

CITY OF PITTSFIELD

DEPARTMENT OF COMMUNITY DEVELOPMENT

HOME IMPROVEMENT PROGRAM

FINANCIAL APPLICATION

The information collected below shall be kept confidential and will not be disclosed outside the Department of Community Development without your consent except to your employer for verification of income and employment and to financial institutions for verification of information, and as required and permitted by law.

INTERVIEWER: _____
DATE: _____

ADDRESS OF PROPERTY TO BE REHABILITATED	LEGAL TITLE TO REHAB PROPERTY (NAMES ON DEED)	NUMBER OF DWELLING UNITS
APPLICANT INFORMATION		
APPLICANT'S NAME (FIRST) (MIDDLE) (LAST)	ARE YOU AGE 62 OR OLDER? ____ YES ____ NO	
CURRENT RESIDENTIAL ADDRESS	AREA CODE HOME PHONE ()	__ OWN __ RENT NO. OF YEARS__
PREVIOUS ADDRESS (if at current address for less than 2 yrs)	__ OWN __ RENT NO. OF YEARS__	
MARITAL STATUS ____ MARRIED ____ NOT MARRIED (single, divorced or widowed)	NO. OF DEPENDENTS (living in home)	AGES
CO-APPLICANT INFORMATION		
CO-APPLICANT'S NAME (FIRST) (MIDDLE) (LAST)	ARE YOU AGE 62 OR OLDER? ____ YES ____ NO	
CURRENT RESIDENTIAL ADDRESS	AREA CODE HOME PHONE ()	__ OWN __ RENT NO. OF YEARS__
PREVIOUS ADDRESS (if at current address less than 2 yrs)	__ OWN __ RENT NO. OF YEARS__	
MARITAL STATUS ____ MARRIED ____ NOT MARRIED (single, divorced, or widowed)	NO. OF DEPENDENTS (living in home)	AGES

APPLICANT'S EMPLOYMENT INFORMATION

NAME AND ADDRESS OF EMPLOYER		SELF-EMPLOYED? ____ YES ____ NO
POSITION/TITLE/TYPE OF BUSINESS	NO. OF YRS. ON JOB?	BUSINESS PHONE NO.
NAME AND ADDRESS OF PREVIOUS EMPLOYER	NO. OF YRS. ON JOB?	

CO-APPLICANT'S EMPLOYMENT INFORMATION

NAME AND ADDRESS OF EMPLOYER		SELF-EMPLOYED? ____ YES ____ NO
POSITION/TITLE	NO. OF YRS. ON JOB?	BUSINESS PHONE NO.
NAME AND ADDRESS OF PREVIOUS EMPLOYER	NO. OF YRS. ON JOB?	

ANNUAL INCOME:

SOURCE	APPLICANT	CO- APPLICANT	OTHER HOUSEHOLD MEMBER	TOTAL
SALARY				
OVERTIME PAY (consistent)				
COMMISSIONS				
BONUSES				
INTEREST AND/OR DIVIDENDS				
NET RENTAL INCOME				
SOCIAL SECURITY, PENSIONS, RETIREMENT FUNDS, ETC., RECEIVED PERIODICALLY				
UNEMPLOYMENT BENEFITS				
WORKERS COMPENSATION, ETC.				
ALIMONY, CHILD SUPPORT				
WELFARE PAYMENTS				
OTHER				
			TOTAL	

ASSETS NAME OF BANK OR INSTITUTION	CASH VALUE OR BALANCE	ANNUAL INCOME FROM ASSETS	ACCOUNT NO.
CHECKING ACCOUNT(S):			
1.	\$	\$	
2.	\$	\$	
SAVINGS ACCOUNT(S):			
1.	\$	\$	
2.	\$	\$	
CD's, BONDS, SAVINGS BONDS:			
1.	\$	\$	
2.	\$	\$	
STOCKS:	\$	\$	
LIFE INSURANCE:	\$	\$	
OTHER REAL ESTATE:			
1.	\$	\$	
2.	\$	\$	
TOTAL	\$	\$	

LIABILITIES (List outstanding obligations (your debts) including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except for the home to be rehabilitated), alimony, child support, child care, and all other loans).

