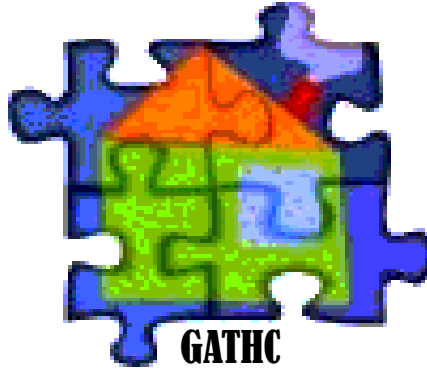


Application Submission Date: _____

Rehabilitation Specialists Initials: _____



GATHC
Greater Attleboro/Taunton
HOME Consortium

HOME IMPROVEMENT LOAN PROGRAM
Application Form

45 School Street, 2nd Floor
Taunton, MA 02780
508-821-1030

All applications are processed on a first come, first served basis in the order received

Date: _____

Homeowner _____ Age _____ DOB: ____ / ____ / ____

Soc. Security Number _____ - _____ - _____

Spouse's Name _____ Age _____ DOB: ____ / ____ / ____

Soc. Security Number _____ - _____ - _____

Address _____ Phone #: (508) _____

Property Address (if different from above) _____

Number of others in Household _____ Ages _____ / _____ / _____ / _____ / _____ / _____

Homeowner's Employer(s) _____

Employer's Address _____ Phone #: _____

Spouse's Employer(s) _____

Employer's Address _____ Phone #: _____

Number of rental units in property (if applicable) _____ Total number of units in property _____

Homeowner's Ethnic Background (optional)

_____ Caucasian

_____ Asian

_____ Hispanic

_____ American Indian

_____ Portuguese

_____ Black

Homeowner's Household Information

_____ Head of Household

_____ Handicapped

_____ Elderly (65+)

ANNUAL INCOME

List **all** gross **annual** income, **before** taxes, for every household member regardless of relationship to homeowner who reside in the homeowner's unit. Name each income source (employer, disability, unemployment, child support, rent, dividends, Social Security, Veterans, Retirement Pensions, etc.)

	<u>Specify Income Source</u>	<u>Annual Income</u>	<u>Office Use VER</u>
Homeowner's Income	_____	_____	_____
Spouse's Income	_____	_____	_____
Other's Income	_____	_____	_____
Rental Income	_____	_____	_____
Child Support/Alimony (if applicable)	_____	_____	_____
Retirement/Pension/Trusts/Annuities Stocks & Investments, Etc. ie., IRA's, 401K	_____	_____	_____
Other Income (Welfare, Social Sec., Interest Income, Unemployment Etc.)	_____	_____	_____
Other Income:	_____	_____	_____
Total Annual Income		\$ _____	\$ _____

ASSETS/BANK ACCOUNTS

Name of Bank/Credit Union _____

Type of Account _____

Account # _____

Balance \$ _____

Type of Account _____

Account # _____

Balance \$ _____

Other Real Estate Owned

Market Value

Address(es) _____

\$ _____

\$ _____

Other Assets (explain) _____

PROPOSED REHABILITATION WORK

Place a check mark next to each repair that you feel is needed or if not listed, please describe below.

<u>Exterior</u>	<u>Interior</u>
<input type="checkbox"/> Steps, stairs, porches	<input type="checkbox"/> Hallways
<input type="checkbox"/> Masonry / Chimneys	<input type="checkbox"/> Ceilings
<input type="checkbox"/> Doors	<input type="checkbox"/> Walls
<input type="checkbox"/> Roof	<input type="checkbox"/> Windows, Doors
<input type="checkbox"/> Gutters, Drains	<input type="checkbox"/> Basement/Cellar
<input type="checkbox"/> Foundation	<input type="checkbox"/> Electrical
<input type="checkbox"/> Paint	<input type="checkbox"/> Lead Paint Abatement
<input type="checkbox"/> Siding/Clapboards	<input type="checkbox"/> Heating /Plumbing

Briefly describe/prioritize all the rehabilitation work you would like to accomplish with a Home Improvement Loan.

Please understand that project caps and limitations apply to this program. As such, not all work requested may be able to be performed using program funds alone. Further, if the extent of the work required exceeds the program budget limitations, the GATHC reserves the right to withdraw it's offer of assistance and not provide any funding toward the project.

RENTAL OCCUPANCY INFORMATION

Please complete (if a unit is vacant, please write vacant in column)

1) Apt. # Floor/Etc.	2) Tenants Name or Vacant	3) # of Occupants	4) # Children under 6 yrs. of age	5) # Elderly (65+) Y/N	6) Handicap Yes/No	7) Head of Household Yes/No	8) Minority	9) No. of Bedrooms	10) Monthly Rent Paid

Code: 1) Apartment number; 2) Tenant's name; 3) Total number of occupants in unit; 4) Number of children under six years old; 5) Number of elderly tenants 65 years or older; 6) Minority/Ethnic Background; 7) Female head of household; 8) Handicapped; 9) Number of possible bedrooms in rental unit; 10) monthly rent.

