

Canal Crossing

Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the affordable condominiums at Canal Crossing through the LIP program in Bourne, MA:

1. The annual household income for my family does not exceed the allowable limits as follows:

Household Size	1	2	3	4	5	6
Max Allowable Income	\$40,150	\$45,900	\$51,600	\$57,350	\$61,950	\$66,550

Income from all family members must be included.

2. I/We have not individually or jointly owned a single family home, town home, condominium or co-op as a principal residence within the past three (3) years. Exception for displaced homemakers.
3. I/We certify that my/our total assets do not exceed the \$50,000 asset limit. I/we understand retirement accounts are counted and will refer to the attached Income and Asset: Appendix I for complete details.
4. The household size listed on the application form includes only and all the people that will be living in the residence.
5. I/We certify all data supplied on the application is true and accurate to the best of my/our knowledge and belief under full penalty of perjury. I/We understand that perjury will result in disqualification from further consideration.
6. I/We understand that by being selected in the lottery does not guarantee that I/we will be able to purchase a unit. I/We understand that all application data will be verified and reviewed in detail prior to the lottery.
7. I/We understand that it is my/our obligation to secure the necessary mortgage for the unit purchase through a bank experienced with first time homebuyer programs. All expenses, including closing costs and down payments, are my responsibility.
8. I/We further authorize MCO Housing Services to verify any and all income, assets and other financial information, to verify any and all household, resident location and workplace information and directs any employer, landlord or financial institution to release any information to MCO Housing Services and consequently the project's monitoring agency, for the purpose of determining income eligibility for Canal Crossing.
9. I/We understand that if selected I/we will be offered a specific unit. I/We will have the option to accept the available unit, or to reject the available unit. If I/we reject the available unit I/we will move to the bottom of the waiting list and will likely not have another opportunity to purchase an affordable unit at Canal Crossing.
10. Program requirements are established by DHCD and Bourne Zoning Board of Appeals and are enforced by the Projects Monitoring Agent. I/We agree to be bound by whatever program changes that may be imposed at any time throughout the process. If any program conflicts arise, I/we agree that any determination made by the Monitoring Agent is final.
11. I/We certify that no member of our family has a financial interest in Canal Crossing.
12. I/We understand there may be differences between the market rate and affordable unit interior finishes and I/we accept those differences.
13. I/We understand a deed rider is attached to the unit which will limit resale value of property. I/We also understand it is our responsibility to seek advice of attorney regarding deed rider provisions and requirements.

I/We have completed an application and have reviewed and understand the process that will be utilized to distribute the available condominiums at Canal Crossing. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.