



Commonwealth of Massachusetts
**DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT**

Deval L. Patrick, Governor ♦ Aaron Gornstein, Undersecretary

SELLING YOUR LOCAL INITIATIVE PROGRAM HOME

Dear Local Initiative Program (LIP) Homeowner:

The following is a summary on how to sell your home under the LIP program. *We wish to emphasize that before you may begin the process of selling your LIP unit, your town/city and the Department of Housing and Community Development (DHCD) must review your written request to sell, and issue a written response.*

To begin the review process, please mail the following information to both your town/city **and** DHCD:

- D **Written notice of your intent to sell (Conveyance Notice).** Your written notice should include your name, the property address and a phone number where you can be reached during the day.
- D A copy of the **Deed Rider** for your LIP Mortgage. If you did not keep a copy, you can obtain one at your local Registry of Deeds.
- D A clear **color photograph** of the exterior of your LIP unit for posting on the DHCD Affordable Units for Sale web page.
- D A copy of the completed **Property Information Form** (attached).

The above documents should be mailed to the following addresses:

Department of Housing and Community Development
100 Cambridge Street, Suite 300
Boston, MA 02114
Attn: Division of Housing Development – LIP Program Rieko Hayashi
rieiko.hayashi@state.ma.us

The Town: The Regional Housing Services Office, the Town Manager's Office , or
Planning Department .

MAXIMUM RESALE PRICE

After receiving the Conveyance Notice, DHCD will send a written response to you stating the price for which you may sell your home. This price is called the *Maximum Resale Price*, and is determined based on the formula in your Deed Rider. The maximum resale price of your home is calculated by multiplying the appropriate current median income by the maximum resale price multiplier factor listed in the deed rider.

For a period of 90 days, the local community and DHCD reserve the right to restrict the sale of the home to a buyer who is income-eligible under the LIP program. If an eligible buyer is located, but is unable to secure financing within the 90-day period, DHCD has an additional 60 days to locate another eligible buyer.

MARKETING THE UNIT

During the 90-day period, the local community will market the unit to its list of eligible buyers. For communities that do not maintain such a list, DHCD will assign the unit to a local non-profit agency or resale agent for marketing and qualifying applicants.

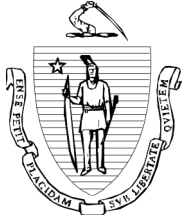
DHCD will post information about your property on its "Units For Sale" web page as well.

THE NEW BUYER

The new buyer must be income eligible under the LIP program. The local community or resale agent will verify eligibility. When the buyer's eligibility has been verified and has been approved for financing, both the seller and the buyer should retain legal counsel and sign a purchase and sale agreement. DHCD must receive a copy of the purchase and sale agreement, and the loan commitment for the buyer, in order to prepare the closing documents.

If an eligible buyer is not located during the 90-day period (or subsequent 60-day period), you may sell your home to an ineligible buyer, although preference must be given to a household earning between 80% and 120% of area median income. The price to the ineligible buyer is the Maximum Resale Price. The new buyer must sign a deed rider identical in form and substance to the seller's deed rider, and they are subject to the same rights and restrictions.

For more information, please contact Rieko Hayashi of DHCD's Division of Housing Development at 617- 573-1321 or rieko.hayashi@state.ma.us



Commonwealth of Massachusetts DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT

Charles D. Baker, Governor ♦ Karyn E. Polito, Lt. Governor ♦ Chrystal Kornegay, Undersecretary

SALE PROPERTY INFORMATION FORM

Please complete this form and return with your letter of intent to sell

Seller Name: _____

Address: _____

Phone: Day: _____ **Evening:** _____

Email: _____

Primary Contact: _____

Phone: Day: _____ **Evening:** _____

Seller's Attorney: _____

Name of Development: _____

of Units/Homes in Development: _____ **Size of Home:** _____ sq. ft. **Age of Home:** _____

Style of Home: (Check One)

- Single Family
 - Town Home
 - Detached Condominium
 - Garden Style Condominium
- Condominium/Association Fee, if applicable:** \$_____ per month
Estimated Annual Taxes: \$_____ per year
 Town Water Septic System

Condo Association: _____

Contact Name: _____

Address: _____

Phone: Day: _____ **Evening:** _____

About the Unit:

- # of Bedrooms:** One Two Three
- # of Bathrooms:** 1 1½ 2 2½
- Garage:** Yes, # of cars 1 or 2 (circle one) No
- Basement:** Yes No
- Heat (check two):** Gas Electric Oil Forced Hot Air Forced Hot Water Steam

Appliances included in home sale:

- Refrigerator Yes No - Not Sure
- Stove/Oven Yes No - Not Sure
- Microwave Yes No - Not Sure
- Dishwasher Yes No - Not Sure
- Garbage Disposal Yes No - Not Sure
- Washer/Dryer Yes No - Not Sure

Central Air Conditioning: Yes No

Hard Wood Floors: Yes No

Please list any other applicable description of the unit:
