

# PRESIDENTIAL APARTMENTS

## *Affordable Apartments in Amherst*

Presidential Apartments located in the heart of Amherst, MA is a multi-family housing development developed by Presidential Development Co, LLC consisting of 54- one, two and three bedroom units. The development is professional managed by Kamins Real Estate Company.

Six (6) of the 54 units will be marketed and rented to households by the Amherst Housing Authority to households with a combined income of at or below 80% of Hampshire County Area Median Income (AMI).

<b>Bedroom Count</b>	<b>1 Bedroom</b>	<b>2 Bedroom</b>	<b>3 Bedroom</b>
with: Heat and Hot water	\$824	\$1016	N/A
with: Hot water	\$747	\$911	\$1142

Tenants pay all electric which includes cooking

In order to qualify your combined household income must not exceed:

<b>Persons in Household</b>	<b>80% AMI</b>	<b>Persons in Household</b>	<b>80% AMI</b>
1 Person	\$44,800	4 Person	\$64,000
2 Person	\$51,200	5 Person	\$69,150
3 Person	\$57,600	6 Person	\$74,250

*Prices are established using Local Initiative Program guidelines*

*\*\*\*other requirements may apply\*\*\**

**Applications Due: August 4, 2017**  
**Lottery will be held August 11, 2017**  
**(September 1, 2017 move in date)**

**Info Sessions at 33 Kellogg Ave, Amherst- Wednesday July 12 11am-1pm and Tuesday July 18 4pm to 6pm**

For information or questions, call 413-256-0206 Extension 309

Please Return Applications to Amherst Housing Authority, 33 Kellogg Ave, Amherst, MA 01002

*Discrimination on the basis of race, creed, color, sex, age, disability, marital status, familial status, veterans status, sexual orientation, national origin and/or public assistance recipiency, or any other basis prohibited by law is specifically prohibited in the selection of applicants for this housing opportunity.*

*Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to apply for, use and enjoy the housing.*



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## Presidential Apartments Application Checklist

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Before submitting this application, please make sure you have filled out all pages and attached the requested documentation. IN ADDITION to completing and signing this application packet, you will need to attach the following documentation. PLEASE make photocopies – do not attach originals!

- Completed and Signed Application (all pages must be received)
- Most recent 5 most recent consecutive Paystubs, benefit letters for SS, unemployment benefit letter etc...  
(for all household members 18 yrs or older)
- Most recent 3 month's of Bank Accounts/Asset Accounts - checking, savings, investment accounts, retirement accounts, etc - (for all household members 18 yrs or older)
- Employment Verification for all household members 18 yrs or older (two forms provided make additional copies if you need)
- Three Years of Federal Tax Returns for all household members 18 yrs or older- please include all W-2s and/ or 1099's with each Return



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# Presidential Apartment Affordable Housing Application Process

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The developer, City of Amherst and Amherst Housing Authority is working to provide this affordable housing opportunity in Amherst through the Local Action Units Program through the Commonwealth of Massachusetts Department of Housing and Community Development (DHCD). In this project, six affordable apartments have been constructed in Amherst and will be rented to tenants with incomes that shall not exceed 80% of the Amherst Massachusetts-Hampshire County area median income.

All affordable units must be occupied as a primary residence and will have a lease. There is also a regulatory agreement on the property that limits the amount that the unit can be leased for and requires an income eligible tenant. The regulatory agreement insures that the unit stays affordable in perpetuity.

Since it is anticipated that there will be more interested and eligible applicants than available apartments, the developer will be sponsoring an application process and lottery to rank the eligible applicants for the program. The application and lottery process as well as the eligibility requirements, are further described in the **Information Packet- Attachment A**.

Your complete application will be reviewed for entry into the lottery. You will receive notification of the results of the review, as well as information on the date and time of the lottery, although you do not need to be present at the lottery. If your application is eligible, you will be entered into the lottery and ranked on a list based on lottery drawing results. If your application is reviewed and determined ineligible, you will be given notice and an opportunity to appeal the determination.

