CHILMARK HOMESITE HOUSING PROGRAM

STATEMENT OF PURPOSE

The goal of this Program is to provide Homesite Housing at less than market price for people who have lived, worked, or volunteered in Chilmark for a substantial time but because of high land prices are unable to establish their homes in the Town.

The Program is intended to serve a clear need, to lessen situations of hardship, and to retain a stable and diversified year-round community in Chilmark.

The Program is structured so as to sustain Homesite Lots as permanent assets to the Town of Chilmark.

ABBREVIATED APPLICATION CRITERIA

1. Applicant must have a valid form of identification proving U. S. citizenship or legal residency.

2. Applicant must be 18 years of age or older.

3. Applicant (at least one per household) must be gainfully employed or show proof of sustaining government subsidy.

4. Preference will be given to:

   a. Applicant who has continuously resided on Martha's Vineyard for the past seven (7) years.

   b. Applicant who has lived or worked (employed by a bona fide business in the Town) in Chilmark or volunteered in the Town's public service sector for an accumulation of five (5) years.

5. Applicant must have a total household adjusted gross income of not more than150% of the median income established by HUD for Dukes County.

6. Applicant must show evidence of acceptable financing that includes pre-qualification for a first mortgage for a Homesite Lot from a duly established lending institution.

7. Applicant must report all assets and debts.

HOMESITE HOUSING APPLICATION PROCEDURE

TOWN OF CHILMARK

All information and forms will be kept strictly confidential, to the extent permitted by law

Part I. **Documents requested in #1-4 must be submitted to the Chilmark Housing Committee.**

1. Completed and signed Chilmark Homesite Housing Application.
2. Letter of Pre-Qualification from a duly established lending institution for a mortgage to finance the purchase of Homesite Lot and construction of a home. The Letter should state the amount of financing approved and verify the applicant's ability to repay the loan.
3. Proof of year-round residency on Martha's Vineyard for the past seven (7) years.
4. Proof of year-round residency, employment, or volunteer work in Chilmark for an accumulation of five (5) years.
   Copies of rent receipts, canceled rent checks, leases, notarized letters from landlords, employers, or volunteer organizations are acceptable for verification.

Upon qualifying for Part I, CHC will send a memorandum to the Dukes County Regional Housing Authority certifying applicant as meeting the residential requirements. Please proceed to Part II.

Part II. **Documents requested in #5-7 must be submitted to the Dukes County Regional Housing Authority.**

5. Completed and signed Chilmark Homesite Housing Income Qualification Application.
6. Signed and completed tax verification form (IRS Form 4506 requesting a transcript of Form 1040 filed during current year).
7. Signed and notarized Statement of Assets.

Upon qualifying for Part II, DCRHA will send a memorandum to the Chilmark Housing Committee certifying applicant as Income Qualified for the Homesite Housing Program (150% of median).

Part III. **CHC will send a memorandum to the Chilmark Zoning Board of Appeals certifying applicant as an Eligible Purchaser.**

Failure to provide the relevant documents will automatically disqualify your application. Misrepresentation of any kind on this application will automatically disqualify your application.

CHILMARK HOMESITE HOUSING APPLICATION

Please PRINT or TYPE all information clearly
(Use the back for additional information)

Applicant Information

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

US citizenship or legal residency identification: _____

Place of Birth: _____Date of Birth:_____

Father's Name: _____

Mother's Maiden Name: _____

---

1. How many years have you lived on Martha's Vineyard? _____

   Which towns have you lived in with dates? _____

2. How many years have you lived in Chilmark? _____

   List the months of partial and full years (attach written proof). _____

3. How many years have you worked in Chilmark? _____

   List (with written proof) the months of partial years and the positions held._____

   _____

4. How many years have you volunteered in Chilmark? _____

   List (with written proof) the months of partial years and the positions held_____

   _____

5. Will there be a co-signer on your loan for the purchase of a Homesite Lot and construction of a home? _____ If yes, name of co-signer_____

Relationship of applicant to co-signer: _____

6. Are you the beneficiary of a trust or real estate trust (nominee trust)? _____

If yes, please explain the nature and amount of your benefit: _____

Present Employment Information

Present Employer: _____ Phone: _____

Address: _____

Business: _____

Co-Applicant Information

Please note that any person over 18 years of age intending to live with the applicant or to benefit from the applicant's acquisition of a Homesite Lot must be considered a co-applicant and must submit all tax forms (items 1 and 2 above).

