

# Homeowner Financial Assistance Application Checklist

## Department of Neighborhood Development

### The Boston Home Center

Thank you for your interest in the Boston Home Center. Below is a list of the documents you need to include with your application. Please make sure to include all required documents listed.

When your application is complete with all of the documents below, please mail to:

**The Boston Home Center**  
**Attn: Homeowner Assistance Programs**  
**26 Central Ave**  
**Hyde Park, MA 02136**

Once we receive this package, we will notify you in writing about your application status.

#### **DOCUMENTS REQUIRED OF ALL APPLICANTS:**

1. Completed and signed Program Application. All owners must be included on the application.
2. Completed and signed Program Disclosure
3. Copy of the Recorded Deed (also called a “Quitclaim Deed”, “Warranty Deed”, or “Certificate of Title”). A copy can be obtained at the Edward Brooke Courthouse - Registry of Deeds, 24 New Chardon Street, Boston, or go to [www.suolkdeeds.com](http://www.suolkdeeds.com).
4. If needed, an original Death Certificate for all deceased persons listed on the recorded deed (if not recorded with Suffolk Registry of Deeds). A Death Certificate can be obtained at the Registry of Births, Deaths, and Marriages, City Hall, Room 213, Boston, MA, 02201
5. Copy of current Homeowner’s Insurance Policy. If home is located in designated flood plan area, documentation of coverage is required.
6. Copy of the most recent signed Federal Tax Return including W-2 Forms and all Schedules. (IRS form 1040, 1040A, or 1040EZ) for all owners. If Self-Employed, provide a year-to-date Profit and Loss Statement signed by you and your accountant, and copies of the last two years of Federal Tax Returns.

7. Two current pay stubs for all household members 18 years old or older; and/or proof of income from all other sources such as Social Security Award Letter, Unemployment Compensation, Pension, etc.\*
8. Current Mortgage Statement for all loans against property including any equity or rehab loans. Include a letter of explanation for use of equity loan.
9. Copy of most recent savings, checking and other account balance statements from all depository institutions (such as 401K's, stocks, bonds, credit union, etc.) for all owners
10. Provide two (2) estimates from licensed contractors for your home repair(s). Please include a copy of the following from your chosen contractor: Home Improvement Registration Certificate, Construction License, EPA Renovator Certificate, and Liability Insurance

*\*For all individuals over the age of 18. If person/s is/are not employed, copy of school transcript or explanation of circumstances and a No Income Affidavit must be supplied.*

*Additional financial information may be required from an applicant. All requested information must be provided to the City of Boston.*

**Notes:** Write in any additional information you feel we should know in order to process your application.

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# HOME REPAIR PROGRAM APPLICATION

## The Boston Home Center

### Department of Neighborhood Development

Please check the box next to the specific program you are applying for:

- HomeWorks HELP
- Senior Home Repair
- Lead Safe Boston
- ADU Program

#### I. Applicant Information

**Applicant:** \_\_\_\_\_

First Name

MI

Last Name

**Email Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_

Street

City

State

Zip Code

**Phone:** \_\_\_\_\_

Home

Cell

Work

**U.S. Citizen?** \_\_\_ Yes \_\_\_ No

**Resident Alien?** \_\_\_ Yes \_\_\_ No

**Co- Applicant:** \_\_\_\_\_

First Name

MI

Last Name

**Email Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_

Street

City

State

Zip Code

**Phone:** \_\_\_\_\_

Home

Cell

Work

**U.S. Citizen?** \_\_\_ Yes \_\_\_ No

**Resident Alien?** \_\_\_ Yes \_\_\_ No

## II. Household Income Information

List all persons who reside in the property. Income must be listed for all household members over the age of 18.

Household Member's Name	Date of Birth	Relationship to Applicant	Gross Annual Income**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total number of people in the household:** \_\_\_\_\_

*\*\* Sources of income include salary, overtime, bonus, commission, social security/retirement benefits, unemployment benefits, interest/dividend income, welfare, alimony/child support and all other income.*

**Has the applicant received financial assistance from the City of Boston Department of Neighborhood Development in the past?** \_\_\_ Yes \_\_\_ No

If yes, what date did you receive the financial assistance?

\_\_\_\_\_

What was the purpose of the financial assistance?

\_\_\_\_\_

What is the address of the property where you received the financial assistance?