If your application is received after the lottery date and is eligible, you will be placed, in order received and complete, on the waiting list after the names selected in the lottery.

When an appropriate rental becomes available, staff will contact you and may request further information (such as updated financial documents, landlord references and the like). If approved, you will be shown the unit and offered a one-year lease.

For more details on process and procedure, please see the Affirmative Fair Housing Marketing Plan, or for specific program details, please contact Amherst Housing Authority at 413-256-0206 Extension 309.



## Household, Income and Asset Information

**Applicant Name (this is you)** \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone:(Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Employer'sName: \_\_\_\_\_ Town: \_\_\_\_\_

**Co-Applicant (this is any other adult in the household)** \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone:(Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Employer'sName: \_\_\_\_\_ Town: \_\_\_\_\_

**Co-Applicant (this is any other adult in the household)** \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone:(Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Employer'sName: \_\_\_\_\_ Town: \_\_\_\_\_

**How many people in your household (include everybody; all adults, children)?** \_\_\_\_\_



List all household members including yourself (anyone who will live in the house, any age):

Name                      Date of Birth                      Soc. Sec. #                      Relationship to Applicant

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Are any of the above listed household members full time students?  YES  NO

If yes, please list below (for students 18 years old or over, documentation of enrollment will be required).

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PLEASE NOTE: responses to the questions below are VOLUNTARY.

Do you need a wheelchair accessible unit, an adaptable unit, or a first floor unit because of a disability?  YES  NO

Do you need another type of reasonable accommodation based on a disability?  
 YES  NO

Please Specify: \_\_\_\_\_

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**ANNUAL HOUSEHOLD INCOME INFORMATION:** *Gross Annual income is income from all sources, including all wages and salaries (prior to deductions), overtime pay, commissions, tips, fees and bonuses, and other compensation for personal services, net business income, interest/dividend income, Social Security, Supplemental Security Income, pension payments, disability income, unemployment compensation, alimony/child support, and veterans' benefits, for all adult household members over the age of 18, unless the member is a full-time student.*

**Annual Income (Applicant):** Gross Income for the past 12 months: \$ \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Your Job Position: \_\_\_\_\_

Wages BEFORE Taxes and Withholding :

\$ \_\_\_\_\_ (hourly) -or- \$ \_\_\_\_\_ (weekly) -or- \$ \_\_\_\_\_ (other – specify: \_\_\_\_\_)

*Additional Income from other sources (such as Social Security, Alimony, Child Support, Unemployment, Disability, Workers' Compensation, etc):*

Source: \_\_\_\_\_ Income per month: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Income per month: \$ \_\_\_\_\_

**Annual Income (Co-Applicant):** Gross Income for the past 12 months: \$ \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Job Position: \_\_\_\_\_

Wages BEFORE Taxes and Withholding :

\$ \_\_\_\_\_ (hourly) -or- \$ \_\_\_\_\_ (weekly) -or- \$ \_\_\_\_\_ (other – specify: \_\_\_\_\_)

*Additional Income from other sources (such as Social Security, Alimony, Child Support, Unemployment, Disability, Workers' Compensation, etc):*

Source: \_\_\_\_\_ Income per month: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Income per month: \$ \_\_\_\_\_

*Note: If any other adult household members have income, or if a household member has more sources of income than there is space for above, please attach a separate sheet of paper with their income information as described above.*



**Household Asset Information:** *Assets to be included include: cash, savings and checking accounts, stocks, bonds and other forms of capital investment, real estate and retirement accounts. Do not include the value of personal property such as furniture and automobiles.*

Name on Account: \_\_\_\_\_

Bank Name and Address: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Other (e.g. Certificate of Deposit) Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name on Account: \_\_\_\_\_

Bank Name and Address: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Checking Account Number : \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Other (e.g. Certificate of Deposit) Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name on Account: \_\_\_\_\_

