

Housing Opportunity District Homeownership for All!

HOD- What is it?

HOD stands for Housing Opportunity District. This is a special zone set up by the town that partners with a builder/developer to allow for greater density development than would normally otherwise be allowed, in exchange for the builder/developer setting aside a certain number of housing units to be sold at a more affordable price, in order to promote homeownership for all.

Most HOD communities have 30% of the homes set aside for this opportunity, with 15% of units designated to sell to someone making 60% of the local median income and the remaining 15% designated for people making 80% of the local median income. At Hillcrest Village in cooperation with the Town of Southington, 10% of the homes here are reserved for sale to people making no more than 80% of the local median income.

Income Limits – Who are these houses designed for?

The 80% of the local median income is calculated yearly and currently. This means that any household making less than 80% of the median income can qualify to purchase one of these homes. The potential buyers still must qualify for a mortgage loan. Many police officers, nurses, teachers and others fall into this category. Connecticut has had a long history of expensive housing, and many Connecticut residents have found it difficult to find a home in the towns where they work or where they grew up. The HOD concept was introduced to help these people to be able to live where they work. The homes are deed restricted to keep the same 80% threshold when the houses are re-sold for a period of 40 years. These sales do not affect the value of the regular homes because appraisers note the deed restriction when doing their appraisals.

What do the HOD houses at Hillcrest look like?

The 10 set aside houses at Hillcrest have been designed to fit right into the blend of designs seen in the other house plans. Lot sizes are no different. Exterior features of the HOD homes are the same as the others and feature a covered front porch, two car garage and the same windows, siding and roofing as all other houses in the neighborhood. In addition, these houses are subject to the same covenants and restrictions that all houses at Hillcrest are subject to.

Where are the HOD houses located at Hillcrest?

There are 10 home sites randomly and evenly spaced throughout the neighborhood so that the HOD houses blend in seamlessly. They are lots 19, 26, 29, 36, 45, 49, 73, 75, 87 & 96.

What HOD is NOT:

This is not a HUD program, not low-income housing, and it is not a government program. However, there is an application process so that an independent Administrator can verify your Income and establish the Sales Price of the HOD homes.

Housing Opportunity District, Southington CT

May 15, 2021

Hillcrest Village, a community of 98 single family homes, approved by the Southington Planning and Zoning Commission has a Housing Opportunity District. This means that 10 of the 98 homes within the Hillcrest Village community are subject to long-term price restrictions, as set forth in the Affordability Plan for Housing Opportunity District Homes at Hillcrest Village, 508 and 544 Meriden -Waterbury Road, Southington, CT.

The affordability dated January 16, 2015 to the Southington Planning and Zoning Commission submitted by Hillcrest Homes LLC states that ten percent {10%} or ten {10} homes of the Community will be designates as affordable housing homes in accordance the Court Order. The Second Amendment to Declaration of Hillcrest Village specifies the HOD lots. These homes are located on a new road to be built off of Route 322 in Southington, CT 06489. The homes are Two (2) Story Traditional style homes on individual lots. Each home will be approximately 1800 square feet, each offering 3 bedrooms, 2.5 baths, full basement, and two (2) car garage. The Developer shall construct the HOD homes on lots, 19-26-29-36-45-49-73-75-87 and 96. The homes will be constructed in phases and dispersed throughout the community.

These homes are available to those persons whose total household income is less than or equal to eighty percent (80%) of the area or state wide median income whichever is less. The eligibility of the purchaser and the maximum sale price of the HOD home will be determined by the Administrator of the Affordability Plan based on a calculation outlined in the affordability plan. The HOD homes shall be occupied only as an owner's principal residence and leasing of the HOD homes by the owner shall be prohibited. The Resale of the home is deed restricted for forty (40) years by the Affordability Plan.

Price and income requirements are subject to change. Application fee will apply.

See: Hillcrest 2021 Income Limits Document, as of 2021

Hillcrest 2021 Income Limits

Maximum Income Limits as of 04/01/2021

Prepared on April 22, 2021

2021 State Wide Income Limits	
FY 2021 Income Limit Area	Median Income
State Wide	\$102,600
Town of Southington	\$104,300
80% AMI *Based on Statewide Limit below Southington Median AMI adjusted by Household Size	1- person \$57,456 2- person \$65,664 3 - person \$73,872 4 - person \$82,080 5 - person \$88,646

Available Units	Lots 19, 26, 29, 36, 45, 49, 73, 75, 87 and 96
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Southington, Hartford-West Hartford-East Hartford, CT HUD Metro FMR Area

AMI = area median income



Equal Housing Opportunities



*Hillcrest Village
Southington, Connecticut
HOD PRE APPLICATION*

Please Complete Application and **return by mail or in person** to one of these locations :

Calcagni Real Estate
330 S Main St
Cheshire, CT 06410

Calcagni Real Estate
630 Main St
Plantsville, CT 06479

Documents Required for each applicant and co-applicant:

Last two recent years of Connecticut & Federal income tax returns.