\_\_\_\_\_

## III. Asset Information

Value of all other real estate owned (non-primary residence): \$\_\_\_\_\_

Total funds in checking and savings accounts: \$\_\_\_\_\_

Have you sold any assets in the last two (2) years below fair market value? \_\_\_ Yes \_\_\_ No

## IV. Property Information

Please check the type of property:

Single Family  Two Family  Three Family  Four Family  Condominium

Please describe the interior and exterior repairs that are needed:

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Rental Unit Information (complete only if applicable):

Rental Unit Number	Vacant? (Yes/No)	Number of Bedrooms	Tenant Name	Monthly Rent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does the property need de-leading work?  Yes  No

If "Yes", does or will a child under 6 years of age reside in the property?

Yes  No

If "No", does a child under 6 years of age visit the property on a regular basis?

Yes  No

If "Yes", how many hours per week does/will the child spend at the property?

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## v. Affirmative Marketing Information

Please complete the following section to assist us in fulfilling our affirmative marketing requirements. Your response is voluntary and will not affect your application.

### Race/Ethnicity of person in your household (check all that apply):

American Indian/Alaskan Native     Asian     Black or African American

Native Hawaiian or other Pacific Islander     White

Hispanic or Latino     Other: \_\_\_\_\_

**Is the Applicant disabled?**  Yes  No

**Is the Applicant over 62 years of age?**  Yes  No

**Is the Applicant a Female Head of Household?**  Yes  No

## VI. Sign and Date

I declare under the penalty of perjury that the foregoing information is true, accurate, complete and correct in all respects. I hereby authorize the City of Boston to independently verify the information provided here. I certify that I have read the Program Disclosure and I agree to the Terms and Conditions of this program. I understand that under the False Claims Act, 31 U.S.C. §§3279-3733, those who knowingly submit, or cause another person or entity to submit, false claims for payment of government fund, are liable for three times the government's damages plus civil penalties per each false claim.

\_\_\_\_\_  
*Applicant (print name)*                      *Applicant Signature*                      *Date*

\_\_\_\_\_  
*Co-Applicant (print name)*                      *Co-Applicant Signature*                      *Date*

- By checking this box, I acknowledge that typing my name is a substitute for formally signing this document.*

# Program Disclosure – Senior Home Repair

## Department of Neighborhood Development – The Boston Home Center

The Boston Home Center’s Senior Home Repair Program provides home repair services to income-eligible senior homeowners who live in Boston. The program, from the Department of Neighborhood Development (DND), offers deferred loans to assist income-eligible seniors who live in a 1-4 residential property via federal Community Development Block Grant funds provided by the U.S. Department of Housing and Urban Development (HUD) to the City of Boston. This disclosure must be signed at the time of application; a Terms and Conditions document will be signed at the time of the funding commitment. This program is subject to funding availability.

### ELIGIBILITY REQUIREMENTS

**To qualify for the Senior Home Repair Program, all of the following must be true:**

- Applicant Homeowner must be 62 years of age or older
- Applicant must be an owner- occupant for at least ten (10) years of 1-4 family property in Boston
- Property in need of repair must be homeowner’s primary residence
- Current on Boston Water and Sewer payments
- Current on property tax payments to the City of Boston
- [Household income does not exceed 80% of Area Median Income as determined by HUD](#)
- For multi-family properties, 51% or 67% of occupant households must not exceed 80% of AMI as determined by HUD. (See chart above). This means one (1) household of a two (2) family property, two (2) households of a three (3) family property and three (3) households of a four (4) family property must meet the income eligibility guidelines.

## Program Disclosure – Senior Home Repair – 2

### PROGRAM TERMS AND CONDITIONS

- A. I understand that the use of the singular “I”; “my” “Recipient”; and “Homeowner” shall include the plural in the case of more than one Homeowner.
- B. I understand that I must be the sole owner(s) of the property to be rehabilitated, and it must be my principal residence for ten years or more and for the duration of the loan.
- C. I understand that my total annual household income must not exceed that of 80% of HUD area median income.
- D. I understand that at the time of application, real estate taxes must be current on any property I own in the City of Boston, and that no payment shall be made under this Program unless tax payments are current.
- E. I understand that at the time of application, no arrearage on Boston Water and Sewer Commission (BWSC) payments are owed on any property I own in the city of Boston and understand that no payments shall be made under this Program unless BWSC payments are current.
- F. I understand that at the time of application, I nor those with whom they have business ties, nor any immediate family member is currently or has been within the past twelve (12) months, an employee, agent, consultant, officer or elected or appointed official of the City of Boston Department of Neighborhood Development. For purposes of this disclosure “immediate family member” shall include parents, spouse, siblings, or children, irrespective of their place of residence.
- G. I understand that at the time of application, I nor any member of my immediate family is currently employed or has been employed within the past twelve (12) months by the City of Boston’s Office of Workforce Development, its Office of Fair Housing and Equity, or any other organization funded with Community Development Block Grant funds.
- H. I understand that at the time of application, I have not been convicted of tenant harassment in the Housing Court and I am not a defendant in a criminal complaint in Housing Court.



