

SENIORS SAVE

Mayor Walsh’s 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!
- Get a free energy audit and reduce drafts and heat loss, saving more \$\$!
- A zero interest (0%), deferred loan to replace a failing/inefficient heating system

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

Household Size & Income Levels	One-person household:	\$56,800
	Two-person household:	\$64,900

- 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 Court Street, 9th floor
Boston, MA 02108**

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

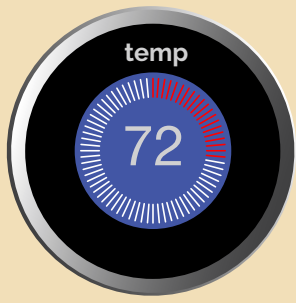


City of Boston
Mayor Martin J. Walsh



NEIGHBORHOOD
DEVELOPMENT





SENIORS SAVE PROGRAM APPLICATION

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: () _____ SSN: _____
Applicant's Annual Income \$ _____ Source of income: _____
Do you receive fuel assistance? Yes ___ No: ___

Please provide information on other persons residing in 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: () _____ SSN: _____
Applicant's Annual Income \$ _____ Source of income: _____

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

Unit #	Vacant (Y/N)	Monthly Rent	Occupant's Names
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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?

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): ___ Black (Not of Hispanic origin): ___ Hispanic: ___ Asian: ___
Cape Verdean: ___ 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 ___ day ___ of year _____

Applicant's Signature: _____

CoApplicant's Signature: _____

Please submit the following documentation with this application:

1. ___ 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 Brook Court House -Registry of Deeds, 24 New Chardon Street, Boston.
2. ___ If applicable copy of 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.
3. ___ Current pay stub and Social Security award letter plus proof of any other income such as pension for all owners. Contact your local Social Security office, the main number is 800-772-1213.
4. ___ Copy of most recent year's income tax returns. (IRS form 1040, 1040A, or 1040EZ) for all owners where applicable.
5. ___ Copy of current Boston Water and Sewer Commission bill.
6. ___ Copy of current Mortgage Statement.
7. ___ Copy of Homeowner's Insurance Policy.

Additional information may be required from an applicant.

Please return the completed application to:

**Seniors Save c/o DND
26 Court St., 9th floor
Boston, MA 02108**