

FACT SHEET HOMEOWNER REHABILITATION PROGRAM

NORTH SUBURBAN CONSORTIUM

c/o Malden Redevelopment Authority

17 Pleasant St., 3rd Floor, Malden MA 02148

Mailing Address: P.O. Box 278, Malden MA 02148

Telephone: (781) 324-5720 • Fax: (781) 252-8533

To request accommodation or language assistance: 781-324-5720

About the Program

The North Suburban Consortium utilizes federal grant funds from the HOME investment partnerships program to strengthen public-private partnerships and to expand the supply of decent, safe, sanitary and affordable housing, for low and moderate income home buyers and renters.

The rehabilitation program is funded by the HOME investments partnership program. The goal of the program is

- Assistance will be available to income-eligible homeowners for repairs to correct health and safety issues.
- Assistance will be provided on a first-come, first-served basis, upon receipt of a completed application and determination of eligibility and priority status, until funding is exhausted.

Eligible Property

To be eligible, a property must be:

- Located in one of the following communities: Arlington, Chelsea, Everett, Malden, Medford, Melrose, Revere, Winthrop;
- **Occupied** by income-eligible persons as described below;
- The owner's principal place of residence; and
- Single Family Housing/Condominium/Town house.

Income-Eligibility

To be income-eligible, annual (gross) income of all persons in the household cannot exceed 80% of median for the area as determined by Housing and Urban Development (HUD). Annual income includes all income anticipated to be received by household members for the next 12 months.

2017 income limits are listed below.

Effective 4-14-2017	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
80% Income Limit	\$54,750	\$62,550	\$70,350	\$78,150	\$84,450	\$90,700

Please contact NSC for income limits for households with more than six persons.

Eligible Forms of Ownership

- Fee simple (applicant must be the owner of record).
- Life estate.

Other Requirements

- Property taxes, mortgage payments and homeowner's insurance must be current. Properties located in a flood zone will be required to have flood insurance prior to receiving assistance.
- Homes constructed prior to 1978 are subject to HUD Lead-Based Paint Requirements.
- Previously assisted properties cannot receive additional assistance for the same type of repairs a second time.

To Apply

Applications are available

- at our office located at 17 Pleasant St., Third Floor, Malden MA 02148
- online at www.maldenredevelopment.com

Questions/Appointments

For questions or to schedule an appointment, please call 781-324-5720. If you wish to discuss in person, please call for an appointment.

The North Suburban Consortium & Malden Redevelopment Authority do not discriminate against any person in program or client services regardless of race, color, age, national origin, marital status, sex, disability, religion, or any other legally protected status.



APPLICATION CHECKLIST
HOMEOWNER REHABILITATION PROGRAM
NORTH SUBURBAN CONSORTIUM

MAIL APPLICATION TO:

*P. O. Box 278
Malden, MA 02148*

DROP OFF IN PERSON AT:

*17 Pleasant St., 3rd Floor
Malden, MA 02148*

APPLICATIONS WILL NOT BE ACCEPTED VIA EMAIL. The application will not be processed unless it is completely filled out AND all supporting documentation is provided. *If an item does not apply to you, please write in N/A beside the check box.* If you have questions about this application, please contact us at **781-324-5720 Ext. 5729.** If it is determined your home and household meet qualifications, you will be notified in writing.

Applicant Name (please print): _____

Co-applicant Name (please print): _____

Property Address: _____

- Completed Homeowner Rehabilitation Application signed and dated by applicant, co-applicant and all household members over the age of 18, *as applicable*
- Lead-based Paint Evaluation Notice: completed, signed and dated by applicant and co-applicant
- Authorization Form signed and dated by applicant, co-applicant and all household members over the age of 18, *as applicable*
- Evidence of Permanent Resident Alien Status or legal Alien Status for applicant, co-applicant and all household members over the age of 18, *if applicable*
- Driver's license or state issued photo ID copies all adult household members
- Copy of Deed
- Copy of most recent Mortgage statement(s), *if applicable* or proof property is owned free and clear, *if applicable*
- Copy of homeowner's insurance declarations page and *if applicable*, flood insurance declarations page
- Proof property taxes, mortgage payments, *if applicable*, and homeowner's insurance are current
- If someone on the Deed does not reside in the property, provide statement showing their current address and copies of utility bill, driver's license, etc. showing their name and current address
- If someone on the Deed is deceased, provide copy of death certificate (s)
- Bank Statements: three most recent months' statements or a three month average of checking account balance provided on financial institution's letterhead
- Statements for 401Ks, IRAs, Stocks/Bonds, Retirements/Pensions, *if applicable*
- Three most recent months' pay stubs for applicant, co-applicant and all household members age 18 or older, *if applicable*
- Three years federal tax returns (all schedules) and three years W2s (all employers) for applicant, co-applicant and all household members age 18 or older, *if applicable*
- If self-employed, provide a year-to-date profit and loss statement and tax returns for the previous three (3) years
- Current Social Security award letters (including disability income) for all adult household members, *if applicable*
- Divorce Decree and proof of alimony payments, *if applicable*
- Current child support current printout, *if applicable*

Page Two – Homeowner Rehabilitation Program Application Checklist

- Zero Income Affidavit/Unemployment statement, *if applicable (separate affidavit for each applicable household member required)*
- IRS Certification Form **AND** IRS 4506-T Form

Additional documentation/information may be required upon receipt and review of your application and the information provided.

