 Unit - ADA)	2 BED/ 2 BATH	AVG 980 SQ FT	\$2,571
100% AMI (See Limits Enclosed)	1	3 BED/ 2 BATH	1,273 SQ FT	\$3,820

Proposed rents are set annually based on the Area Median Incomes for the Boston-Cambridge-Quincy and are subject to change. Residents will be responsible for paying the full amount of rent each month. Rents are not based on each applicant's income (unless they already have a mobile voucher, such as Section 8).

Residents will pay for heating, cooking, hot water, electricity, water & sewer.

Garage parking available for additional monthly charge.

Household pets will be welcome, with restrictions for an additional monthly charge.





VIV BOSTON AFFORDABLE LOTTERY GENERAL INFORMATION

JMB Property
Development

ELIGIBILITY REQUIREMENTS:

- o All household members over the age of 18 will need to complete the application/verification process.
- o Households must not exceed the maximum income and asset limitation to qualify within the parameters listed in the chart below.
- o The minimum rent to income ratio required to lease a unit is 40% (i.e. applicant's monthly income must be approximately 2.5 times the monthly rent).
- o Applicants may make less than the minimum incomes shown below if they have liquidable assets (savings) which is equal to the difference in income to qualify.
- o Applicants will not be eligible if they make less than the incomes shown below.
- o A household's income is the total anticipated amount of money received by ALL members of the household.
- o Applicants who receive a housing subsidy (like Section 8) are not subject to the minimum income requirements but, like all other applicants, will still go thru the same qualification screenings as all applicants which includes credit check, background checks, income, asset and residency history verification.
- o Cosigners are not considerable to the application process.
- o Applicants with a housing subsidy are encouraged to contact the housing agency who issues their housing subsidy to confirm that the rents are within the agency's payment standards to ensure that they will not be prohibited by the housing agency from using the housing subsidy at this property.
- o Households cannot own a home upon move-in. * Some exceptions may apply.
- o Households, or their families, cannot have a financial interest in the development and a household member cannot be considered a Related Party.

MINIMUM HOUSEHOLD INCOME

** For Household without any subsidy/voucher*

<u>One Bedroom</u>	<u>Two Bedroom</u>	<u>Three Bedroom</u>
\$64,260	\$77,130	\$114,600

MAXIMUM INCOME LIMITS

	<u>1 PERSON HOUSEHOLD</u>	<u>2 PERSONS HOUSEHOLD</u>	<u>3 PERSONS HOUSEHOLD</u>	<u>4 PERSONS HOUSEHOLD</u>	<u>5 PERSONS HOUSEHOLD</u>	<u>6 PERSONS HOUSEHOLD</u>
70% of MEDIAN INCOME	\$79,950	\$91,450	\$102,850	\$114,250	\$123,450	\$132,600
80% of MEDIAN INCOME	\$91,400	\$104,500	\$117,550	\$130,600	\$141,050	\$151,550
100% of MEDIAN INCOME	\$104,250	\$119,150	\$134,050	\$148,900	\$160,850	\$172,750

BOSTON - Cambridge - Quincy, MA - NH HMFA (HUD Metro FMR Area)





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Development

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ADDITIONAL INFORMATION

JMB Property
Development

• DETERMINING HOUSEHOLD SIZE:

- Household Sizes are based on the following:
- Total amount of occupants
- There is at least one occupant per bedroom.
- A husband and wife, or those in a similar living arrangement, shall be required to share a bedroom. Other household members may share but shall not be required to share a bedroom.
- A person described above shall not be required to share a bedroom if a consequence of sharing would be a severe adverse impact on their mental or physical health and the lottery agent receives reliable medical documentation as to such impact of sharing (Request for Reasonable Accommodation)
- A household may count an unborn child as a household member. The household must submit proof of pregnancy with the application.

• DISABLED-ACCESSIBLE AND HEARING IMPAIRED UNIT INFORMATION

- VIV Boston has two ADA "accessible feature" apartment homes.
- Who qualifies for a disabled-accessible (DA) unit or hearing-accessible (HI) unit?
 - According to Mass Access: The Accessible Housing Registry, "units that are barrier-free are accessible to people with disabilities that are wheelchair users but could also be used by people of different types of disabilities.
 - For example, a person of very short stature, a person with a brain injury or stroke, severe cardiac or respiratory problems, or a person with limited standing, walking, or reaching ability, may use the design features of a wheelchair accessible unit.
- Verification from a doctor or other medical professional, may be requested.

• POST LOTTERY

- If your household is not selected thru the Lottery, and is an eligible household, the household will be placed on the wait list. Once an apartment becomes available, the leasing office will be in touch with you to re-verify your income and qualifications. Please note that an annual wait list update will be sent to be completed. Failure to reply to the annual update may result in the household being removed from the waiting list.
- If your income, address or contact information should change, please contact the leasing office via email at [Hello@ViVBoston.com](mailto>Hello@ViVBoston.com)