Bank Name and Address: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Other (e.g. Certificate of Deposit) Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Cash: \_\_\_\_\_

Stocks/Bonds - Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Real Estate - Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Retirement Account - Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Total Household Assets: \$** \_\_\_\_\_

*Note: If any other household members have assets from additional sources, please attach a separate sheet of paper for each with their asset information as described above.*

**My TOTAL HOUSEHOLD INCOME IS \$** \_\_\_\_\_  
(this includes all household members income and all household income from assets)



## Preferences and Affirmative Marketing

### Local Preference Category Information:

Applicants are requested to provide information relative to the following for inclusion in the Local Preference pool.

YES    NO      Current residents of the Town of Amherst: Please provide documentation of residency, such as rent receipts, utility bills, street listing or voter registration listing.

YES    NO      Amherst Municipal Employees: Employees of the Town of Amherst, such as teachers, janitors, firefighters, police officers, librarians, or town hall employees. Please provide documentation of employment (pay stubs, employment contract, etc).

YES    NO      Employees of Local Businesses: Employees of businesses located in the Town of Amherst. Please provide documentation of employment (pay stubs, employment contract, etc).

YES    NO      Households with children attending public schools in the Town of Amherst. Please provide documentation of enrollment.

### Affirmative Marketing:

Please complete the following section to assist us in fulfilling affirmative marketing requirements. Optional, but responses will assist us in fulfilling our requirements.

#### Household Race:

- Caucasian
- African American/Black
- Asian/Pacific Islander/Native Hawaiian
- Native American / Alaskan Native

#### Ethnic Classification:

- Hispanic/Latino





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## General Authorization for Release of Information

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Name: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*I/we, the above named individual(s), authorize Amherst Housing Authority, Kamins Real Estate or its Designee to verify the accuracy of the information which I/we have provided or to secure information from the following sources:*

- |                                |                                   |
|--------------------------------|-----------------------------------|
| Employer                       | Banks and Credit Bureaus          |
| Social Security                | Retirement & Pensions Systems     |
| Department of Public Welfare   | Department of Employment Security |
| Veteran's Administration       | Payor of Child Support            |
| Trust Administrators           | Insurance Companies               |
| Criminal History Systems Board |                                   |
| Other: _____                   |                                   |

*I/we hereby give permission to release this information to authorize Amherst Housing Authority, Kamins Real Estate, or its Designee subject to the condition that it be kept confidential. I/we would appreciate your prompt attention in supplying the information requested on the attached page within five (5) days of receipt of this request. I/we understand that a photocopy of this authorization is as valid as the original. This authorization is valid for a period of one year from the date noted below. Thank you for your assistance and cooperation in this matter.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



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# Application Certification

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**PLEASE READ AND INITIAL THE FOLLOWING ITEMS:**

- I/ we understand THAT THIS IS A PRELIMINARY APPLICATION AND DOES NOT INDICATE OUR APPROVAL FOR AN APARTMENT. ADDITIONAL INFORMATION WILL BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING OF THE APPLICATION. YOUR SIGNATURE BELOW GRANTS MANAGEMENT YOUR CONSENT TO VERIFY THE INFORMATION CONTAINED ON THIS APPLICATION.
  
- I/We hereby give full permission for the Owner, acting through its Management Agent, to obtain credit history, landlord references, criminal history, housing court information and any other information that may be needed to process your application. Information may also be obtained directly from the sources provided on my application. I/We warrant and represent that all statements herein are true and complete. I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information that may be released to appropriate Federal, State, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law. I/We understand that perjury will result in disqualification from further consideration in this program.
  
- I/We hereby certify that we have received a notice from the Management Agent describing the Right to Reasonable Accommodations for persons with disabilities.
  
- Please be informed all apartments at this property are rented to individuals without regard to race, color, religion, sex, handicap, familial status, natural origin or sexual orientation and the Owner, acting through its Management Agent, practices Equal Housing Opportunity.

