



CITY OF WALTHAM PLANNING DEPARTMENT HOUSING DIVISION REHABILITATION PROGRAM



This program is funded through the Federal Community Development Block Grant Program (CDBG). The Housing Rehabilitation Loan Program is offered to homeowners of 1-4 family, owner-occupied units. Condominiums are not eligible. The Program offers loans for home improvements that address Health and Building code violations, Weatherization, Handicapped access and Lead Paint Abatement repairs.

Households must be within the following annual income guidelines to apply:

Family of 1 - \$44,950
Family of 2 - \$51,400
Family of 3 - \$57,800
Family of 4 - \$64,200

Family of 5 - \$69,350
Family of 6 - \$74,500
Family of 7 - \$79,650
Family of 8 - \$84,750

All income earned by everyone in the household must be declared for purposes of determining if the household is eligible for assistance. HUD requires that a household's annual income not exceed the above guidelines.

The Loan is interest free with no monthly payments. The loan is due on sale or transfer of the property. When you are determined eligible for the Program you will be notified in writing to schedule an appointment with the Housing Division Inspector. The process can take approximately 4-6 weeks to determine eligibility.

The property inspection will include the following review: Title Exam, Flood Plain identification, Historical significance, existing building code violations (HQS inspection) and a review of the work to be done. If your property is in a flood zone, flood insurance will be a requirement.

A Lead Paint risk assessment must be conducted on each property.

If the inspector determines that the work to be done at your home is eligible under the program guidelines, he will prepare a detailed Work Write-up which may include lead paint abatement. The Write-up and Invitation to Bid will be sent to at least three contractors from a pre-approved list. The lowest bidder will be awarded a contract to perform the work.

PLEASE NOTE: The Program does not cover work that has already begun or completed prior to loan approval. The City of Waltham will not provide assistance to property owners that are not current on their property taxes or other fees owed to the City.

Applications can be mailed to your home or can be found on our website at:

www.city.waltham.ma.us/housing

Contact us at 781-314-3380 for applications and any additional information about the CDBG Housing Rehabilitation Loan Program. The Housing Division is located in the Government Center Bldg. at 119 School Street, Top Floor, Waltham, MA 02451. Please enter at the back of the building for handicap accessibility.

This application is to be completed by the Borrower(s). The Co-Borrower Section and all other Co-Borrower questions must be completed if another person will be jointly obligated with the Borrower on the loan, or the Borrower is relying on income from alimony, child support or separate maintenance or on the income or assets of another person as a basis for repayment of the loan.

I. BORROWER INFORMATION

	Borrower	Co-Borrower
Name		
Social Security Number		
Home Phone (incl. area code)		
Business Phone (incl. area code)		
Date of Birth		
*Marital Status (married, single, divorced, widowed)		
Number of dependents		
Present address (street, city, state, zip code)		
Number of years at present address		

II. HOUSEHOLD INFORMATION--Names and ages of all members of household (including Borrower and Co-Borrower, if any)

NAME	DATE OF BIRTH	OCCUPATION (t)

Name household members who are full time students _____

Name household members who are disabled _____

Name household members who collect social security benefits _____

Name household members who receive welfare assistance _____

Name household members who receive alimony _____

Name household members who receive child support _____

Name household member currently serving in the Military _____

Are you a recipient of Section * Benefits? _____

III. EMPLOYMENT INFORMATION (if more than 2 members of the household are employed, please provide the information on back)
Please use the back of this page for additional jobs, part or full time, if any.

	Borrower	Co-Borrower
Name and Address of Employer If self employed, please state Self Employed *		
Dates (from-to)		
Position/Title/Type of Business		
Monthly income		
Business Phone (incl. area code)		

IV. ASSET INFORMATION

Please list all checking and savings accounts for all accounts (all assets/deposits held must be verified)

Bank Name _____ Name on Acct.: _____

Address _____ City _____ State _____ ZIP _____

Account No. _____ Account Type _____

Bank Name _____ Name on Act.: _____

Address _____ City _____ State _____ ZIP _____

Account No. _____ Account Type _____

Bank Name _____ Name on Acct.: _____

Address _____ City _____ State _____ ZIP _____

Account No. _____ Account Type _____

Retirement Account _____ Name on Acct.: _____

Address _____ City _____ State _____ ZIP _____

Account No. _____ Account Type _____

Can you withdraw funding from your retirement account? _____ Will you use retirement funds as part of your down payment? _____

Retirement Account _____ Name on Acct.: _____

Address _____ City _____ State _____ ZIP _____

Account No. _____ Account Type _____

Can you withdraw funding from your retirement account? _____ Will you use retirement funds as part of your down payment? _____

VI. 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				
Please indicate (circle) if you are male or female	M	F	M	F

VII. ACKNOWLEDGEMENT AND AGREEMENT

The undersigned specifically acknowledge(s) and agree(s) that (1) the loan requested by this application will be secured by a second mortgage or deed of trust on the property described herein; (2) the property will not be used for any illegal or prohibited purpose or use; (3) all statements made in this application are made for the purpose of obtaining the loan indicated herein; (4) verification or reverification of any information contained in the application may be made at any time by the Lender, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by the Lender, even if the loan is not approved; (5) the Lender, its agents, successors and assigns will rely on the information contained in the application and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to closing; (6) in the event my/our payments on the loan indicated in this application become delinquent, the Lender, its agents, successors and assigns, may, in addition to all their other rights and remedies, report my/our name(s) and account information to a credit reporting agency; (7) ownership of the loan may be transferred to successor assign of the Lender without notice to me and/or the administration of the loan account may be transferred to an agent, successor or assign of the Lender with prior notice to me; (8) the Lender, its agents, successors and assigns make no representations or warranties, express or implied, to the Borrower(s) regarding the proper, the condition of the property, or the value of the property; (9) the property will be the primary residence of the signatories for the term of the loan requested by this application.

Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application, may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. And liability for monetary damages to the Lender, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

I/we fully understand that it is a Federal Crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under provisions of Title 18, United States Code, Section 1001, et seq.

Borrower’s signature _____ *Date* _____

Co-Borrower’s signature _____ *Date* _____

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

APPLICATION CHECKLIST

The following is a list of information needed to determine income-eligibility for Program assistance. Please provide all *applicable* information with your completed application. All adult (over 18 years of age) household members must provide all income documentation. Thank you.

Property Information:

___ Copy of the Deed to your home

Income Tax Documentation:

___ Copies of 2 most recent years of *signed* income tax (both MA and IRS) documents (1040, 1098, All schedules) including W-2 forms and 1099 statements for all adult household members

___ If self-employed, include year-to-date Profit and Loss statements (2 complete years) and last four (4) quarterly tax payment documents

Financial Institution Account Information:

___ Copies of last three (3) months of information (All checking, savings, IRA, etc.)

___ Copies of interest/dividend income of over \$100.00/annually

___ Copies of any stock statements for previous three months

Verification of Income:

Last 30 days of:

___ Payroll stubs

___ Alimony

___ Child support

___ Social Security (annual benefit statement)

___ Pension statement

___ Social Security Disability Insurance (If not receiving SSDI, applicant may be required to submit evidence of disability)

___ Unemployment

___ Government assistance (this includes any benefit awards for housing subsidies)

___ Other (identify): _____

___ Life Insurance policies (identify policy and type)

___ Full time student status (if you have any children over 18 that are full time students you must provide notice from the school of their full time student status)

You may provide any additional information if you feel it is applicable to you and your household.