

The Village at Cricket Lane

Lottery Phase II

The Village at Cricket Lane is a 26-unit homeownership development on Rear Pearson Drive that will include four (4) affordable homes. Single-family homes are being made available for purchase at less than market value to eligible first-time homebuyers through a lottery process.*

*In Phase II of the lottery, three 3-bedroom homes will be made available at a sales price of \$359,800** and one 4-bedroom home will be made at a sales price of \$391,500**.*

FY2026 Maximum Gross Household Income Limits for Boston-Cambridge-Quincy, MA-NH HUD Metro FMR Area:

1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
\$96,000	\$109,760	\$123,440	\$137,120	\$148,160	\$159,120	\$170,080	\$181,040

There are no MINIMUM Household Income Requirements but households must submit mortgage pre-approvals in an amount sufficient to cover the purchase price of the home. Please read the Information Packet for more details.

This application consists of three sections:

Section 1: The Program Application

Section 2: The Required Forms and Documentation Workbook

Section 3: Additional Forms (if applicable)

The first two sections must be filled out entirely in order for your application to be processed. If a question does not apply to you, write "N/A" or cross it out. LEAVE NOTHING BLANK.

Send all completed applications to: **Chelmsford Housing Authority**
Re: The Village at Cricket Lane Phase II
10 Wilson St.
Chelmsford, MA 01824

You may also submit via fax at 978-256-1895 or by email in a PDF format to: lottery@chelmsfordha.com.
Please note that photos of applications and documentation will not be accepted.

THE DEADLINE TO SUBMIT A COMPLETED APPLICATION IS SEPTEMBER 21, 2026 at 4:30 P.M.

*Defined as not having owned a home within the last three years; some exceptions apply.

** Prices are not negotiable and do not change based on an applicant's income.

Telephone: 978-256-7425
TTY/TDD: 1-800-439-2370



www.chelmsfordha.com
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Section 1

Application

Instructions

An application will be considered complete when the Authority has received the following:

- A completed application signed by all individuals over the age of 18;
- A mortgage pre-approval and proof of adequate assets to cover a 3% down payment, half of which must come from your own funds;

Applicants who do not submit a complete application will not be entered into the lottery.

The Fair Housing Act

Marketing and resident selection shall be in accordance with and adhere to all state fair housing laws. The developer and its representatives do not discriminate based on race, color, disability, religion, age, sex, familial status, sexual orientation, gender identity, national origin, genetic information, ancestry, children, marital status, or public assistance reciprocity. Persons with disabilities 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 persons with disabilities

Notification of Equal Opportunity & Fair Housing Rights

An applicant who believes that he/she/they have been discriminated against in the buyer selection and sales process may contact: the Massachusetts Commission Against Discrimination (617) 994-6000; and/or the United States Department of Housing and Urban Development (617) 994-8300.

The Village at Cricket Lane II Program Application

Name _____ Tel. # _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Race (Optional):

- ☐ White ☐ Black or African American ☐ Native American or Alaska Native
☐ Native of Pacific Islander ☐ Other (non-white)

Ethnicity (Optional):

- ☐ Hispanic or Latino ☐ Non-Hispanic

HOUSEHOLD MEMBERS:

List **ALL** household members who will occupy the affordable home:

Name	Relation to Head of Household	Date of Birth	Student Y/N
	Self		

Do you anticipate any changes in household composition in the next 12 months? ☐ YES ☐ NO

If yes, please explain:

Telephone: 978-256-7425
TTY/TDD: 1-800-439-2370



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INCOME

List all income of all household members listed on this application. Write N/A or cross out a section if it does not apply. Do not leave anything blank.