Name of Co-Applicant: _____

Address of Co-Applicant: _____

Relationship to Applicant: _____ Date of Birth: _____

US citizenship or legal residency identification:: _____

Home Phone: _____ Work Phone: _____

Signature of Applicant

I hereby swear on pain of perjury that the contents of this application are truthful:

Signature: _____ Date: _____

Eligible Purchaser

Please sign here if you have qualified as an Eligible Purchaser and are willing to release your name on a list of Eligible Purchasers to be shown to prospective landowners.

Signature: _____ Date: _____

CHILMARK HOUSING COMMITTEE

HOMESITE HOUSING APPLICATION

STATEMENT OF ASSETS

THE FOLLOWING IS A COMPLETE LIST OF ALL MY ASSETS VALUED AT FAIR MARKET VALUE:

Real Estate:

_____

Savings Accounts:

_____

Investments:

_____

Trusts of which I am a beneficiary:

_____

Boats, Cars, Mobile Homes, Airplanes, etc valued in excess of $10,000 each:

_____

Signature _____ Date _____

Print name and address:

_____

Notarized this day by _____.
Print name

On _____ the above individual _____ appeared before me and signed
Date Name
the above as their free will statement.

_____ _____ _____
Notary Signature County Commission Expiration

If the above statement is found to be false, the Chilmark Housing Committee has the right to withdraw your application to the Homesite Housing Program.

Form **4506-T**
(January 2004)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ Do not sign this form unless all applicable parts have been completed. Read the instructions on page 2.

▶ Request may be rejected if the form is incomplete, illegible, or any required part was blank at the time of signature.

OMB No. 1545-1872

TIP: Use new Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b First social security number on tax return or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return

2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Dukes County Regional Housing Authority P.O. Box 4538
Vineyard Haven, MA 02568 (508) 693-4419

CAUTION: *Lines 6 and 7 must be completed if the third party requires you to complete Form 4506-T. Do not sign Form 4506-T if the third party requests that you sign Form 4506-T and lines 6 and 7 are blank.*

6 **Product requested.** Most requests will be processed within 10 business days. If the product requested relates to information from a return filed more than 4 years ago, it may take up to 30 days. Enter the return number here and check the box below. ▶ _____

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. Transcripts are generally available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years . . . . . ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns . . . . . ☐

c **Record of Account,** which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years . . . . . ☐

d **Verification of Nonfiling,** which is proof from the IRS that you did not file a return for the year . . . . . ☐

e **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213 . . . . . ☐

CAUTION: *If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.*

7 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T.

___/___/___ ___/___/___ ___/___/___ ___/___/___

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Telephone number of taxpayer on line 1a or 2a
( )

Sign Here

▶ Signature (see instructions) Date

▶ Title (if line 1a above is a corporation, partnership, estate, or trust)

▶ Spouse's signature Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 37667N Form **4506-T** (1-2004)

Change To Note

New Form 4506-T, Request for ranscript of Tax Return, is used to equest tax return transcripts, tax account anscripts, W-2 information, 1099 formation, verification of non-filing, and a ecord of account. Form 4506, Request for opy of Tax Return, is now used only to equest copies of tax returns.

nstructions

urpose of form. Use Form 4506-T to equest tax return information. You can iso designate a third party to receive the iformation. See line 5.