Applicant's Signature

Co-applicant's Signature

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**APPLICATION
HOMEOWNER REHABILITATION PROGRAM
NORTH SUBURBAN CONSORTIUM**

To request accommodation or language assistance: 781-324-5720

PART 1 – GENERAL INFORMATION				
Name of Applicant:		(Last)	(First)	(MI)
Date of Birth (Applicant):				
Name of Co-Applicant:		(Last)	(First)	(MI)
Date of Birth (Co-Applicant):				
Address:				
Applicant preferred phone # _____		Co-Applicant preferred phone # _____		
Email Address:				
Is anyone in your household disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Indicate your primary language: <input type="checkbox"/> English <input type="checkbox"/> Haitian <input type="checkbox"/> Chinese <input type="checkbox"/> other:				
Citizenship Status* (CIRCLE ONE):	Applicant		Co-Applicant	
Are you a US citizen?	Yes	No	Yes	N
Are you a permanent resident alien?	Yes	No	Yes	N
Other(Please Specify):				
<small>*Each applicant and co-applicant must comply with all applicable restrictions on citizenship and legal immigration status pursuant to the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and 8 U.S.C. 1611 et. seq., both of which are in effect as of the adoption of these policies; and further, must be eligible under any future statutes or regulations governing eligibility enacted subsequently. The residency status of a qualified alien must be continuous in nature required under 24 CFR 9.254.</small>				

PART 2 – DEMOGRAPHIC INFORMATION: The information requested below is for statistical purposes only and has no bearing on the approval of your application. Please check the box that applies to the applicant.	
Ethnicity: (CHECK ONE) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: (CHECK ONE) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other	

PART 3 – PROPERTY INFORMATION	
Type of Property: <input type="checkbox"/> Single Family <input type="checkbox"/> Townhouse/Condo <input type="checkbox"/> Other	
Have you ever received repair assistance through NSC's Homeowner Rehabilitation program?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, what year?</i> _____	
List types of repairs previously completed through the NSC HOME rehab program:	
List major repairs you feel are needed at your home:	
Are you currently living in the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If NO, explain:</i>	
Year house was built: _____ Are your property taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any federal tax liens against your property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any mortgages on your property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If YES, please provide information below for all mortgage holders, 1st, 2nd, Reverse, etc.</i>	
<i>If NO, when was your mortgage paid off?</i> _____	
Mortgage Company Name: _____	
Address: _____	
Mortgage Company Name: _____ Address: _____	
Are taxes and insurance included in your monthly mortgage payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you current on all mortgage payments? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your home insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and telephone number of insurance agent: _____	
Is there anyone listed on the deed to your home that does not live in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, list name, address and contact information:</i>	

PART 4 – HOUSEHOLD COMPOSITION: List all current household members. Indicate the relationship of each member to the applicant or co-applicant (spouse, sibling, etc.). List all wages, W2, Social Security, SSI, pensions, rents etc.

Household Member Name	Date of Birth	Age	Source of Income	Estimated Monthly Amount	Employer

Is applicant, co-applicant or any other household member over the age of 18 a full-time student? Yes No

Do you anticipate an increase or decrease in household members in the next six months? Yes No

If yes, please explain:

PART 5 – EMPLOYMENT INFORMATION: Provide information for Applicant and Co-Applicant, as applicable

Applicant:

Employer Name: _____ Position: _____

Address: _____ Phone#: _____

Date of Hire: _____ Monthly Salary: \$ _____

Co-Applicant:

Employer Name: _____ Position: _____

Address: _____ Phone#: _____

Date of Hire: _____ Monthly Salary: \$ _____

PART 6 – ANNUAL HOUSEHOLD INCOME: Include wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, retirement, pensions, other benefits for all household members age 18 or older. List gross income. Failure to disclose complete earnings can render an applicant disqualified from consideration. Attach additional pages if needed.

