

SENIORS SAVE



A program to help income-eligible seniors replace their failing or inefficient heating systems. If you are at least 60 years old, you may be eligible!

BENEFITS:

- Save Money! New energy-efficient systems will reduce \$\$ spent on heat!
- An \$8,000 grant to replace a failing/inefficient heating system
- If needed, A zero interest (0%), deferred loan for any remaining balance.

QUALIFICATIONS:

- Be a Boston resident 60 years of age or older, and living in an owner-occupied 1-4 family home, or condominium
- Have a heating system at least twelve (12) years old
- Have an income of up to [eighty percent \(80%\) of Area Median Income \(AMI\)](#), as established by the Department of Housing and Urban Development
- Please note: if you qualify for ABCD fuel assistance, heating systems replacements and weatherization are available to you at no cost.
- Please send your completed application to:

**Seniors Save
c/o The Boston Home Center
26 Central Avenue Hyde Park, MA 02136**

**For more information, visit
HomeCenter.boston.gov, or call 617.635.4663**

Seniors Save is a complete heating system replacement program for eligible senior citizen homeowners in Boston. It helps senior citizens replace aging heating systems before they break down and create an emergency situation for the senior homeowners. The new replacement systems will be energy efficient and will result in both a monetary and fuel savings for the senior homeowner.

APPLICANT (Owner of Property)

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone Number: _____

Social Security Number: _____ Applicant's Annual Income: \$ _____

Source of Income: _____

Do you receive fuel assistance: ____ Yes ____ No

Please provide information on other persons residing in the owner(s) unit:

| Name | Relationship to Owner | Age | Income |
|-------|-----------------------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

CO-APPLICANT (Co-Owner of Property)

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone Number: _____

Social Security Number: _____ Applicant's Annual Income: \$ _____

Source of Income: _____

Please provide the following information for each unit in the property, including your own:

| Unit Number | Vacant? (Y/N) | Monthly Rent | Occupant's Name |
|-------------|---------------|--------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Age of current heating system: _____

Are Applicants current on property taxes & Boston Water and Sewer?

Has either Applicant been foreclosed upon by the City of Boston for non-payment of real estate taxes or other indebtedness? Yes No

If yes, please list property address and explain: _____

Has either Applicant filed for bankruptcy in the past ten (10) years? Yes No

If yes, is this home included in the bankruptcy? Yes No

Has either Applicant received or applied to receive home rehabilitation assistance or funds from DND in the last five (5) years? Yes No

The following information is used solely for Federal reporting purposes and analysis and will be kept confidential. Submission of this information is voluntary.

Please check all that apply:

White (Not of Hispanic origin) Hispanic Black (Not of Hispanic origin)

Cape Verdean Asian Other Female Head of Household

I/we hereby certify that the information provided in this application is true and complete to the best of my/our knowledge. I/we authorize the City of Boston to investigate my/our record(s) of credit. I/we hereby grant permission to the Department of Neighborhood Development to enter my property for the purposes of repair survey and inspection.

Signed under the pains and penalties of perjury this _____
Month Day Year

Applicant's Signature: _____

Co-Applicant's Signature: _____

Please submit the following documentation with this application:

- Copy of the Deed to the property with Book and Page number (also called a “quitclaim” deed, “warranty” deed, or “certificate of title”). A copy can be picked up at the Edward Brooke Courthouse - Registry of Deeds, 24 New Chardon Street, Boston.
- If applicable, a copy of the death certificate for all deceased persons listed on the recorded deed. A copy of a death certificate can be picked up at the Registry of Births, Deaths, and Marriages, City Hall, 2nd Floor Room 213.
- Current pay stub and Social Security award letter plus proof of any other income, such as a pension, for all owners. Contact your local Social Security office - the main number is (800) 772-1213.
- Copy of most recent year’s income tax returns. (IRS form 1040, 1040A, or 1040EZ) for all owners, where applicable.
- Copy of current Boston Water and Sewer Commission bill.
- Copy of current Mortgage Statement.
- Copy of Homeowner’s Insurance Policy.

Additional information may be required from an applicant.

Please return the completed application to:

Seniors Save
26 Central Avenue
Hyde Park, MA 02136