**Seller Information Buyer Information**

Name: Name:

Address: Address:

Project Sponsor: Project Sponsor:

Contact Person Contact Person

Name: Name:

Email: Email:

Phone: Phone:

Attorney (if applicable) Attorney (if applicable)

Name: Name:

Email: Email:

Phone: Phone:

**Property Information**

Name of Development:

Address:

Total number of housing units:

**Nature of Request**

|  |  |
| --- | --- |
| *Preliminary Exemption Request* | *Final Exemption Request (after Preliminary Exemption*) |
| Date of Purchase Contract/Option: | Date of Preliminary Exemption: |
| Type of Purchase Contract/Option:  Date of Notice of Intent to Sell to Preservation Purchaser: | Copy of recorded deed attached |
| Letter of Counsel certifying to closing in accordance with Preliminary Exemption |
| *Final Exemption Request (no Preliminary Exemption)* |
| Copy of recorded deed attached |
| Letter of Counsel certifying to accuracy of description of applicable restrictions in attached Request  Affidavit of Buyer’s representative as to accuracy of facts stated in the attached Request |

**Narrative**Describe real estate and/or financing transaction, measures being taken to preserve affordability, and other matters relevant to the exemption:

\* *Final Exemption Request*: If a Preliminary Exemption was approved previously, pages 2 through 5 need not be completed, and only the signature of the Buyer’s representative and date of signature are required on p. 6.**Basis for Exemption Request (G.L. c. 40T, § 6)** \*

§ 6(i) taking by eminent domain or a negotiated purchase in lieu of eminent domain†

§ 6(ii) forced sale pursuant to a foreclosure†

§ 6(iii) deed-in-lieu-of foreclosure†

§ 6(iv) sale to a purchaser pursuant to terms and conditions that preserve affordability

§ 6(v) re: project-based section 8

§ 6(vi) sale to an affiliate‡ of the owner

§ 6(vii) 15-year remaining term on existing affordability restriction

**Programs under which Affordability Restrictions are *Currently* in Place:**

|  |  |  |
| --- | --- | --- |
| **Program Name:** | **“Natural” Termination Date (if not prepaid or otherwise terminated early)** | **Is the Restriction terminating with the sale? (Y/N)** |
| Project-Based Section 8 contract |  |  |
| Federal Low-Income Housing Tax Credit program |  |  |
| Rent Supplement program |  |  |
| Section 202 |  |  |
| Section 221(d)(3) BMIR |  |  |
| Section 221(d)(4) |  |  |
| Section 236 |  |  |
| Section 515 |  |  |
| Section 521 rental assistance |  |  |
| Urban Development Action Grant |  |  |
| Housing Development Action Grant |  |  |
| Section 13A |  |  |
| Project-Based MRVP contract |  |  |
| Massachusetts Low Income Housing Tax Credit program |  |  |
| SHARP |  |  |
| Chapter 121A |  |  |
| Other restrictions not within the G.L. c. 40T definition  of “publicly assisted housing.” Please specify (see list on page 4):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Renewal of Current Restrictions**

Describe any current restrictions that are required to be renewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any restrictions that expired within the past 3 years, including expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* For more information, see G.L. c. 40T, § 6; 760 CMR 64.07. Please check all exemption categories believed to apply.

† Please include documentation of the transaction.

‡ For definition, see G.L. c. 40T, § 1.

**Programs under which Affordability Restriction will be in Place *Subsequent* to Sale:** **\***

|  |  |
| --- | --- |
| **Program Name:** | **“Natural” Termination Date (if not prepaid or otherwise terminated early)** |
| Project-Based Section 8 contract |  |
| Federal Low-Income Housing Tax Credit program |  |
| Rent Supplement program |  |
| Section 202 |  |
| Section 221(d)(3) BMIR |  |
| Section 221(d)(4) |  |
| Section 236 |  |
| Section 515 |  |
| Section 521 rental assistance |  |
| Urban Development Action Grant |  |
| Housing Development Action Grant |  |
| Section 13A |  |
| Project-Based MRVP contract |  |
| Massachusetts Low Income Housing Tax Credit program |  |
| SHARP |  |
| Chapter 121A |  |
| Other restrictions not within the G.L. c. 40T definition  of “publicly assisted housing.” Please specify (please see list on page 4):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Non-project-based rental assistance being provided to current tenants, including Enhanced Vouchers and Tenant Protection Vouchers, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* Include any programs that are currently in place and are not terminating with the sale, as well as any contemplated new restrictions.

**Other project-based affordability restrictions *NOT* within the G.L. c. 40T, § 1 definition of “publicly assisted housing”:**

* This is a non-exhaustive list. Please list any and all project-based affordability restrictions on the property.

HOME (HOME Investment Partnerships)

AHT (Affordable Housing Trust Fund)

CBH (Community-Based Housing)

CIPF (Capital Improvement and Preservation Fund)

FCF (Facilities Consolidation Fund)

HIF (Housing Innovations Fund)

Section 811 Supportive Housing for Persons with Disabilities (Section 811 of the National Affordable Housing Act of

1990; 42 U.S.C. § 8013)

Federal Public Housing

State Public Housing

MassHousing Bond Financing

HSF (Massachusetts Housing Stabilization Fund)

HPSTF (Housing Preservation and Stabilization Trust Fund)

Municipal Funding, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other

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

**Effect of Transaction on Rents** If the transaction will result in the expiration of one publicly assisted housing program and its replacement by another publicly assisted housing program with a different rent calculation method, and the new rent calculation would result in higher rents by any current tenants, please indicate below how many tenants will be subject to higher rents and attach a table indicating: (1) the income levels of each of the affected tenants (as defined under G.L. c. 40T: >80% of AMI; > 60 %, ≤80% of AMI; > 30%, ≤60% of AMI; ≤30% of AMI), based on most recently certified income; (2) the bedroom sizes of the affected tenants; and (3) the monthly rent increase for each affected tenant.