Vhere to file. Mail or fax Form 4506-T to ne address below for the state you lived in hen that return was filed. There are two ddress charts: one for individual anscripts (Form 1040 series) and one for l other transcripts.

ote: *If you are requesting more than one anscript or other product and the chart elow shows two different service centers, ail your request to the service center ised on the address of your most recent turn.*

hart for individual anscripts (Form 1040 series)

you lived in and ed an individual turn:	Mail or fax to the Internal Revenue Service at:
ine, ssachusetts, w Hampshire, w York, Vermont	RAIVS Team 310 Lowell St. Stop 679 Andover, MA 01810 978-691-6859
bama, Florida, orgia, Mississippi, th Carolina, uth Carolina, st Virginia, ode Island	RAIVS Team 4800 Buford Hwy. Stop 91 Chamblee, GA 30341 678-530-5326
ansas, Colorado, tucky, Louisiana, v Mexico, anoma, nessee, Texas	RAIVS Team 3651 South Interregional Hwy. Stop 6716 Austin, TX 78741 512-460-2272
ka, Arizona, fornia, Hawaii, o, Montana, ada, Oregon, n, Washington, ming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4992
ware, Illinois, ana, Iowa, sas, Michigan, nesota, Missouri, aska, h Dakota, h Dakota, onsin	RAIVS Team Stop 341-6700 Kansas City, MO 64999 816-823-7667
Virginia	RAIVS Team 5333 Getwell Rd. Stop 2826 Memphis, TN 38118 901-546-4175
Connecticut, District of Columbia, Maryland, New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP SE 135 Philadelphia, PA 19255-0695 215-516-2931

Chart for all other transcripts

If you lived in:	Mail to the Internal Revenue Service at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team Mail Stop 6734 Ogden, UT 84201 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 11 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. Do not send the form to this address. Instead, see **Where to file** on this page.

Printed on recycled paper

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CHILMARK YEAR-ROUND RENTAL SUPPORT
INCOME QUALIFICATION APPLICATION

DUKES COUNTY REGIONAL HOUSING AUTHORITY
P.O. Box 4538
Vineyard Haven, MA 02568

PHONE: (508) 693-4419 FAX: (508) 693-5710
WWW.VHO.VINEYARD.NET

PLEASE PRINT:

1. **Name of Applicant**_____

   Street_____Apt. No._____

   City/Town_____State_____Zip_____

   Home Telephone_____Work Telephone_____

   Mailing Address_____

2. **Members of Household, including the Head of Household.**

Names: First, Middle, Last of all household members	Relationship to Head	Sex	Date of Birth	Social Security Number	Occupation or Grade in School
1.	HEAD				
2.					
3.					
4.					
5.					

3. Is a change in the household expected? (Circle One) Yes No

   If yes, what type of change?_____When?_____

4. **ASSETS**: List below the assets of the Household. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc.

Household Member	Description of Assets	Value of Asset
	Checking Account #:	
	Savings Account #:	
	Other:	

TOTAL ASSESTS:_____

5. **INCOME BEFORE DEDUCTION:**
Estimate the gross income (before taxes) anticipated for **ALL** household members from all sources for the next 12 months. Specify all sources.

Household Member Number	Type of Income	Name & Address of Employer or Source of Income	Gross Income for next 12 Months
1.	Salaries & wages		
2.	Salaries & wages		
	V.A. Disability		
	Net income from business		
	Trust income Interest and Dividends		
	Pensions and annuities		
	Unemployment or disability		
	Social Security benefits and/or SSI		
	Regular Alimony or Child Support		
	Other Income:_____		

TOTAL GROSS INCOME (Please specify monthly or weekly): _____

6. **ALLOWABLE EXPENSES:**

Expense for Care of Children or Sick/ Incapacitated Family Member	
Unreimbursed Medical Expenses	
Health Insurance	
Child Support Payments	

TOTAL EXPENSES:_____

Applicant's Certification:
I certify that the information I have given in this application is true and correct and any false statement or misrepresentation may result in the cancellation of my application.

Sign under the pains and penalties of perjury.

_____ _____
Applicant's Signature Date