Source	Applicant	Co-applicant	Other Household Member 18 or Older	Total Annual Income
Salary				
Overtime, Commission, Tips, Bonuses				
Alimony, Child Support				
Social Security /Disability				
Pensions, Retirement Funds, etc.				
Unemployment, Workers' Compensation				
Net Income from Business				
Net Income from Rental Property				
Welfare Payments				
Interest and/or Dividends				
Other				
Other				

PART 7 – ASSET INFORMATION: Attach bank statements (most recent three months of checking or recent three month average checking balance as listed on financial institution’s letterhead; current savings account balance) and other proof of asset information.

Type	Cash Value	Name of Account	Bank Name	Account Number
Checking Account <i>(list six-month average balance)</i>				
Savings Account <i>(current balance)</i>				
Stocks, Bonds, CDs				
IRAs, 401K				
Life Insurance				
Other				

Do you own any other real estate? Yes No
 If YES, how much do you owe on the property? \$ _____
 If YES, provide address, city and state of all property: _____
 Have you disposed of any major assets in the past two years? Yes No
 If YES, what was the value?

PART 8 – CONFLICT OF INTEREST:
 Are you or any member of your family related to anyone who works for the MRA/City of Malden or anyone who is a member of the MRA/NSC Board or an elected official of the City of Malden?
 Yes *If yes, explain* No
Explanation:

PART 9 – AUTHORIZATION TO INSPECT/ENTER HOME: In order to determine whether your home is eligible for repairs through this program, it will be necessary for MRA staff, authorized agents and licensed construction contractors to have access to your home for inspection purposes. Prior to any inspections being made, you will be contacted by MRA staff to schedule access. MRA staff, authorized agents and all contractors will provide you with proper identification prior to entry. Additionally, if it is determined your home is feasible for repairs through the program, the construction contractor and multiple sub-contractors will need access to your home to perform the construction work based on a mutually agreed-upon schedule. MRA, authorized agents and construction staff will also need periodic access in order to perform inspections of the work being completed as well as after completion. By signing this application, you are acknowledging you are aware that you will need to grant access to your home and authorize MRA staff, authorized agents, contractors and sub-contractors to enter your home to perform inspections and/or complete rehabilitation work.

Please initial in the spaces provided acknowledging that you have read this section:

_____ Applicant Initials

_____ Co-applicant Initials

PART 10 – PRIVACY ACT NOTICE: This notice is provided to you pursuant to the requirements of the Privacy Act of 1974. As a result of your request and/or receipt of financial assistance through NSC’s Homeowner Rehabilitation Program, the United States Department of Housing and Urban Development is requiring the collection of this information to determine your eligibility for assistance through the program and to protect the Government’s financial interest and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant and as required by law, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released to any other person or government agency without your prior written consent, except as may be permitted or required by law. NSC is authorized to ask this information by the National Affordable Housing Act of 1990.

If you wish to allow NSC staff administering the Homeowner Rehabilitation Program to discuss your application with a third party, you must list the individual that you wish to allow access to your information below:

By listing the individual below and signing this application, you are authorizing NSC staff to discuss your case with this individual.

Name	Relationship	Telephone #
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PART 11 – DECLARATIONS: <i>Please answer the questions below. A "yes" answer may not be an automatic reason for rejection but may cause North Suburban Consortium to request additional information to determine eligibility.</i>	Applicant		Co-Applicant	
	Yes	No	Yes	No
a.) Are there any outstanding judgments against you?				
b.) Have you been declared bankrupt within the past 7 years?				
c.) Have you had property foreclosed upon or given deed in lieu thereof in the last 3 years?				
d.) Are you party to a lawsuit?				
e.) Are you presently delinquent or in default on any loan, mortgage, financial obligation, government debt, bond, or loan guarantee?				

PART 12 – APPLICANT(S) SIGNATURE/CERTIFICATION:

By signing below, the homeowner(s) and other household family member(s) over the age of 18 certify that all income sources and assets have been disclosed on this application and the property on this application is their primary principal residence. I/we acknowledge that meeting program eligibility requirements does not guarantee assistance will be provided. I/we acknowledge that the information provided is true and correct. I/we acknowledge and understand any false statements or false information made on this application will result in immediate denial of my/our application for this program.

Applicant's signature

Date

Co-Applicant's signature

Date

Signature of family member over the age of 18

Date

Signature of family member over the age of 18

Date

Signature of family member over the age of 18

Date

The North Suburban Consortium & Malden Redevelopment Authority do not discriminate against any person in program or client services regardless of race, color, age, national origin, marital status, sex, disability, religion, or any other legally protected status.