TYPE OF DEBT	CREDITOR'S NAME	ACCOUNT NUMBER	MONTHLY PAYMENT	UNPAID BALANCE
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
			TOTAL\$	TOTAL\$

IF A "YES" ANSWER IS GIVEN TO ANY QUESTIONS BELOW PLEASE EXPLAIN ON AN ATTACHED SHEET:

1. Do you have any outstanding unpaid court judgments? Yes No Amount (if applicable) \$ _____
2. In the past 7 years, have you been declared bankrupt? Yes No
3. Are you a party in a lawsuit? Yes No
4. Have you ever been foreclosed upon? Yes No

MONTHLY HOUSING EXPENSE OF HOUSE TO BE REHABILITATED

ITEM	MONTHLY PAYMENT	UNPAID PRINCIPAL BALANCE	BALLOON PAYMENT ___ YES ___ NO	AMOUNT BALLOON \$ _____	DUE DATE
First Mortgage (P&I)	\$	\$			NAME AND ADDRESS OF BANK WHERE MORTGAGE IS LOCATED: _____ _____ _____ ACCOUNT NUMBER OF MORTGAGE: NAME OF HOME INSURANCE AGENCY: _____ _____ Are the real estate taxes current for this property? _____ If not, please explain: _____ _____
Other Loans Secured by Property (P&I)	\$	\$			
Real Estate Taxes	\$				
Hazard and Flood Insurance	\$				
Hot Water Heater Rental	\$				
Maintenance	\$				
Heat & Utilities	\$				
Water/Sewer	\$				
Other (please specify)	\$				

TOTAL HOUSEHOLD COMPOSITION (List the head of your household and all members who live in your home. Describe the relationship of each family member to the head of the household. Report ages of children only).

	FULL NAME	RELATIONSHIP	AGE	SOCIAL SECURITY NO.
1				
2				
3				
4				
5				
6				
7				

TENANT INFORMATION

APT. NO. & NO. OF BEDROOMS	TENANT'S NAME	TENANT'S MAILING ADDRESS	MONTHLY RENT \$	DOES RENT INCLUDE UTILITIES? IF YES, DESCRIBE.

Are you or any relatives a former or current employee, agent, consultant, officer, elected official or appointed official of the City of Pittsfield? If so, please list below.

Name of Relative

Relationship to Applicant

Are you a legal resident of the United States?

How did you find out about the Home Improvement Program? (i.e. radio, friend, newspaper)

The information provided is true and complete to the best of my/our knowledge and belief. I/We understand that any willful misstatement of material fact will be grounds for disqualification. I/We give permission to the Department of Community Development to obtain any necessary information from any source for processing my/our application for financial assistance.

APPLICANT

DATE

CO-APPLICANT

DATE

=====

FOR FEDERAL GOVERNMENT REPORTING PURPOSES

The following information is requested by the Federal Government to determine if these federal monies are benefiting persons for whom the money is intended. You are not required to furnish this information, but are encouraged to do so. The law provides that we may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish it, we will note race and sex on the basis of visual observation.

APPLICANT

CO-APPLICANT

Sex: Female Male

Sex: Female Male

Ethnicity: Hispanic or Latino
 Not Hispanic or Latino

Ethnicity: Hispanic or Latino
 Not Hispanic or Latino

Race:
 Asian
 Black/African American
 American Indian/Alaska Native
 Native Hawaiian/Other Pacific Islander
 White
 Asian & White
 Black/African American & White
 American Indian/Alaska Native&Black/African American

 American Indian/Alaska Native & White
 Other Multi-racial

Race:
 Asian
 Black/African American
 American Indian/Alaska Native
 Native Hawaiian/Other Pacific Islander
 White
 Asian & White
 Black/African American & White
 American Indian/Alaska Native&Black/African American
 American Indian/Alaska Native & White
 Other Multi-racial



CITY OF PITTSFIELD

DEPARTMENT OF COMMUNITY DEVELOPMENT, CITY HALL, 70 ALLEN STREET, RM 205, PITTSFIELD, MA 01201

IMPORTANT INFORMATION FOR THE APPLICANT REGARDING THE PITTSFIELD HOME IMPROVEMENT PROGRAM

1. The City of Pittsfield, through its Department of Community Development, will in *most cases* place a mortgage as security against the property to be rehabilitated.
2. All City of Pittsfield real estate taxes and water/sewer fees must be paid up to date in order for the property owner to be eligible for assistance through the Home Improvement Program.
3. Financial assistance is limited to at \$35,000 per unit, unless a child under 6 resides in the property. Projects that exceed the \$35,000 per unit limit may still proceed if the homeowner can obtain additional funding sources to complete the project.
4. The Department of Community Development's Rehabilitation Specialist will perform an in depth inspection of the property to be rehabilitated in order to determine all building and health code violations. ***All building and health code violations found during this inspection must be repaired in addition to the requested rehab work.***
5. There is no prepayment of investor loans within the first year of the loan.
6. Attorney fees are paid by the homeowner and may be financed in the loan package. A homeowner may, at their own expense, hire an additional attorney of their own choice to represent their interest in the legal transaction. If applicable, an appraisal fee is also paid by the homeowner and financed with the loan.
7. A majority of apartments in a multi-family structure must be occupied by a low-income household for the entire term of the mortgage loan.
8. The tenants residing in multi-family structures will be contacted by the Department of Community Development once a year to verify rents and income requirements. Rents may not be raised without the consent of the Department of Community Development. Rent increase requests should be presented in writing.
9. All tenants will be contacted during the application process and again at the completion of rehab in order to verify income eligibility.
10. All requests for subordinations of home improvement loans are submitted to The Pittsfield Department of Community Development for consideration. Requests to subordinate may or may not be approved. The Department of Community Development strongly recommends that outstanding and delinquent loans be paid off or settled at the time of refinancing. However, in the event that circumstance prohibits payoff or settlement, the following factors are taken into consideration when evaluating a request to subordinate.