Household member name	Source of income	Gross monthly income
	Employment (list source)	
		\$
	Employment (list source)	
		\$
	Employment (list source)	
	Social Security	\$
	SSI	\$
	Pension (list source)	\$
	Veteran's benefits	\$
	Unemployment compensation	\$
	Title IV/TANF / TAFDC	\$
	Contributions to the Household (monetary)	\$
	Contributions to the Household (non-monetary; please describe)	\$

Household member name	Source of income	Gross monthly income
	Full-Time Student Income (18 & over only)	\$
	Full-Time Student Income (18 & over only)	\$
	Alimony:	\$
	Are you legally entitled to receive alimony?	☐ YES ☐ NO
	If yes, list the amount you are entitled to receive	\$
	Do you receive alimony?	☐ YES ☐ NO
	If yes, list the amount you receive	\$
	Child Support:	\$
	Are you legally entitled to receive child support	☐ YES ☐ NO
	If yes, list the amount you are entitled to receive	\$
	Do you receive child support?	☐ YES ☐ NO
	If yes, list the amount you receive	\$
	Periodic Payments	\$
		\$
	Other Income	\$
		\$
	TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	\$
Do you anticipate any changes in this income in the next 12 months?		☐ YES ☐ NO
If yes, please explain		

ASSETS

If your assets are too numerous to list here, please provide details on a separate sheet of paper. Write N/A or cross out a section if it does not apply. Do not leave anything blank.

Cash on hand				\$
Checking Accounts:	#	Bank		Balance: \$
	#	Bank:		Balance: \$
Savings Accounts:	#	Bank		Balance: \$
	#	Bank:		Balance: \$
Pre-Paid Debit Cards	Value \$			Balance: \$
	Value \$			Balance: \$
401Ks	#	Balance: \$		
	#	Balance: \$		
Trust Accounts:	#	Bank:		Balance: \$
	#	Bank:		Balance: \$
Certificates of Deposit:	#	Bank:	Int. %	Balance: \$
	#	Bank:	Int. %	Balance: \$
Savings Bonds:	#	Maturity date:		Value: \$
	#	Maturity date:		Value: \$
Life Insurance Policy	#			Cash Value:
	#			Cash Value:
Mutual Funds:	Name:	#Shares:	Int. or Dividend: \$	Value: \$
	Name:	#Shares:	Int. or Dividend: \$	Value: \$
Stocks	Name:	#Shares:	Dividend paid: \$	Value: \$
	Name:	#Shares:	Dividend paid: \$	Value: \$
Bonds:	Name:	#Shares:	Int. or Dividend: \$	Value: \$
	Name:	#Shares:	Int. or Dividend: \$	Value: \$
Investment Property:				Appraised Value: \$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 1		☐ YES ☐ NO	
If yes, describe:			
Do they have access to the asset?		☐ YES ☐ NO	
Have you disposed of any other assets in the last 2 years? (Example: Given away money to relatives, set up Irrevocable Trust Accounts, etc.)		☐ YES ☐ NO	
If yes, describe the asset:			
Date of deposition:		Amount disposed:	\$
Do you own real estate, land and/or mobile home?		☐ YES ☐ NO	
If yes, type of property			
Location of property			
		Appraised Market Value:	\$
		Recent tax assessment:	\$
Have you or anyone in your household owned real estate, land or mobile home and sold/disposed of it within the last three years?		☐ YES ☐ NO	
If yes, type of property			
		Market Value when sold /disposed:	\$
		Amount sold /disposed for:	\$
		Date of transaction:	
Do you have any other assets not listed above (excluding personal property)?		☐ YES ☐ NO	
If yes, please list			
Anticipated money gifted to you by friends or family for down-payment assistance		\$	

CERTIFICATION

I/We understand that I/we must respond promptly to all Housing Authority inquiries or my application may be canceled. I /We certify that the information I have given in this application is true and correct to the best of my knowledge. I/we understand that any false statement or misrepresentation are punishable by law and will lead to cancellation of this application.

I/We authorize the Chelmsford Housing Authority to make any inquiries from any parties and will submit proof upon request of the Authority for the sole purpose of verifying the truth of the statement contained herein.

I/We hereby certify that I/we do not /will not maintain a separate residence in another location. I/We further certify that this will be my permanent residence.

I/We understand that my eligibility for housing will be based on applicable income limits and by the Chelmsford Housing Authority's selection criteria.

