



**CITY OF WALTHAM
PLANNING DEPARTMENT
HOUSING DIVISION
REHABILITATION PROGRAM**



This program is funded through the federal Community Development Block Grant Program (CDBG). The CDBG Program also funds other projects in the City, including road reconstruction, handicapped accessibility, park and recreation facilities, and social services.

Communities throughout the country offer similar programs with Block Grant funding. Each program is designed to meet one of two national objectives: prevention of blight, and assistance to low-moderate income people. Federal auditors review program files annually to ensure that the local staff has met, and documented, one of these national objectives.

The national objective for the City of Waltham Housing Rehabilitation Program is to benefit low and moderate-income people.

What does the Program do?

The Housing Rehabilitation Program provides deferred loans for improvements that address health and building code violations, weatherization, handicapped access and Lead Paint Removal.

How does it work?

If you are determined eligible for funding, our Rehabilitation Specialist will inspect your property and prepare a report on his findings, along with recommendations. This report is reviewed by the program staff and will include review of both the historical significance and determination of whether or not the property is located in a floodplain. The Rehabilitation Specialist then prepares a work write-up for your review. He will work with you to select several contractors from a pre-approved list and invite them to submit bids on the project. With your authorization, the lowest acceptable bidder will be selected to do the work. While you will also be signing program agreements and loan documents with the City, the contract is between you and the contractor.

NO CONTRACTS ARE TO BE SIGNED AND NO WORK IS TO BEGIN BEFORE THE LOAN PROCESS IS COMPLETE.

ALL PROJECTS DETERMINED TO POTENTIALLY DISTURB LEAD PAINT WILL REQUIRE A TITLE X LEAD INSPECTION. THE CITY OF WALTHAM WILL FUND THE COST OF THE LEAD INSPECTION. IF LEAD REMOVAL IS REQUIRED THE HOMEOWNER WILL BE ELIGIBLE FOR ADDITIONAL ASSISTANCE.

How do I know I am income eligible?

All income earned by everyone in the household must be declared for purposes of determining if the household is income-eligible for downpayment assistance. HUD requires that a household's adjusted gross income (as defined by IRS) not exceed the following limits:

Family of 1 - \$46,300	Family of 5 - \$71,450
Family of 2 - \$52,950	Family of 6 - \$76,750
Family of 3 - \$59,550	Family of 7 - \$82,050
Family of 4 - \$66,150	Family of 8 - \$87,350

How do I know whether my property is eligible?

- In Waltham, the program operates Citywide.
- Applications are accepted on a first-come, first-serve basis.
- 1 - 4 Family - owner occupied units are eligible.
- PLEASE NOTE THAT IT IS THE POLICY OF THE CITY OF WALTHAM, NOT TO PROVIDE ASSISTANCE TO PROPERTY OWNERS WHO ARE NOT CURRENT IN THEIR PROPERTY TAX PAYMENTS OR OTHER FEES TO THE CITY.

What are the terms of the loans?

The maximum loan amount is \$10,000.00. * The loan is interest-free and is due on sale or transfer of the property. (No monthly payment.) The loan is secured by a Mortgage. ONE LOAN PER HOUSEHOLD!

*If lead removal is necessary this amount may increase.

How do I apply?

Call the Waltham Housing Rehabilitation Office at 781-314-3380 for an application and return it along with a copy of your deed and Federal Income Tax (1040).

CITY OF WALTHAM HOUSING DEPARTMENT
119 SCHOOL STREET
WALTHAM, MA 02451

FAVOR DE COMUNICARSE CON LA OFICINA DE VIVIENDA SI NECESITARA AYUDA CON LA
TRADUCCION DE ESTA SOLICITUD.

PLEASE RETURN WITH COPY OF DEED AND INCOME TAX (1040)

HOUSING REHAB PROGRAM - PRELIMINARY APPLICATION

PLEASE COMPLETE ALL SECTIONS ON THIS APPLICATION THAT APPLY TO YOU. IF
INFORMATION DOES NOT APPLY TO YOU, PLEASE WRITE N/A (NOT APPLICABLE). IF YOU
NEED ASSISTANCE IN COMPLETING THE APPLICATION PLEASE CALL THE HOUSING REHAB
OFFICE AT 781-314-3380.

NAME OF APPLICANT (S): _____ AGE: _____

_____ AGE: _____

ADDRESS: _____

_____ PHONE: _____

SOCIAL SECURITY NUMBERS: _____

NO. OF DEPENDENTS: _____ AGES: _____

MONTHLY SOCIAL SECURITY: _____

OTHER PENSION (S): _____ SOURCE: _____

MORTGAGE INFORMATION:

OWNER (S) OF RECORD: _____

(LIST ALL OWNERS & NOTE IF PROPERTY IS IN A TRUST)

NO. OF APARTMENTS: 1-FAM. 2-FAM. 3-FAM. 4-FAM

NAME AND ADDRESS OF BANK: _____

ORIGINAL MORTGAGE AMOUNT: _____ UNPAID BALANCE: _____

MONTHLY PAYMENT - PRINCIPAL AND INTEREST ONLY: _____

MORTGAGE ACCOUNT NUMBER: _____

TOTAL MONTHLY RENTAL INCOME: _____

DO YOU HAVE A SECOND MORTGAGE ON THE ABOVE PROPERTY? _____

DO YOU OWN ANY OTHER PROPERTY? PLEASE LIST ON BACK OF APPLICATION.

