

ACTON COMMUNITY HOUSING CORPORATION

Town of Acton
472 Main St.
Acton, Ma 01720
(978) 263-9611

Mortgage Assistance Application

Application for mortgage assistance for owners of affordable units. Complete all information and return this application to: ACHC, attn: Nancy Tavernier, 472 Main St., Acton MA 01720, or email: achc@acton-ma.gov

Do you own a deed restricted affordable unit in Acton? ___Yes ___No

1. Name: _____

2. Address: _____

Town: _____ State: _____ Zip: _____

3. Home Phone: _____ Work Phone: _____

5. Email address _____

4. Number of people living in household: _____

5. Gross Annual *Household Income: _____

[*Combined income for all household members 18 years and older. Income must be at or below 100% of Area Median Income]

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
80% AMI	51,150	58,450	65,750	73,050	78,900	84,750
100% AMI	68,680	78,500	88,300	98,100	106,000	113,800

6. Please list total dollar amount of assets held* (e.g., checking, savings, 401K, 403B)

7. Please list your total monthly obligations:

Mortgage payment _____

Monthly Installment Loans (car, student, personal) _____

Credit Cards, 5% of current balance _____

8. Monthly Funds available for Mortgage Payments _____

9. Assistance Amount requested_____

Please explain situation and reason for assistance request

Employment status: (include for all working household members) Write on back if necessary

Employer: _____

Address: _____

Date of hire:_____

Annual wage – Base _____

Additional (bonus, overtime) _____

Employer: _____

Address: _____

Date of hire:_____

Annual wage – Base _____

Additional (bonus, overtime) _____

Family Composition and Income Eligibility Worksheet

Please list **all household members (regardless of age or income)**

Name	Relationship	Age	Income

Total Number in Household: _____

Total Household Income_____

Agreement and Signature

By signing this application I warrant and represent that all statements herein are true. It is understood that the sole use of this application is for the Acton Community Housing Corporation to establish the preliminary requirements necessary to provide assistance.

Applicant Signature: _____Date:_____

Co-Applicant Signature:_____Date:_____

9/2/16