With our signatures below, we hereby authorize all credit reporting agencies, employers, credit and personal references to release all pertinent information to the CHA. The CHA will utilize First Advantage, Tampa, FL. 1-800-327-0334 to verify all information provided.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENT OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION. SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY. IF YOU HAVE FALSIFIED ANY PART OF THE APPLICATION, IT WILL BE DEEMED INELIGIBLE.

All adult applicants, 18 or older, must sign application.

Signature of Head of Household

Date

Other adult

Date

Other adult

Date

Other adult

Date

Please note: This application does not guarantee a unit. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. DO NOT LEAVE ANYTHING BLANK, WRITE "N/A" IF A SECTION DOES NOT APPLY, A 0 DOES NOT MEANS YOU HAVE IT AND THERE IS NOTHING IN IT.

Section 2

Required Forms and Documentation

Please answer all of the following questions, complete all applicable forms, and check all applicable boxes. If your lottery ticket is drawn as a winner, you will need to submit all relevant documentation within 48 hours of the completion of the lottery

Every time you answer “YES”, you MUST submit the requested documentation if you are drawn as a winner.

Only send copies of taxes and income/asset documentation. Do not submit originals.

Current Employment

Is anyone in your household currently employed? (Excluding self-employment) ☐ YES ☐ NO

For every job listed currently being worked, you will be asked to submit:

- a.) Copies of the 5 most recent pay stubs
(If you do not receive pay stubs, you will need to attach a note from the employer on company letterhead stating your tenure and a Year-to-Date amount)
- b.) Copies of your W-2s
(W-2s are issued by the employer after December 31 of each year. If employment began on or after January 1, 2026, no W-2 will have been issued.)

Income

Did you list any sources of income other than employment? ☐ YES ☐ NO

For every source of income listed, regardless of the amount of income received, you will be asked to submit:

- a.) Copies of the most recent statements from the source of income.
- b.) Copies of the most recent 1099s from the source of income (if received).

Past Employment

Did anyone in your household leave a job within the past year? ☐ YES ☐ NO

How many jobs were terminated in that time frame? _____

For each job that was terminated within the past year, you will be asked to submit:

- a.) A letter from the employer on company letterhead verifying your last date of employment.
- b.) A copy of the last pay stub. If the job was terminated in 2025, you must also submit the matching 2025 W-2.

Self-Employment

Is anyone in your household currently self-employed?

☐ YES

☐ NO

For each instance of self-employment, the “Self-Employment Income Affidavit” found in Section 3 toward the back of this application must be completed. You will also be asked to submit one or more of the following:

- a.) Copies of all most recent 1099s
- b.) Copy of Schedule C for your most recent 1040s
- c.) Copies of current financial statements
- d.) Accountant’s statements of Net Business Income
- e.) Copies of Income Receipts
- f.) Any other documentation you can provide to corroborate income.

Households Members with No Income

Are there any household members over 18 years old that currently earn zero income?

☐ YES

☐ NO

Each of these household members must complete the “Certificate of Zero Income” form found in Section 3 toward the back of this application. Please note that your signature on this form must be attested to by a Notary Public.

Child Support /Alimony

Are you currently receiving child support or alimony OR are you *legally* entitled to receive child support or alimony?

☐ YES

☐ NO

If you answered YES, *and* you are receiving the amount you are entitled to receive, you will be asked to submit one of the following:

- a.) A copy of your settlement agreement.
OR
- b.) A statement of payments from the Department of Revenue (DOR) provided they have your payments on record.
OR
- c.) Three detailed checking account statements that show Child Support/Alimony deposits.

If you answered YES, but are NOT receiving the amount you are entitled to receive, you will need to submit:

- d.) A copy of your settlement statement, proof of a legal claim filed against the person who owes you money and, if applicable, statements from the DOR showing payments made.

Divorce/Separation

Have you been divorced/separated or are you currently in the process of getting divorced/separated?

☐ YES

☐ NO

If you answered YES, you will need to submit:

A copy of your divorce decree/separation agreement OR *if your divorce/separation has not been finalized*, proof that you have filed for divorce/separation.