EMPLOYMENT:

OWNER'S EMPLOYMENT: _____

ADDRESS: _____ SALARY: _____

CO-OWNER'S EMPLOYMENT: _____

ADDRESS: _____ SALARY: _____

ASSETS:

CHECKING ACCOUNT NUMBER(S): _____

NAME AND ADDRESS OF BANK(S): _____

SAVINGS ACCOUNT NUMBER(S): _____

NAME AND ADDRESS OF BANK(S): _____

ANY OTHER ACCOUNTS, PLEASE SPECIFY AND LIST ON BACK OF APPLICATION

THE APPLICANT/S CERTIFY ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NAMED HEREIN.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.C. TITLE 18, SECTION 1001, PROVIDES:

“WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR ENTRY, SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONMENT NOT MORE THAN FIVE YEARS OR BOTH.”

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

VIII. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

National Origin	Borrower	Co-Borrower
I do not wish to furnish this information		
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/ Other Pacific islander		
American Indian /Alaskan Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaskan Native & Black/ African American		
Other Multi Racial		
Hispanic		

NON-DISCRIMINATION STATEMENT

I/WE _____

HEREBY CERTIFY THAT THERE WILL BE NO DISCRIMINATION UPON THE BASIS OF RACE, COLOR, CREED, OR NATIONAL ORIGIN IN THE SALE, LEASE OR USE OR OCCUPANCY OF THE PROPERTY THAT IS BEING REHABILITATED WITH DEPT. OF HOUSING AND URBAN DEVELOPMENT, STATE AND/OR CITY OF WALTHAM HOUSING REHABILITATION LOAN FUNDS.

_____ HOMEOWNER SIGNATURE

_____ HOMEOWNER SIGNATURE

CONFLICT OF INTEREST CERTIFICATION

I CERTIFY THAT MY ANSWERS TO THE FOLLOWING QUESTIONS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I UNDERSTAND THAT THE WORK “YOU” INCLUDES THE UNDERSIGNED AND THE APPLICANT FOR THE LOAN, OR OTHER ASSISTANCE, AND ANY PRINCIPAL THEREOF:

1. ARE YOU PRESENTLY, OR HAVE YOU BEEN IN THE LAST TWELVE MONTHS, EMPLOYEE, AGENT, CONSULTANT, OFFICER, OR ELECTED OR APPOINTED OFFICIAL OF ANY CITY AGENCY RECEIVING CDBG FUNDS DIRECTLY OR INDIRECTLY FROM THE CITY OF WALTHAM:

YES _____ NO _____

IF YOU ANSWERED NO TO QUESTION 1, YOU NEED NOT ANSWER THE FOLLOWING:

2. WHAT IS THE NAME OF THE AGENCY WITH WHICH YOU ARE, OR HAVE ASSOCIATED?

3. DO YOU PRESENTLY EXERCISE, OR HAVE YOU IN THE LAST 12 MONTHS EXERCISED, ANY FUNCTIONS WITH RESPECT TO CDBG ACTIVITIES?

4. ARE YOU PRESENTLY OR HAVE YOU BEEN IN THE LAST 12 MONTHS IN A POSITION TO PARTICIPATE IN A DECISION-MAKING PROCESS WITH REGARD TO CDBG ACTIVITIES?

5. IF YOU ANSWERED “YES” TO EITHER QUESTION 3 OR 4, ARE THERE ANY FACTORS WHICH YOU BELIEVE MIGHT JUSTIFY AN EXCEPTION TO THE CONFLICT OF INTEREST PROVISIONS? _____ IF YES, EXPLAIN...

_____ HOMEOWNER

_____ HOMEOWNER

TENANT INFORMATION AND SURVEY

THIS IS TO INFORM YOU THAT THE LANDLORD OF YOUR UNIT IS APPLYING FOR FEDERAL AND/OR STATE FUNDS FROM THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AND/OR THE STATE OF MASSACHUSETTS AND THE CITY OF WALTHAM FOR HOUSING REHABILITATION IMPROVEMENTS. PLEASE BE INFORMED THAT YOU, AS A TENANT, WILL NOT BE DISPLACED AS A RESULT OF THIS WORK. PLEASE CALL JANET BARRY AT THE HOUSING OFFICE AT 781-314 3380 IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE.

NAME OF TENANT: _____

ADDRESS: _____

TELEPHONE: _____ NUMBER OF PEOPLE IN FAMILY: _____

PLEASE COMPLETE THE FOLLOWING SECTION, WHICH WILL ENABLE THE CITY TO KEEP ACCURATE STATISTICS AS TO WHO IS BENEFITTING FROM FED/STATE AND LOCAL FUNDS. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

IS YOUR INCOME BELOW THE FOLLOWING GUIDELINES? _____ YES _____ NO

FAMILY OF 1 - \$46,300 FAMILY OF 3 - \$59,550 FAMILY OF 5 - \$71,450 FAMILY OF 7 - \$82,050
 FAMILY OF 2 - \$52,950 FAMILY OF 4 - \$66,150 FAMILY OF 6 - \$76,750 FAMILY OF 8 - \$87,350

NUMBER OF BEDROOMS IN YOUR UNIT: _____

ARE YOUR RENTS BELOW THE FOLLOWING GUIDELINES? YES _____ NO _____

<u>0/BR</u>	<u>1/BR</u>	<u>2/BR</u>	<u>3/BR</u>	<u>4/BR</u>
\$936	\$1004	\$1,208	\$1,387	\$1,528

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National Origin	Tenant	Co-Tenant
I do not wish to furnish this information		
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/ Other Pacific islander		
American Indian /Alaskan Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaskan Native & Black/ African American		
Other Multi Racial		
Hispanic		

TENANT SIGNATURE: _____ DATE: _____