1. Frequency of Requests: No more than one request for subordination will be considered every five years. No more than two subordinations will be considered over the life of the Department Of Community Development loan.
2. Intended Use of Funds: The majority of money received by the Department of Community Development customer as a result of the refinancing must go back into the home as home improvements or be used to increase the value of the property.
3. Loan to Value Ratio: Loan to value ratio must not exceed 80%. The Department of Community Development may choose to subordinate up to 90% loan to value ratio in circumstance when the loan proceeds are going back into the property. When determining the loan to value ratio, if the appraised value of the property provided by the new lender is more than 50% of the city assessed value, 35% of the city assessed value will be used by the Department of Community Development to determine the loan to value ratio.
4. Payment History: Strongly considered is record of payment with Department of Community Development. Late payments and delinquencies may result in a refusal to subordinate and could also result in full payment of the Department of Community Development's loan. City of Pittsfield real estate taxes, water and sewer fees, and homeowners insurance must be current and up to date.

11. The reimbursement of funds for work previously performed is not allowed through this program.

12. No payments to contractors will be made without a formal written approval of the applicant's financial application and a "Proceed to Commence Work Order" issued by the Department of Community Development.

13. If there is a child under the age of 6 residing in the housing unit, or if the estimated cost of the rehabilitation work exceeds \$25,000 per housing unit, federal and state regulations require that full lead paint abatement be included in the scope of the rehab work. In these situations relocation will be necessary. At the completion of the job, the property owner will receive a "**Letter of Full Deleading Compliance**" from a state licensed lead inspector.

14. If there are no children under the age of 6 residing in the housing unit, and the estimated cost of the rehabilitation work falls between the range of \$5,001 to \$25,000 per housing unit, federal regulations require that a lead paint inspection of the entire dwelling unit(s) be prepared by a licensed lead inspector. Two options will then be available:

a. **Option of "Full Lead Abatement"**

If full lead abatement is chosen, relocation will be necessary and all leaded surfaces listed in the lead paint report will be abated. At the end of the job a "**Letter of Full Deleading Compliance**" will be issued to the property owner.

b. **Option of "Interim Control"**

If interim control is chosen, relocation will also be necessary. For this option, only those items listed on the lead paint inspection report as "urgent lead hazards", as well as all leaded surfaces disturbed by the proposed rehab work need to be addressed. At the end of the job a "**Letter of Interim Control**" will be issued to the property owner. **NOTE**: A "Letter of Interim Control" is not the same as a "Letter of Full Deleading Compliance". If the owner of a property receives a "Letter of Interim Control", the property is not in compliance with state laws regarding full lead paint compliance. However, the owner of the property will now have a lead paint inspection report and will have knowledge that the property contains lead paint. After two years has elapsed, if a child under the age of six is in residence, the owner will then be required to have the property fully delead.

15. If there are no children under the age of six residing in the housing unit, ***and*** the estimated cost of the rehabilitation work is ***\$5,000 or less per housing unit***, federal regulations require that only the painted surfaces to be disturbed by the rehab work be tested by a lead paint inspector. It may also be assumed that these painted surfaces are leaded so as not to involve a lead paint inspector. A full lead paint inspection report is ***not*** required in this situation. Relocation ***may not*** be required in this situation. During the rehab work, the leaded surfaces to be disturbed must be addressed using safe work practices, and dust clearance tests are also required. Neither a “Letter of Interim Control” nor a “Letter of Full Deleading Compliance” will be issued to the property owner.

16. Due to a current backlog of applications to the Home Improvement Program, your application will be placed on a waiting list. It could be as long as a year or more before processing begins on your application to determine your eligibility for the program, unless your rehabilitation needs are considered a priority.

I have read and understand the information above and acknowledge having received a copy of this statement.

Date

Signature of Applicant

Signature of Applicant