If you have only filed for divorce or separation at this point, please note that your application may be accepted but you will not be able to purchase a home until your divorce/separation is finalized. You should take all possible steps to expedite a hearing. If you have not taken any legal action in filing for divorce or separation, you cannot apply as a single head of household. Your spouse's income and assets will need to be included in your application.

Periodic Payments

Did you list any sources of Periodic Payments? (i.e. payments from family members or recurring gifts)

☐ YES

☐ NO

If you answered YES, please have your contributor(s) complete the "Recurring Gifts and Contributions Verification Form" in Section 3 of this application.

"Other Income" or Down-Payment Assistance

Did you list any sources under "Other Income" or any money a friend, family member or other source you may use to help you with your down payment or future housing costs?

☐ YES

☐ NO

Please describe the source below.

Assets

How many different assets did you list? _____

For every asset listed, REGARDLESS of the amount of money in the account, you will be asked to submit:

- a.) Copies of your most recent statements from the source of income. For checking and savings accounts, please provide the 3 most recent statements.
- b.) Copies of any 2025 end-of-year statements you may have received from the asset source.

Real Estate

Do you currently own a home or property?

☐ YES

☐ NO

How many different properties/homes do you currently own? _____

For every property that you own, you will be asked to submit the following:

- a.) A copy of the broker's opinion of the property's value or, if you already have a buyer, a copy of the Purchase and Sale agreement.
- b.) A statement from your lender showing your current balance on your mortgage or outstanding loans.

*Please note that if you are exempted from the first-time homeownership requirement and if you meet the eligibility requirements, you will not be able to purchase a new and affordable home until your current home is sold **or** is under a Purchase and Sale Agreement with another buyer **or** if your name is removed from the deed.*

Households with Students

Are any household members who are over the age of 18 and are currently students or have been students in the past 12 months?

☐ YES

☐ NO

For each student over the age of 18, you will be asked to submit school transcripts for the past 12 months.

Tax Transcripts for 2025, 2024 and 2023

How many members are in your household? _____

EVERY one of your household members should be listed on EVERY federal tax transcript submitted (unless they had not yet been born or if you share custody). You will be asked to submit all **federal (NOT state)** tax transcripts from 2025, 2024 and 2023. **Do NOT omit any pages.**

If you had a professional prepare your taxes, they will have a copy of the transcripts that you need. You may also call the IRS at 1-800-829-1040 to have the transcripts mailed or faxed to you.

For each household member who has not filed taxes or has not been on a Tax Transcript for any of the last three years, you will be asked to submit a statement from the IRS showing “NO RECORD” of filing (unless they had not yet been born). Please call the IRS at 1-800-829-1040 to request a statement.

If a household member moved to the United States within the past three years and does not have three years of tax transcripts, you must submit proof of date of immigration.

Mortgage Pre-Approval

Do you have a pre-approval for a mortgage in at least the amount sufficient to purchase the affordable unit that you are interested in?

☐ YES

☐ NO

Your preapproval must adhere to the guidelines outlined in the Information Packet. *Please note that your application will not be accepted unless you are pre-approved for an amount sufficient to purchase the affordable home. Preapprovals for FHA loans are not acceptable.*

Send or submit applications with ALL required documentation to:

Chelmsford Housing Authority

Re: The Village at Cricket Lane II

10 Wilson St.

Chelmsford, MA 01824

Applications may also be submitted by fax (978-256-1895) or email (lottery@chelmsfordha.com).

For questions, please call Shatanna Harrison-Poulin or Christina Andersen at the Chelmsford Housing Authority at 978-256-7425.

Telephone: 978-256-7425
TTY/TDD: 1-800-439-2370



www.chelmsfordha.com
lottery@chelmsfordha.com

Deed Rider Signature of Understanding

I/We have read the Deed Rider Summary and Property Restrictions as outlined in the Information Packet and agree to the restrictions. I/We have been advised that a copy of the Deed Rider is on file at the following location and available for my/our review weekdays from 8:30 a.m. to 4:30 p.m., Monday through Friday.