Your signature(s) below gives consent to the Amherst Housing Authority or Kamins Real Estate or its Designee to verify information provided in this application.

No applications will be considered complete unless signed and dated by the Applicant and Co-Applicant (if any).

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co- Applicant Signature

\_\_\_\_\_  
Date



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# INFORMATION PACKET- Attachment A

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## ELIGIBILITY REQUIREMENTS

**Q:** Who is eligible to apply for the affordable apartments at Presidential Apartments in Amherst, MA?

**A.** Households who meet income set by the Department of Housing and Urban Development (HUD) and DHCD. The developer, City of Amherst and Amherst Housing Authority provided this affordable housing opportunity in Amherst through the Local Action Units Program through the Commonwealth of Massachusetts Department of Housing and Community Development (DHCD). In this project, six affordable apartments have been constructed in Amherst and will be rented to tenants with incomes that shall not exceed 80% of the Amherst Massachusetts-Hampshire County area median income.

All affordable units must be occupied as a primary residence and will have a lease. There is also a regulatory agreement on the property that limits the amount that the unit can be leased for and requires an income eligible tenant. The regulatory agreement insures that the unit stays affordable in perpetuity.

**Q:** What are the eligibility requirements?

**A.** To be eligible to rent an affordable apartment, annual income must be within a particular range, set by maximum and minimum income levels as follows:

### **Household Income Limits**

To be eligible to apply for renting an affordable apartment the combined annual income for all income sources of all income-earning members in the household must be at or below eighty percent (80%) of median income for Amherst Massachusetts- Hampshire County- Springfield MSA/ HMFA/ Non-Metropolitan County area.

The maximum income allowed for this program is:

Persons in Household	80% AMI	Persons in Household	80% AMI
1 Person	\$44,800	4 Person	\$64,000
2 Person	\$51,200	5 Person	\$69,150
3 Person	\$57,600	6 Person	\$74,250

**Q:** Will my household need to submit information regarding my income each year?

**A.** Yes, as continued compliance with the Regulatory Agreement between Presidential Apartments, The Town of Amherst and Department of Housing and Community Development- each household will be required to submit income documentation on an annual basis.

**Q:** How is my/ our income determined?

**A.** Household income is a measure of the combined incomes of all people in the household.

**Annual income INCLUDES, but is not limited to:**

1. **Personal Wages-** The gross amount (before any payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips, bonuses, and other compensation or personal services of all adults of the



- household, except that of full-time students in excess of \$480. NOTE: the student must meet the full-time requirement of the institution he/she is attending.
2. **Business Income-** Net income, salaries and other amounts distributed from a business, including a family business) or from a profession.
  3. **Social Security-** The gross amount (before deductions for Medicare, etc.) of periodic social security payments. Includes payments received by adults on behalf of minors or by minors for their own support.
  4. **Pensions/Annuity-** The gross amount of annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts.
  5. **Lump-sum-** Lump-sum payments received because of delays in processing unemployment, welfare or other benefits. This does not apply to lump-sum payments for the delay of the start of Social Security.
  6. **Unemployment-** Payments in lieu of earnings, such as unemployment and disability compensation, workers' compensation and severance pay. Any payments that will begin during the next 12 months must be included.
  7. **Welfare Assistance-** If the payment includes an amount specifically designated for shelter and utilities and the welfare agency adjusts that amount based upon what the family is currently paying for shelter and utilities, special calculations are required.
  8. **Alimony/Child Support-** Alimony and child support, unless exclusion of these amounts is justified.
  9. **Assets-** Interest, dividends and other income from net family assets (including income distributed from trust funds). On deeds of trust or mortgages, only the interest portion of the monthly payments received by the applicant is included.
  10. **Adoption Asst. Payments-** Adoption assistance payments up to \$480. The balance is excluded.
  11. **Lottery-** Lottery winnings paid in periodic payments. Winnings paid in a lump-sum are included in net family assets, not in Annual Income.
  12. **Gifts-** Recurring monetary contributions or gifts regularly received from persons not living in the unit. Gifts include rent or utility payments regularly paid on behalf of the family.
  13. **Resident Stipends-** Resident service stipends that are more than \$200 per month. You must include the entire amount

**Q:** How is the Income from my Assets counted?

**A.** Income from all household assets is calculated as part of your household income.

When assets total \$5,000 or less, the actual interest/dividend income received is included in the annual income OR when assets exceed \$5,000, annual income includes the greater of actual income from assets or a .06% imputed income calculation.