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

For Official Use Only:

Application Received By: _____ Date/Time Application Received: _____

_____ of children in the home under age 6

Application Approved: ___ YES ___ NO Date: _____



EQUAL HOUSING
OPPORTUNITY

**LEAD-BASED PAINT EVALUATION NOTICE
HOMEOWNER REHABILITATION PROGRAM**

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c/o Malden Redevelopment Authority

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Print Full Name: _____

Date: _____

Address: _____

Zip Code: _____

1. I have received a copy of the booklet entitled: *“Protect Your Family from Lead in Your Home”*.
2. The Homeowner Rehab Program requires each home built before January 1, 1978 receiving rehabilitation assistance be evaluated for Lead-Based Paint. The evaluation will be completed by a licensed certified lead-based paint contractor and provided at no cost to the homeowner(s) by the North Suburban Consortium (NSC).
3. NSC will initiate the lead-based paint evaluation once the household is determined income eligible.
4. The certified lead-based paint contractor will contact the homeowner(s) and set a date and time for the evaluation. This process should take approximately thirty (30) minutes to one (1) hour.
5. The homeowner(s) will be provided a copy of the lead report within fifteen (15) days of completion of the evaluation.
6. The lead-based paint evaluation will not increase the level of lead in the home or the exposure to the occupants of the home.
7. If at any time after the lead-based paint evaluation: 1) the homeowner(s) eligibility status changes; or 2) if at a later date it is determined the property is not feasible for rehab as outlined in the Community Development Department’s *Policy and Procedures Guide*; or 3) if the homeowner elects at a later date not to participate in the Homeowner Rehab Program and as a result assistance is not provided, NSC will not be responsible or liable for lead-based paint findings in the home.

Signature

Date

Signature

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**AUTHORIZATION FOR RELEASE OF INFORMATION
HOMEOWNER REHABILITATION PROGRAM**

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TO WHOM IT MAY CONCERN:

I/We, the undersigned, have applied for rehabilitation assistance and hereby authorize you to release to the NORTH SUBURBAN CONSORTIUM (NSC) all records and information necessary to determine my/our eligibility for assistance through this program. This authorization hereby gives NSC the right to request all information that we can or could obtain from any persons, company, or firm on any matters referred to below. I/We agree to have no claims for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement of information released by them to NSC for the purposes of determining eligibility for the rehabilitation program.

INFORMATION COVERED:

- Employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips;
- Cash held in checking/savings accounts, stocks, bonds, certificates of deposit (CD's) Individual Retirement Accounts (IRA's), interest, dividends, etc.;
- Payments from Social Security OR Veterans Administration, Annuities, Insurance Policies, Retirement Funds, Pensions, Disability or Death Benefits;
- Unemployment, disability and/or Worker's Compensation, Welfare Assistance;
- Mortgage Loan Information, including balance, payment record, etc.;
- Income from Operation of a Business;
- Alimony or child support payments, etc.

SOURCES THAT MAY BE ASKED TO PROVIDE WRITTEN/ORAL VERIFICATIONS:

Employers Social Security Administration Veteran's Administration	Banks Financial/Retirement Institutions Unemployment Agency	Alimony/Child Support Agencies Other Support Providers Welfare Agency
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I/we agree that a photographic or FAX copy of this authorization may be used for the purposes stated above. This Authorization is good for 12 months from the date signed below.

Applicant's Signature	Printed Name	Date
Co-Applicant's Signature	Printed Name	Date
Other Family Member Over Age 18 Signature	Printed Name	Date
Other Family Member Over Age 18 Signature	Printed Name	Date
Other Family Member Over Age 18 Signature	Printed Name	Date

NORTH SUBURBAN CONSORTIUM
Phone: 781-324-5720 Ext 5729 Fax: 781-322-3734

Serving the communities of
MALDEN ❖ MEDFORD ❖ ARLINGTON ❖ CHELSEA ❖ EVERETT ❖ MELROSE ❖ REVERE ❖ WINTHROP

Zero Income Affidavit

Household Name: _____

Subject Property Address: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support or gifts received from persons living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.

2. I certify that I have no income of any kind and I have not filed IRS Tax Returns for the previous 2 years. I do not anticipate a change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the repayment of NSC HOME funds.

Signature of Applicant/Household Member

Date

Sworn to before me and subscribed in my presence this _____ day of _____, 20____.

Signature of Notary Public

Name

My Commission Expires: _____

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Internal Revenue Certification

I/We certify that the _____, _____ and _____ 1040 IRS Tax Returns with Schedules submitted to the North Suburban Consortium are those actually submitted to the Internal Revenue Service by me/us and that to date, they have not been changed to necessitate any change in income as reported.

Applicant's Signature	Printed Name	Date
Co-Applicant's Signature	Printed Name	Date
Other Family Member Over Age 18 Signature	Printed Name	Date
Other Family Member Over Age 18 Signature	Printed Name	Date
Other Family Member Over Age 18 Signature	Printed Name	Date