**The Chelmsford Housing Authority
10 Wilson St.
Chelmsford, MA 01824**

A copy is also available online at www.chelmsfordha.com.

I/We also understand that, if selected to purchase a unit, a full copy of the deed rider will be provided.

Applicant Signature

Date

Co-Applicant Signature

Date

Section 3

Additional Forms

This section contains forms that you need to complete *only if directed to do so* in Section 2.

****This required form must be completed for the entire household, anyone can be a student.**

STUDENT STATUS AFFIDAVIT

Applicant/Tenant Name: _____
Address: _____

Completed For: (check one)

☐ Move-in; effective date: _____
☐ Annual recertification; effective date: _____

Will ALL MEMBERS in your household be (or have been) full-time students during five calendar months of the certification year? ☐ Yes ☐ No

If YES, then is anyone in your household:

- A student and receiving AFDC/TANF? ☐ Yes ☐ No
- A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act? ☐ Yes ☐ No
- A student enrolled in a job training program funded under the Workforce Investment Act or similar federal, state, or local program? ☐ Yes ☐ No
- A single parent living with his/her children and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent? ☐ Yes ☐ No
- Married and file a joint return ☐ Yes ☐ No
- Has the person attended school full-time during any part of 5 months of this calendar year?
Months/year attended full time ____/____/____ to ____/____/____ ☐ Yes ☐ No

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

_____ Signature of Tenant	_____ Date
_____ Signature of Co-Tenant	_____ Date
_____ Signature of Co-Tenant	_____ Date
_____ Signature of Co-Tenant	_____ Date
_____ Signature of Manager	_____ Date



VERIFICATION OF TERMINATED EMPLOYMENT

To Be Completed By Applicant:

Applicant: _____

Social Security #: _____

Contact Information for Previous Employer:

Name of Contact			
Company Name			
Street Address			
City, State, Zip			
Tel. #		Fax #	Email

To Be Completed by Previous Employer:

Date of Termination: _____ Last Day Actually Worked: _____

Total Gross Income paid to employee over the last calendar year employed: _____

Reason for Termination: ☐ Employee Quit ☐ Other _____

Do you anticipate rehiring this employee? ☐ YES ☐ NO If yes, when? _____

Will the employee receive Worker's Compensation? ☐ YES ☐ NO

If yes, provide the name and address of the company through which this can be verified:

Total severance pay anticipated for the next 12 months: _____

Is employee entitled to receive unemployment compensation? ☐ YES ☐ NO

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____ Phone: _____

Please fax form to Chelmsford Housing Authority at 978-256-1895 or mail to:

The Chelmsford Housing Authority
Re: The Village at Cricket Lane II
10 Wilson St.
Chelmsford, MA 01824

Telephone: 978-256-7425
TTY/TDD: 1-800-439-2370



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Self-Employment Income Affidavit

Name of Applicant: _____

Name of Business: _____

Business Address: _____

Type of Business: _____

Position Held: _____ Start Date: _____

Anticipated Gross Annual Income: _____

Anticipated Annual Business Expenses: _____

Anticipate Annual Profit: _____ Previous Year Profit: _____

Cash Withdrawals from Business: _____

Do you file tax returns? ☐ Yes Taxpayer ID # _____ ☐ No

If yes please submit tax returns with Schedule C for past three years.

If no, please state reason:

- If tax returns were not filed, please submit a profit/loss report for each month since the business started.
- Please include documents such as invoices, receipts, written business plan, or accountant statement of business income.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of this application.

APPLICANT SIGNATURE

DATE

Telephone: 978-256-7425
TTY/TDD: 1-800-439-2370



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Certification of Zero Income

(To be completed by all **adult** household members with no reported income)

Name of Household Member: _____

1.) I hereby certify that I have no income of any kind and I do not expect this to change in the next 12 months:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions or death benefits;
- f. Unemployment or disability payments
- g. Public assistance payments
- h. Periodic allowances, such as alimony, child support or gifts received from persons not living in my household;
- i. Grants of any kind;
- j. Sales from self-employed resources (e.g., Avon, Mary Kay, Cutco, Pampered Chef);
- k. Any other source not named above.