## Program Disclosure – Senior Home Repair – 3

- I. I understand that at the time of application, I have not been convicted of violating Fair Housing laws, nor am I currently on trial for such violations, or currently in mediation with the Boston Fair Housing and Equity, or the Massachusetts Commission Against Discrimination (MCAD).
- J. I understand that as a Recipient of the program, I will agree to the placement by DND staff or the contractor of a sign indicating that the property is being rehabilitated with assistance from DND/Boston Home Center. Such sign which will be approximately two (2) feet by three (3) feet, shall remain displayed for the duration of the construction period, and for thirty (30) days thereafter.
- K. I understand that as a Recipient of the program, if asked by DND staff, I must consent to speaking with the press and to participate in a press event and/or other publicity related to the project DND is funding.

### REHABILITATION

- A. I understand that as a Recipient of the program, I will permit representatives of the DND Boston Home Center Division to survey and inspect the exterior and interior of the structure, including all dwelling units and I agree to correct all health and safety items related to home repairs.
- B. I understand that as a Recipient of the program, I must agree to comply with the appropriate HUD regulations, also known as Lead Safe Work Practices. These practices require contractors to stabilize all loose and/or flaking paint and to contain areas where paint is disturbed so that paint dust does not permeate other areas of the home. Lead Safe work practices are outlined in HUD Regulations 24 CFR, Section 35. Massachusetts Regulations relating to Lead Poisoning Prevention and Control 105 CMR 460.00, Massachusetts General Law Chapter 111, and U.S. Environmental Protection Agency (EPA) Renovation, Repair, and Painting Rule.
- C. I understand that as a Recipient of the program, I shall comply with the guidelines and regulations pertaining to houses and districts listed in the National Register of Historic Places or designated as a Land Mark District by the State Historical Commission or by the City of Boston Landmarks Commission. Non-compliance will result in the ineligibility of that work item for assistance.

## Program Disclosure – Senior Home Repair – 4

- D. I understand that as a Recipient of the program, I will need to review and approve the Preliminary Specifications and Cost estimate before the contractors are asked to submit their cost estimates.
- E. I understand that as a Recipient of the program, I will authorize an inspection of the work to be performed at an agreed upon time and date by the potential contractors/bidders.
- F. I understand that as a Recipient of the program, I may have any Contractor of my choice bid on the rehabilitation to be performed on the property, providing he/she qualifies in terms of insurance and holds licenses for the work to be performed at the time of issuance of the proceed to work order.
- G. I understand that as a Recipient of the program, should I desire a particular contractor to perform the rehabilitation work, I will inform the agency prior to the contractor viewing and obtaining cost estimates.
- H. I understand that as a Recipient of the program, permit representatives of the DND Boston Home Center Division to survey and inspect the exterior and interior of the structure, including all dwelling units before, during and after construction. Final payment is conditional upon inspection and certification by DND staff that all work has been satisfactorily completed.
- I. I understand that as a Recipient of the program, the general contractor obtains all necessary building permits for work to be performed and will leave the original building permit with them prior to starting the project. If the contractor does not provide the building permit, I will notify the DND Construction Specialist promptly. The costs of obtaining such permits are to be included in the contractor's bid price.
- J. I understand that as a Recipient of the program, payment to the contractor can only be made for those items on the approved Work write-up. All Change Orders are to be approved by the Recipient, the Contractor and the DND Construction Specialist. If the Recipient ask that the Contractor to do work not on the Work write-up, it is his/her responsibility to provide the payment for this work. However, the DND Construction Specialist must be told of all additional work.

## Program Disclosure – Senior Home Repair – 5

- K. I understand that as a Recipient of the program, payment shall be made directly to the Contractor who performed the rehabilitation work, only after inspection and acceptance of the work by the DND Construction Specialist.
- L. I understand that as a Recipient of the program, the final payment shall be made to the Contractor who performed the rehabilitation work only after final inspection and acceptance of the work by the City of Boston Inspectional Services Department, the DND Construction Specialist, and the homeowner. Notwithstanding this procedure, in the event that I file a written objection to payment to the Contractor with the Homeowner Services Division within seven (7) days after final inspection and signoff by ISD and DND due to concerns relating to the quality of the rehabilitation work, then DND will retain an independent inspector to determine the adequacy of the rehabilitation work. The findings of the independent inspector shall be final and will determine whether the Contractor will be paid.
- M. I understand that as a Recipient of the program, I acknowledge that, during the process, should I be deemed ineligible by the terms outlined in Sections A-K above, I will be solely and fully responsible for payment to the Contractor. Failure to pay may lead to legal recourse by the Contractor.
- N. I understand that as a Recipient of the program, I will make all locations accessible to the Contractor and remove all personal possessions from said locations as not to interfere with the timely execution of the required work and to prevent damage to said possessions. Also, I will make said premises available to the Contractor between the hours of 7:00 a.m. and 5:00 p.m. on Mondays through Saturdays.

