

# City of Cambridge Homeownership Resale Pool Application Update Form

Email address: \_\_\_\_\_

Applicant  
Name:

\_\_\_\_\_

Date: \_\_\_\_\_

*Last*

*First*

*M.I.*

## Address at the time of original application

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If your circumstances have changed since you first applied, please check the appropriate box that represents the update you are making. Provide copies of the requested supporting documents for each update.**

### New Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Required Documentation.** If you are listing a Cambridge address, provide copies of **two (2)** of the following documents:

- Car registration or driver's license with your current address that is listed on application.
- Current school registration record with current address
- Rental lease signed and dated within the last year, in your name
- Utility bill in the applicant's name: original gas, electric, phone, cable

*\* Non-Cambridge residents do not need to provide these documents.*

### Add/Remove Household Member(s)

_____	_____	_____	_____	Adding <input type="checkbox"/>	Removing <input type="checkbox"/>
<i>Name</i>	<i>Date of Birth (mo/day/yr)</i>	<i>Gender (F/M)</i>	<i>Relationship to Applicant</i>		
_____	_____	_____	_____	Adding <input type="checkbox"/>	Removing <input type="checkbox"/>
<i>Name</i>	<i>Date of Birth (mo/day/yr)</i>	<i>Gender (F/M)</i>	<i>Relationship to Applicant</i>		
_____	_____	_____	_____	Adding <input type="checkbox"/>	Removing <input type="checkbox"/>
<i>Name</i>	<i>Date of Birth (mo/day/yr)</i>	<i>Gender (F/M)</i>	<i>Relationship to Applicant</i>		

**Required Documentation:** If adding a member to your household, provide copy of Social Security card(s). If new member is under 18, please also include copy of birth certificate(s).

*Please see reverse side for more options to update your application and to certify all information is accurate*

### Update Income Information

List the current sources of all household income: This includes but not limited to, full and/or part-time employment.

Household Member	Employer	Position Title	Length of employment	\$ Gross Annual Income	Weekly	Bi-Weekly	Semi-monthly	Monthly
					<input type="checkbox"/> Paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household Member	Employer	Position Title	Length of employment	\$ Gross Annual Income	Weekly	Bi-Weekly	Semi-monthly	Monthly
					<input type="checkbox"/> Paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Required Documentation:** Four (4) most recent paystubs for weekly payrolls or two (2) paystubs for bi-weekly payrolls, or verification from your employer through the payroll department on company stationery verifying your annual gross salary. Self-employed applicants must provide us with copies of **two-years** of your most recent Federal Income tax forms and all related tax documents and all associated schedules (includes Schedule C) and a statement of income expenses, such as, Profit and Loss Statement (Schedule C) and all related tax documents to verify income information.

### Update Asset Information

List all checking, savings, retirement, and stock accounts for all applicants

Institution	\$ Current Balance	Checking	Savings	Institution	\$ Current Balance	Checking	Savings
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Institution	\$ Current Balance	Checking	Savings	Institution	\$ Current Balance	Checking	Savings
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**Required Documentation:** Attach three months' worth of your most recent financial statements for all accounts.

\* Please note, funds held in restricted retirement accounts will not be counted towards the asset limit, however, documentation is still required.

### Please provide any other details about your application update

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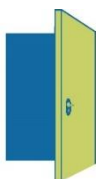
The Community Development Department reserves the right to request additional documentation.

I/We certify, under penalty of perjury, all information on this application to the best of my/our knowledge is true. I/We understand that false information given is sufficient grounds for rejection of this application. Furthermore, verification may be obtained from any source herein. **All applicant(s) must sign below:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Submit completed form to:



City of Cambridge, Community Development Department  
Housing Division  
344 Broadway, 3rd floor  
Cambridge, MA 02139

Please note, we cannot accept applications via email or fax. Incomplete forms will not be considered. Photocopies of all required documents must be made prior to submittal.