2.) I plan to pay the following expenses as stated below:

Expense Type

Source of Funds

Food:

Shelter:

Medical:

Other Living Expenses

I certify that the information given above is true and complete to the best of my knowledge. I understand that provided false or misleading information may be subject to criminal penalties.

Signature of Applicant: _____

Date: _____

Signature of Notary Public: _____

Date: _____

State Commission Issued: _____ Commission Expiration Date: _____

OFFICE USE ONLY*

Date Sent:

Date Received:

Comments:

Telephone: 978-256-7425
TTY/TDD: 1-800-439-2370



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Recurring Gifts and Contributions Verification

To Be Completed By Applicant:

Applicant/Tenant: _____
Social Security: _____
Property Name: The Village at Cricket Lane II
Property Address: 55 Rear Pearson Drive
Newbury, MA 01981

To Be Completed By Contributor:

Please complete the following:

I, (Contributor's Name) _____,
contribute \$_____ each (week, month, or year) _____ to the above named
household for the purpose of _____.

Non-Monetary Contributions:

I, (Contributor's Name) _____,
Contribute any of the following on a regular basis:

Gas for the car	\$_____	Car Payments Directly to Bank	\$_____
Alcohol	\$_____	Utility Payments	\$_____
Cigarettes	\$_____	Clothing	\$_____
Diapers	\$_____	Other	\$_____
Child Care Payments	\$_____	NOTE: Food is excluded	

Contributor

Print Name: _____ Signature: _____
Telephone: _____ Date: _____

Witness

Print Name: _____ Signature: _____
Date: _____

Include this form with the Program Application, fax it to 978-256-1895 or have the Contributor mail it to:

The Chelmsford Housing Authority
Re: The Village at Cricket Lane II
10 Wilson Street
Chelmsford, MA 01824

OFFICE USE ONLY

Comments:

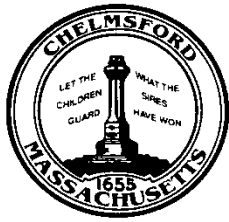
Date Sent:

Date Received:

Telephone: 978-256-7425
TTY/TDD: 1-800-439-2370



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lottery@chelmsfordha.com



Chelmsford Housing Authority

10 Wilson Street
Chelmsford, Massachusetts 01824 -3160

General Authorization For Release of Information

Name: _____ SS#: _____

Address: _____

I, the above named individual, have authorized the Chelmsford Housing Authority to verify the accuracy of the information which I have provided to the Chelmsford Housing Authority, from the following sources:

Banks and other financial institutions
Credit Bureaus, Credit Providers
Landlords and employers, past and present

PROVIDERS OF:

Alimony, Child Support, Credit, Marital Status, Schools,
U.S. Social Security Administration, U.S. Department of Veterans Affairs
Utility Companies, Welfare Agencies, Retirement and Pension Agencies

I hereby give you permission to release this information to the Chelmsford Housing Authority subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Authority within five (5) days following the receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Signed: _____ Date: _____

Telephone: 978-256-7425
TTY/TDD: 1-800-439-2370



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lottery@chelmsfordha.com

DOCUMENTATION CHECKLIST

IF YOUR APPLICATION IS APPROVED AND YOUR TICKET IS DRAWN AS A WINNER IN THE LOTTERY, YOU MUST PROVIDE THE FOLLOWING WITHIN 48 HOURS OF THE COMPLETION OF THE LOTTERY:

- ☐ A copy of your 2025, 2024 and 2023 federal tax transcripts including all 1099s, W-2s and schedules. Please do not submit originals.
- ☐ A copy of last five pay stubs for all household members.
- ☐ Copies of the three most recent statements showing the transaction details for all your bank accounts.
- ☐ A current letter from all sources of income including but not limited to Public Assistance, Social Security, pensions and annuities showing the gross amount received.
- ☐ A statement showing current value of all investment accounts, cash life insurance policies, retirement accounts, etc.
- ☐ Any documentation included in Section 3 that may apply to your household.