### TENANTS AND PROPERTY UTILIZATION

- A. I understand that as a Recipient of the program, I cannot convert the property to condominiums for a period of ten (10) years after construction.
- B. I understand that as a Recipient of the program, I will not discriminate upon the basis of race, color, sex, religion or national origin in the lease, rental or use and occupancy of the property.

## Program Disclosure – Senior Home Repair – 6

- C. I understand that as a Recipient of the program, a majority of the dwelling units will need to be occupied by low- or moderate-income households (households with income below 80% of median income for the Boston PMSA) after rehabilitation is completed. I understand that my acceptance into the Program maybe based on the income categories of said tenants subject to verification of said income (excluding two family properties since income is based solely on Recipient income eligibility).
- D. I understand that as a Recipient of the program, I will maintain the property and keep the improvements insured against loss by fire or other hazards included within the term “extended coverage” and any other hazards, including floods or flooding for which requires insurance.
- E. I understand that as a Recipient of the program, insurance proceeds will be applied to restoration or repair of the property damaged, if restoration or repairs is economically feasible.
- F. I understand that as a Recipient of the program, agrees that existing tenants shall not be displaced as a result of rehabilitation work performed through the Program.
- G. TENANT LETTER – I understand that as a Recipient of the program, I will provide Tenants with a DND Tenant Letter and return envelope for the purpose of obtaining federally required information on all tenants, specifically tenant income, family size, race and the sex of the household. Tenants are required to return the Tenant Letter directly to DND in the envelope provided. For multi-family properties, 51% or 67% of occupant households must not exceed 80% of median family income as determined by HUD (See 80% HUD CDBG Area Median Income Limits for Owner-Occupants and Tenants chart on page 1.)

### FINANCING

- A. I understand that as a Recipient of the program, I agree to be enrolled in the Senior Home Repair Program.
- B. I understand that as a Recipient of the program, I will apply to DND for a deferred loan. This is a non-interest bearing subsidy, the terms of which are to be stated and secured by a Promissory Note and Mortgage to be executed at the loan closing.

## Program Disclosure – Senior Home Repair – 7

- C. I understand that as a Recipient of the program, if the property is sold, conveyed or title is otherwise transferred, the loan must be repaid to the City of Boston.
- D. I understand that as a Recipient of the program, I will purchase the minimum insurance premiums if the property is located in a HUD-designated flood plain area.
- E. I understand that as a Recipient of the program, I will maintain homeowners insurance to cover replacement.
- F. I understand that as a Recipient of the program, that subordination for refinancing my property will be allowed only for the following reasons: Reduction in interest rate and rehabilitation to the property. Total debt cannot exceed 85% of the appraised value. Loan may be repaid in full at any time with no prepayment penalty.

### AUDITING

I understand that as a Recipient of the program, DND may from time to time undertake auditing procedures through a random sample of cases in order to comply with Federal Community Development Block Grant guidelines, I agree to cooperate fully with an audit/survey of the property if so required.

# Program Disclosure – Senior Home Repair – 8

## DISCLAIMER

The Senior Home Repair Program is a conditional loan program to homeowners to make home repairs that they have chosen to make. The City is not party to the contract between the homeowner and the contractor. The Senior Home Repair Program does not give any rights to contractors, third persons or entities not party to this loan agreement.

The Homeowner certifies that he/she understands all the above terms and conditions and that all information furnished by the Homeowner is given for the purpose of obtaining a housing assistance loan and technical assistance from the City of Boston, and that said information is true and complete to the best of the knowledge and belief of the Homeowner. Any intentional misrepresentation of any material facts in connection with this program could result in denial of benefits or repayments to the City of any benefits previously granted under the Program. Such misrepresentation is a violation of Federal and State law.

Signed under the penalty of perjury.

\_\_\_\_\_  
Homeowner/Applicant (Signature)

\_\_\_\_\_  
Homeowner/Co-Applicant (Signature)

\_\_\_\_\_  
Homeowner/Applicant (Print)

\_\_\_\_\_  
Homeowner/Co-Applicant (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date