Household Assets include the following:

1. **Cash held in savings and checking accounts, safe deposit boxes, homes, etc.**
2. **Revocable trusts:** The cash value of any revocable trust available to the applicant.
3. **Equity in rental property or other capital investments:** The current fair market value less (a) any unpaid balance on any loans secured by the property and (b) reasonable costs that would be incurred in selling the asset (e.g., penalties, broker fees, etc.).
4. **Stocks, bonds, Treasury bills, certificates of deposit, mutual funds, and money market accounts:** The value of stocks and other assets vary from one day to another and should be determined within a reasonable time in advance of the applicant's submission of an application to participate in the subject housing program.
5. **Individual retirement, 401K, and Keogh accounts:** When the holder has access to the funds, even though a penalty may be assessed. If the applicant is making occasional withdrawals from the account, determine the amount of the asset by using the average balance for the previous six months. (Do not count withdrawals as income.)
6. **Retirement and pension funds.**
  - a. While the person is employed: Amounts the applicant can withdraw without retiring or terminating employment. Count the whole amount less any penalties or transaction costs.
  - b. At retirement, termination of employment, or withdrawal: Periodic receipts from pension and retirement funds are counted as income. Lump-sum receipts from pension and retirement funds are counted as assets. Count the amount as an asset or as income, as provided below. If benefits will be received in a lump sum, include the lump-sum receipt in net household assets. If benefits will be received through periodic payments, include the benefits in annual income.



Do not count any remaining amounts in the account as an asset. If the applicant initially receives a lump-sum benefit followed by periodic payments, count the lump-sum benefit as an asset as provided in the example below and treat the periodic payment as income. In subsequent years, count only the periodic payment as income. Do not count the remaining amount as an asset.

NOTE: This paragraph assumes that the lump-sum receipt is a one-time receipt and that it does not represent delayed periodic payments. However, in situations in which a lump-sum payment does represent delayed periodic payments, then the amount would be considered as income and not an asset.

**7. Cash value of life insurance policies available to the applicant before death** (e.g., the surrender value of a whole life policy or a universal life policy): It would not include a value for term insurance, which has no cash value to the applicant before death.

**8. Personal property held as an investment:** Gems, jewelry, coin collections, or antique cars held as an investment. Personal jewelry is NOT considered an asset.

**9. Lump-sum receipts or one-time receipts:** Inheritances, capital gains, one-time lottery winnings, victim's restitution, settlements on insurance claims (including health and accident insurance, worker's compensation, and personal or property losses), and any other amounts that are not intended as periodic payments.

**10. A mortgage or deed of trust held by an applicant:** Payments on this type of asset are often received as one combined payment of principal and interest with the interest portion counted as income from the asset. This combined figure needs to be separated into the principal and interest portions of the payment. (This can be done by referring to an amortization schedule that relates to the specific term and interest rate of the mortgage.)

To count the actual income for this asset, use the interest portion due, based on the amortization schedule, for the 12-month period following the certification. To count the imputed income for this asset, determine the asset value at the end of the 12-month period following the certification.

**11. A life estate:** A life estate is an interest in real property which entitles the life tenant to benefit from the property until his or her death. Usually, the life tenant is entitled to the use of a house for life and may be entitled to sell his or her interest. This right is of value to the life tenant, but it is rarely sold on an open market.