Completed Information below:

1. Personal Information

Applicant: Name _____

Current Address _____

Home Phone # _____ Work # _____ Cell # _____

Email Address: _____

Co-applicant: Name _____

Current Address _____

Home Phone # _____ Work # _____ Cell # _____

Email Address: _____

2. Household Information

If anyone, other than the above listed will be a co-applicant for the mortgage, please provide the following:

Name: _____ Relationship to applicant _____

3. Annual Income

Applicants

Employer _____ Address _____

Spouse/ Co-applicant

Employer _____ Address _____

Family Members	Wages	Child support/ Alimony	Public Assistance (AFDC, etc)	Social Security	Pensions, Unemployment
Applicant					
/ Co-Applicant					
3					
4					

4. Assets

Do you own your own home, or any other real estate? YES/NO (circle one)

If yes, please fill in the following:

Primary Residence

Town Assessed Value _____ Fair Market Value _____

Mortgage Balance _____ Bank _____

Other Real Estate, Address _____

Town Assessed Value _____ Fair Market Value _____

Mortgage Balance _____ Bank _____

5. Banking

Family Member	Checking Acct#	Bank Name	Balance	Savings Acct#	Bank Name	Balance
Applicant						
Spouse. Co-applicant						
3						
4						

List any other assets owned by you, your spouse or your dependents, such as real estate, stocks, bonds, money markets, trust funds, etc. and their present value.

ADMINISTRATOR USE ONLY: RECEIPT OF PRE-APPLICATION

DATE _____ TIME _____ BY _____

Hillcrest Village
Southington, Connecticut
HOD APPLICATION FOR SALE/RESALE SUMMARY
CHECKS LIST & AUTHORIZATION

Administration Fee \$ 550.00

Year: _____

Buyer is responsible for Administration Fee. Seller is responsible for pre-qualification fee and collection all required information from prospective buyers.

Enclosed Please Find & Complete for each applicant and co-applicant:

- 1. Application for HOD homes, Section 1 through 4**
- 2. Employment Verification Form, signed by employer**
- 3. Banking verification Form, signed by bank representative.**

Other Documents Required for each applicant and co-applicant:

- 4. Last two recent years of Connecticut & Federal income tax returns with all schedules (for each applicant) Copies only. Items will not be returned.**
- 5. Cashier or certified check for Administration fee. (Paid by Buyer).**

Please Note:

Verification and documentation must be provided before the application is deemed complete. A certified decision as to eligibility cannot be made until all items on the application have been verified. The administrator may require updates of information during the review process. Income will be re-verified at the time of purchase.

YOUR APPLICATION WILL NOT BE ACCEPTED FOR PROCESSING WITHOUT ALL REQUIRED FORMS AND DOCUMENTS. FORMS MUST BE COMPLETED IN FULL, SIGNED AND DATED.

I, (Applicant) _____ and (Spouse/Co-applicant) _____ authorize the release of my/our records of information concerning myself/ ourselves to Hillcrest Homes, LLC and to DeMarco Management Corporation to be used in confidence for the determination of my/ our eligibility to purchase a Housing Opportunity District home in Southington, CT. This includes banking, employment and police records verifications.

The following information is true and accurate to the best of my knowledge.

Applicant's Signature

Date

Co-applicants' Signature

Date

*** NOTE: Applicants who submit false information will be disqualified as HOD candidates, and prosecuted to the fullest extent of the law.