Due to the popularity of this program, there may be a waiting period before your application will be accepted and processed. In these cases, we will process the applications in the same order as they are received and as required support documents are submitted by each client.

If you have rental properties, your tenant's will also be asked to submit a **Tenant Survey form** for any occupied rental unit verifying tenant income, which the O.E.C.D. will send directly to the tenant.

Homeowners are required to allow the OECD to verify household income (employment wages, pension, social security, mortgage and bank balances, etc.), if information is not available through applicant. ***All information is kept strictly confidential.***

The **loan underwriting and approval** process usually takes from **six to eight weeks**, as outlined below. **All applications are processed in the order they are received.**

- Income eligibility includes verification and evaluation of all pertinent debt/income documentation to determine if units to be assisted are eligible and establish if there is sufficient equity in the property to support the rehab loan. O.E.C.D. may require additional insurance be purchased to cover all debt against the property if adequate coverage is not already in place.
- If the house was built prior to 1978, a risk assessment/lead paint test will be required to determine if lead paint is present and how to correct any hazards. Please talk to a rehab specialist before having this assessment/test done. A certified and licensed inspector must perform the assessment/test. All required lead paint abatement will become the top priority within the scope of work.
- O.E.C.D. Rehabilitation Specialist inspects home and develops a scope of work addressing the correction of code violations and minimum housing standards as set forth by U.S. Department of Housing and Urban Development.
- Owner agrees to and signs for the intended scope of work as **Change Orders** will not be allowed unless absolutely necessary once work begins. Rehabilitation work is competitively bid. Low bid becomes loan amount along with any loan closing costs and registry fees. Homeowner will be held responsible for any amounts over the low bid amount requested by the homeowner.
- O.E.C.D. makes loan offer to owner. If homeowner agrees to accept terms of loan (i.e. Rent Regulatory Agreement, payment structure/terms scope of work, etc.) O.E.C.D. will begin the loan settlement procedures and conduct applicable title search.
- After the loan closing, a new **mortgage** will then be recorded at the Registry of Deeds and homeowner signs contract(s) with their contractor(s). A Proceed Order is issued to the contractor to begin construction. ***ALL REHABILITATION WORK MUST BE COMPLETED WITHIN 120 DAYS FROM "OWNER/CONTRACTOR AGREEMENT"***.
- *Construction progress is monitored by O.E.C.D. and payments to contractor are issued as specified work is completed.*

Please return the completed application to ***The Greater Attleboro / Taunton HOME Consortium c/o The Office of Economic and Community Development, 45 School Street, 2nd Floor, Taunton, MA 02780.***

If you have any questions, please contact the O.E.C.D. at 508-821-1030, Monday-Friday, 8:00 a.m. to 5:00 p.m.

CERTIFICATION BY APPLICANT(S):

The homeowner certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a loan under the Greater Attleboro / Taunton HOME Consortium Home Improvement Loan Program and is true and complete to the best of the homeowner’s knowledge and belief.

The homeowner further certifies that he/she is the owner of the property described in this application and that the Home Improvement Loan proceeds will be used **only** for the work and materials necessary to meet the rehabilitation code standards, as applicable, which are described in the Scope of Work determined by the *Housing Rehabilitation Specialist*. No change in the Scope of Work can be made after bids have been received and any changes after contracts have been awarded must be prepared on approved “Change Order” forms. This will require prior written approval of the Office of Economic and Community Development. If the OECD determines that the loan proceeds will not or cannot be used for the purposes described herein, the homeowner agrees that the proceeds shall be returned forthwith, in full, to the Home Improvement Loan Program and acknowledges that, with respect to such proceeds so returned, he/she shall have no further interest, right or claim. Returned funds will be credited to the mortgage amount prior to registration of the loan.

The homeowner covenants and agrees that he/she will comply with all requirements imposed by or pursuant to federal, state and local regulations and to **policy** established by the Greater Attleboro / Taunton HOME Consortium.

The homeowner understands that he/she is responsible for the cost of all legal and closing activities whether or not he/she decides to accept the loan offer.

The homeowner understands that after the loan application is approved and after closing settlement procedures, the loan amount (along with any owner contribution to the project) is to be placed into the **Home Improvement Loan** Escrow Account for payment to contractors. Interest accrued on funds placed in escrow revert back to the Home Improvement Loan Program.

The City of Taunton and GATHC do not discriminate upon the basis of race, color, creed or natural origin.

The homeowner agrees not to discriminate upon the basis of race, color, creed or national origin in the sale, lease, rental, use, or occupancy of the real property improvement with assistance of the loan.

The City of Taunton and GATHC shall be deemed to be a beneficiary of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

Verification of any information contained in this application may be obtained by O.E.C.D. from any source named herein.

PENALTY FOR FALSE OR FRAUDULENTS STATEMENT:

“WHOEVER, WILLFULLY FALSIFIES . . . OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATION, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE SUBJECT TO FINE OR IMPRISONMENT OR BOTH AS DETERMINED BY APPLICABLE LAW.”

Date _____ Owner’s Signature _____

Date _____ Owner’s Signature _____