Number of current tenants whose rents will be raised by a new program post-transaction: \_\_\_\_\_\_

**Affiliate Information** (if applicable; § 6(vi) only)

Describe in attached narrative all relevant entities and the basis for the claim that the affiliate (buyer) is “an entity owned   
or controlled by [the seller] or under common control with the [seller].” G.L. c. 40T, § 1. Please also provide an organization chart. If applicable, check here: \_\_

**Outstanding Termination Notices** If there are any outstanding terminations that have not been properly noticed, or if the Sale will cause a termination, curative notices under 760 CMR 64.03 (5) must be approved before an exemption will be issued. Please provide information in attached narrative. If applicable, check here: \_\_

**Notification**: A complete copy of this 40T Exemption Request has been simultaneously delivered to the following, as provided in G.L. c. 40T, § 6(b) and 760 CMR 64.03:

Municipality’s Chief Executive Officer: Name:  
 Address:

Tenant Organization: Name:  
 (If none, leave blank.) Address:

Legal Service Organization:\* Name:  
 Address:

CEDAC Name:

Address: 18 Tremont Street, Suite 500, Boston MA 02108

**Seller Certification**: The undersigned certifies that all information provided and representations made   
are accurate and complete.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By the Seller: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Title:

**Buyer Certification**: The undersigned certifies that all information provided and representations made   
are accurate and complete.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By the Buyer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Title:

\* To determine the legal services organization that serves the location in which the property is located,   
please see <https://www.mass.gov/info-details/chapter-40t-guidance> for a list of organizations.

Please complete the table provided in pp. 6-7.

Publicly Assisted (and other) Units -- **Before Transaction, Based on Current Occupancy**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Total Units in Project: \_\_\_  Total 40T-Restricted Units in Project: \_\_\_ | | |  |  | Number of Units | | | | | Number of Units Occupied by Eligible Households | | | | |
|  | **BR Size** | st. (studio) | 1 | 2 | 3 | 4 | st. (studio) | 1 | 2 | 3 | 4 |
| **Program  Imposing the Affordability Restriction** | | **Income Bracket**  **(% AMI)** | **Rent-Limit Formula** |  |  |  |  |  |  |  |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, occupied as follows: | | Restricted to \_\_ |  |  |  |  |  |  |  |  |  |  |  |  |
|  | occupied by over-income tenants | >80% |  |  |  |  |  |  |  |  |  |  |  |  |
|  | occupied by low income tenants | > 60 %, ≤80% |  |  |  |  |  |  |  |  |  |  |  |  |
|  | occupied by very low-income tenants | > 30%, ≤60% |  |  |  |  |  |  |  |  |  |  |  |  |
|  | occupied by extremely low income tenants | ≤30% |  |  |  |  |  |  |  |  |  |  |  |  |
|  | vacant |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Non-40T Restrictions | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| None (Market Rate Units) | | n/a | Market Rate |  |  |  |  |  |  |  |  |  |  |  |
| \* “Total 40T units” should be total number of actual units restricted under G.L. c. 40T. Because of overlapping subsidies, the sum of the individual figures in each column may be greater than the total number of actual units. If so, please explain in narrative. | | | | Total 40T units\* |  |  |  |  |  |  |  |  |  |  |
| † “Total” should be total number of actual and occupied units, respectively, including both restricted and non-restricted units. Because of overlapping subsidies, the sum of the individual figures in each column may be greater than the total number of actual units. If so, please explain in narrative. | | | | Total† |  |  |  |  |  |  |  |  |  |  |

Publicly Assisted (and other) Units -- **After Transaction, Projected, Based on Current Occupancy**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Total Units in Project: \_\_\_  Total 40T-Restricted Units in Project: \_\_\_ | | |  |  | Number of Units | | | | | Number of Units Occupied by Eligible Households | | | | |
|  | **BR Size** | st. (studio) | 1 | 2 | 3 | 4 | st. (studio) | 1 | 2 | 3 | 4 |
| **Program  Imposing the Affordability Restriction** | | **Income Bracket**  **(% AMI)** | **Rent-Limit Formula** |  |  |  |  |  |  |  |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, occupied as follows: | | Restricted to \_\_ |  |  |  |  |  |  |  |  |  |  |  |  |
|  | occupied by over-income tenants | >80% |  |  |  |  |  |  |  |  |  |  |  |  |
|  | occupied by low income tenants | > 60 %, ≤80% |  |  |  |  |  |  |  |  |  |  |  |  |
|  | occupied by very low-income tenants | > 30%, ≤60% |  |  |  |  |  |  |  |  |  |  |  |  |
|  | occupied by extremely low income tenants | ≤30% |  |  |  |  |  |  |  |  |  |  |  |  |
|  | vacant |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Non-40T Restrictions | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| None (Market Rate Units) | | n/a | Market Rate |  |  |  |  |  |  |  |  |  |  |  |
| \* “Total 40T units” should be total number of actual units restricted under G.L. c. 40T. Because of overlapping subsidies, the sum of the individual figures in each column may be greater than the total number of actual units. If so, please explain in narrative. | | | | Total 40T units\* |  |  |  |  |  |  |  |  |  |  |
| † “Total” should be total number of actual and occupied units, respectively, including both restricted and non-restricted units. Because of overlapping subsidies, the sum of the individual figures in each column may be greater than the total number of actual units. If so, please explain in narrative. | | | | Total† |  |  |  |  |  |  |  |  |  |  |