I. Personal Information

Applicant: Name _____

Current Address _____

Home Phone # _____ Work # _____ Cell # _____

Email Address: _____

Co-applicant: Name _____

Current Address _____

Home Phone # _____ Work # _____ Cell # _____

Email Address: _____

II. Household Information

If anyone, other than the above listed will be a co-applicant for the mortgage, please provide the following:

Name: _____ Relationship to applicant _____

Household Members/ Co-applicant	Name	Date of Birth	Place of Birth	Social Security Number

III. Annual Income

Applicants

Employer _____ Address _____

Spouse/ Co-applicant

Employer _____ Address _____

Family Members	Wages	Child support/ Alimony	Public Assistance (AFDC, etc)	Social Security	Pensions, Unemployment

Applicant					
/ Co-Applicant					
3					
4					

Assets

Do you own your own home, or any other real estate? YES/NO (circle one)

If yes, please fill in the following:

Primary Residence

Town Assessed Value _____ Fair Market Value _____

Mortgage Balance _____ Bank _____

Other Real Estate, Address _____

Town Assessed Value _____ Fair Market Value _____

Mortgage Balance _____ Bank _____

Banking

Family Member	Checking Acct#	Bank Name	Balance	Savings Acct#	Bank Name	Balance
Applicant						
Spouse. Co-applicant						
3						
4						

List any other assets owned by you, your spouse or your dependents, such as real estate, stocks, bonds, money markets, trust funds, etc. and their present value.

ADMINISTRATOR USE ONLY: RECEIPT OF APPLICATION

DATE _____ TIME _____ BY _____

This applicant is being considered as an HOD candidate for the purchase of Lot # _____, with a Street address _____, Southington, CT

This unit is a deed restricted HOD unit. It is available to persons/ buyers whose total household income is greater than \$ _____, but less than, or equal to \$ _____, and the maximum sale price of this unit is \$ _____.

Administrator approval after application review and interview, to purchase a HOD opportunity home.

HOD **Lot#** _____ Address: _____ Model: Grafton

The administrator authorizes the above sale price for a period of 180 days.

Administrator: _____ Date _____

EMPLOYMENT VERIFICATION (Filled out by Employer)

To be completed for each applicant and co-applicant.

Applicant: _____

Address: _____

To Whom It May Concern:

The person(s) named above is/are an applicant for a Housing Opportunity District home. We are required to verify the incomes of all members of the applicant's families. The information below is for only for the purposes of determination of eligibility. Please complete the portion below, which is applicable.

Employer: Company: _____

Address: _____

Phone: _____

Contact: _____

How long have you employed applicant? _____

What is applicant's rate of pay? _____ Annual Salary _____

If hourly how many hours per week does applicant work?

Regular _____ Overtime _____

Signature _____ Title _____ Date _____

BANKING VERIFICATION (Filled out by bank)
 To be completed for each applicant and co-applicant.

Applicant: _____ Social Security #: _____

Address: _____

Spouse / Co-Applicant: _____ Social Security #: _____

Address: _____

To Whom It May Concern:

The person(s) named above is/axe an applicant for a Housing Opportunity District home. We are required to verify the incomes of all members of the applicant's families. The information below is for only for the purposes of determination of eligibility. Please complete the portion below, which is applicable.

Acct. Type and Acct. #	Acct. Balance this date	Annual Interest Rate	Interest past 12 Months	Anticipated Int. Next 12 Months

The above information is only an approximation and is valid only if there are no transactions or changes in the rate of interest being paid.

Remarks _____

Signature, Bank Official

Bank Association

Title

Date Filled Out

**General Authorization for Release of Information
For
DeMarco Management Corporation**

Name: _____

Address: _____

I, the above named individual, have authorized DeMarco Management Corporation as Administrator for Hillcrest Village Housing Opportunity District to verify the accuracy of the information I have provided to them. This information will be used to determine eligibility for the housing programs as required by the State of Connecticut Department of Housing (DOH), Connecticut Housing Finance Authority (CHFA) and Housing & Urban Development (HUD verifications i.e., ASSETS, ALL Income, AND YEAR to date taxes.

I hereby give you my permission to release this information to DeMarco Management Corporation understanding that it is to be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to DeMarco Management Corporation within five (5) days of receipt of this request.

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

Thank you for your assistance and cooperation in this matter.

Applicant Signature

Date

Co-Applicant Signature

Date

THIS AUTHORIZATION IS VALID FOR A PERIOD OF FIFTEEN MONTHS FROM THE DATE NOTED ABOVE.

ADDRESS AFFIDAVIT

Date: _____

TO WHOM IT MAY CONCERN:

I / WE HEREBY CERTIFY THAT I WILL RESIDE IN THE PROPERTY AND MAINTAIN IT AS MY PRIMARY RESIDENCE:

PROPERTY: _____

Applicant Signature

Co-Applicant Signature

Applicant Printed Name

Co-Applicant Printed Name

Subscribed and sworn to before me this _____ day of _____, 201_____

_____ My commissions expires _____

Notary Signature

(Insert Seal Here)