Household Assets DO NOT include the following:

1. **Personal property** (clothing, furniture, cars, wedding ring, other jewelry that is not held as an investment, vehicles specially equipped for persons with disabilities).

2. **Interests in Indian trust land.**

3. **Term life insurance policies** (i.e., where there is no cash value).

4. **Equity in the cooperative unit in which the applicant lives.**

5. **Assets that are part of an active business:** "Business" does NOT include rental of properties that are held as investments unless such properties are the applicant's main occupation.

6. **Assets that are NOT effectively owned by the applicant:** Assets are not effectively owned when they are held in an individual's name, but (a) the assets and any income they earn accrue to the benefit of someone else who is not the applicant, and (b) that other person is responsible for income taxes incurred on income generated by the assets.

**Q:** What if there are more eligible applicants than units available?

**A.** If there are more applicants than units, as is likely, a Lottery drawing will be held to rank the applicants in order that their numbers are drawn. Households requiring two bedrooms will receive first preference over households that require only one bedroom. Households requiring three bedrooms will receive first preference over households that require only one or two bedrooms. There must be at least one occupant per bedroom, a husband and wife are required to share a bedroom, and a person shall not be required to share a bedroom if a consequence of sharing would be a severe adverse impact on his or her mental or physical health. Documentation must be provided.

**Q:** How will applicants for the affordable apartments be selected?



**A.** Households submitting an eligible application prior to the application deadline will be placed in a lottery. Applications will be screened before the lottery. Applicants will be ranked according to their lottery number drawn. Late applications will not be considered for the lottery- **there will be no exceptions to this rule.** After the lottery, the highest ranked participants will be invited to apply for a lease. Affordable apartments will be offered to the highest-ranking applicants who are found to be eligible and qualify.

**Q:** Will there be Local Preference for some of the units?

**A.** The town of Amherst has established a local preference for 70% of the affordable apartments. An applicant qualifies for local preference if the applicant or a member of their household meets the following criteria:

- One or more members of household currently living in Amherst.
- One or more members of household that is an employee of the Town of Amherst (such as teachers, janitors, firefighters, police officers, librarians or town hall employees)
- One or more members of household that is an employee of a business located in Amherst
- Household, that has children currently attending Amherst schools

Local Preference verification is required. The applicant may provide the following documents to verify that they meet the above guidelines:

- a current driver's license,
- 3 months of paystubs,
- 6 months of bank statements
- verification of school enrollment or a utility bill with the applicant's name.

**Q:** What if a household does not qualify for Local preference?

**A.** Households without local preference will be entered into the Open Lottery and their names will be added to each waiting list, they will just be added at rate of one position for every two Local Preference positions.

**Q:** What is the schedule for applications and the selection of tenants for the affordable apartments at Presidential Apartments?

**A.** The application deadline is August 4, 2017. The application must have a postmark dated on or before this date. Applications received late will not be included in the Lottery. The Lottery will be held at 10AM on August 11, 2017 at the Amherst Housing Authority. Applicants do not need to be present. There will also be two Informational sessions that can attend- both will be held at Amherst Housing Authority 233 Kellogg Ave, Amherst MA. One will be held on Wednesday July 12 between 11am and 1pm. A second one will be on Tuesday July 18 between 4 and 6pm. The info session will be an opportunity to ask additional questions and assistance in submitting your application. You can also call the Amherst Housing Authority during regular business hours for additional correspondence.

**Q:** Will there be Local Preference for some of the units?

**A:** There will be Local Preference for four of the six affordable units. Only applicants with Local Preference can be put in the Local drawing. All applicants will be entered in the General lottery drawing for the one General unit.

There will also be preference for households that require two or three bedrooms. There must be at least one occupant per bedroom and no more than two occupants per bedroom. A married couple, or those with a similar living arrangement, shall be required to share a bedroom unless they provide medical documentation on a severe adverse impact of sharing. All households who require two bedrooms will be drawn first and then the other households will be drawn for both the Local and the General drawings.

