



# CITY OF WALTHAM HOUSING DEPARTMENT REHABILITATION LOAN 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, accessibility improvements and lead paint abatement.

**Households must be within the following HUD income guidelines effective May 15, 2023 to apply:**

Family of 1 - \$82,950	Family of 5 - \$127,950
Family of 2 - \$94,800	Family of 6 - \$137,450
Family of 3 - \$106,650	Family of 7 - \$146,900
Family of 4 - \$118,450	Family of 8 - \$156,400

All adult household income 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. There is an asset limit of \$200,000.00 per household. This does not include your primary residence.

Current Rehab loan amounts are capped at \$10,000.00. 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 lead abatement is necessary additional funding may be available.**

**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. One loan per household.

Applications can be mailed to your home or can be found on our website at: <http://www.city.waltham.ma.us/housing-division>. Contact us at 781-314-3380 for applications and any additional information about the CDBG Housing Rehabilitation Loan Program. The Housing Department is located at 25 Lexington Street, second floor, Waltham, MA 02452. Please enter at the back of the building for accessible ramp entrance.

Please provide information on the type of work you need completed on your home.

Please note that Condominiums are not eligible for the program.

The program does not cover work that has already begun or has been completed your home. The purpose of the City’s federally-funded rehabilitation activities is to correct housing code and/or health code violations, perform emergency repairs, or other necessary activities that will make the property safe and livable. Funds will not be used for cosmetic or luxury improvements on the property, repairs to outbuildings, or garages unless connected to the property (and a source of code or safety concern), Cosmetic improvements include, but are not limited to: landscaping work, additions, fireplaces, pools, hot tubs, area rugs, steam showers, skylights (unless to repair existing), and kitchen/bath cabinetry, bathroom or basement remodeling.

Please check all that apply:

Single Family \_\_\_\_\_  
Multi-family \_\_\_\_\_  
Street Address \_\_\_\_\_

Is the work you needed done on your property an emergency? \_\_\_\_\_

If you answer yes to this question the Housing Director will contact you directly to determine if the work necessary qualifies as an emergency repair.

Briefly describe the work that you would completed on your home

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**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**

	<b>Borrower</b>	<b>Co-Borrower</b>
Name		
Last 4 of 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)		
Email Address		

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

<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>OCCUPATION (t)</b>

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 \_\_\_\_\_

**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.**

	<b>Borrower</b>	<b>Co-Borrower</b>
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 \_\_\_\_\_

**Retirement Account** \_\_\_\_\_ Name on Acct.: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Account No. \_\_\_\_\_ Account Type \_\_\_\_\_

**Life Insurance**

Do you have any life insurance? Yes \_\_\_\_\_ No \_\_\_\_\_. If you answered yes please complete the following: Amount \$ \_\_\_\_\_

Name on Policy \_\_\_\_\_ Term or Whole Life? \_\_\_\_\_

Insurance Company \_\_\_\_\_

Name on Policy \_\_\_\_\_ Term or Whole Life? \_\_\_\_\_

Insurance Company \_\_\_\_\_

**Mortgages:** Do you currently have a mortgage on your home? Yes? \_\_\_\_ No? \_\_\_\_ Outstanding Mortgage Amount: \_\_\_\_\_

Name of Lender: \_\_\_\_\_

Address \_\_\_\_\_

Name of Lender: \_\_\_\_\_

Address \_\_\_\_\_

Do you have a second mortgage and or equity line of credit on your home? \_\_\_\_\_ Amount: \_\_\_\_\_

Do you have a reverse mortgage on your home? \_\_\_\_\_

Please Note that if you have a reverse mortgage on your property you will not be eligible for this program.

**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.)

<b>National Origin</b>	<b>Borrower</b>	<b>Co-Borrower</b>
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

## 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

**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 re-verification 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* \_\_\_\_\_

**ALL OWNERS OF RECORD  
(OWNERS THAT ARE LISTED ON THE DEED TO THE PROPERTY)  
MUST APPLY AND SIGN THIS APPLICATION.**

## 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 1 most recent year of *signed*, filed, income tax returns (both MA and IRS) documents (1040, 1098, All schedules) including W-2 forms and 1099 statements for all adult household members. Include all schedules and forms that are part of your original return please.

\_\_\_\_ If self-employed, include year-to-date Profit and Loss statements (2 complete years) and last four (4) quarterly tax payment documents. Self-employed applicants must have filed Federal Income tax documents annually to apply.

### Financial Institution Account Information:

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

\_\_\_\_ Copies of interest/dividend income statements of over \$100.00/annually

\_\_\_\_ Copies of any stock statements for previous three months

### Verification of Income:

\_\_\_\_ Payroll stubs (most current 8 weeks of paystubs)

\_\_\_\_ Alimony (court statement)

\_\_\_\_ Child support (court statement)

\_\_\_\_ Social Security (annual benefit statement)

\_\_\_\_ Pension statement

\_\_\_\_ Social Security Disability Insurance

\_\_\_\_ Unemployment (benefit statement)

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

\_\_\_\_ Other (identify): please provide proof of identification (Copy of driver's license, passport, birth certificate, etc.)

\_\_\_\_ 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)

All income/assets will be verified.

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

**The City of Waltham may request additional information if necessary to make a determination of eligibility.**



# Next Steps

1. You have a completed application with all required income documentation ready.
2. Submit your application along with supporting documentation by:
  - a. Email to [HousingApplication@city.waltham.ma.us](mailto:HousingApplication@city.waltham.ma.us)
  - b. Fax to 781-314-3385
  - c. Mail with proper postage to 25 Lexington St., Waltham, MA 02452, or
  - d. Drop in gray city business mailbox located behind City Hall near back door. Please put application and required supporting documentation in envelope labelled "To Housing Department"
3. Your application will be reviewed for income eligibility
4. We will complete a Title Exam on the property
5. We will complete a Historic Review of the property required by the State
6. Your approval cannot be provided until steps 4 and 5 have been completed. You can expect a 4-6 week period for this to be finalized by the Housing Office.
7. You will be contacted by Mail once steps 4 & 5 are complete.
8. The Housing Director will meet with you at the property to review the work to be completed if you are determined eligible.
9. A lead paint risk assessment must be completed on each property.
10. The program will require three (3) estimates for the work to be completed.
11. A work write up will be completed by the Housing Office and sent to contractors of your choice, the lowest bidder will be contracted for the work.
12. Homeowners will come to the Housing Office for a loan closing and sign all legal documents for the work to proceed.
13. The Rehab Loan Mortgage will be recorded at the Registry of Deeds.
14. The Loan does not require monthly payments, is interest free and is to be repaid in full on sale or transfer of the property.