

Bill To
 COMMUNITY DEVELOPMENT
 1600 EAST COLUMBUS AVE
 SPRINGFIELD, MA
 01103

Requisition 16004935-00 FY 2016

Acct No:
 26401827-530105-64014
 Review:
 Buyer: lpl
 Status: Released

Page 1

Vendor
 JAMIE ISAAC
 217 EUCLID AVENUE
 SPRINGFIELD, MA 01108

Ship To
 DISASTER RECOVERY 4TH FLOOR
 36 COURT STREET
 ROOM 405/411
 SPRINGFIELD, MA
 MLYNCH@SPRINGFIELDCITYHALL.COM

C#20160381

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
10/05/15	014655				COMMUNITY DEVELOPMENT

LN	Description / Account	Qty	Unit Price	Net Price
001	CDBG-DR HOME REPAIR LOAN 217 EUCLID AVE	1.00 EACH	10700.00000	10700.00
1	26401827-530105-64014		10700.00	
	Ship To DISASTER RECOVERY 4TH FLOOR 36 COURT STREET ROOM 405/411 SPRINGFIELD, MA			

Requisition Link

Requisition Total 10700.00

***** General Ledger Summary Section *****

Account	Amount	Remaining Budget
26401827-530105-64014 DISASTER RECOVERY-HOUSING	10700.00 PROFESSIONAL SERVICES	789300.00

***** Approval/Conversion Info *****

Activity	Date	Clerk	Comment
Queued	10/05/15	Cathy Buono	
Pending		Melanie Acobe	
Pending		Christopher Fraser	
Pending		Mitchell Doty	
Pending		Lindsay Hackett	
Pending		Jennifer Whisher	
Pending		Lauren Stabilo	

WRITTEN AGREEMENT

Agreement

Whereas, Tamie Isaac and Terrence G. Jacob (Homeowner) is receiving Community Development Block Grant Disaster Recovery (CDBG-DR) Program financial assistance from The City of Springfield ("Grantee") in the amount of \$ 10,700.00 to provide funding to rehabilitate home located at **217 Euclid Avenue Springfield, MA 01108** in compliance with The City of Springfield building codes.

Now, therefore, the Grantee has an option to recoup assistance used on the above described property upon the terms, conditions and contingencies herein set forth.

Owner Occupancy

Homeowner agrees that if during the **five years** the Homeowner uses the property as (1) an investment property or (2) the Homeowner uses the Property as a recreational house or "second" home, then the Grantee may require immediate payment in full of the entire loan amount provided by the Grantee.¹

Homeowner agrees that if during the **five years** he/she/they sell part or all of the property without Grantee's prior written consent then the Grantee may require payment in full the amount of the loan outstanding at time of sale.

Insurance Proceeds and Federal Benefits

Homeowner agrees that if he/she receives further insurance proceeds and/or federal benefits for rehabilitation, repairs or reconstruction to their primary residence in connection with June 2011 Tornado, the homeowner will report receiving benefits by emailing spham@springfieldcityhall.com or calling 413-784-7883 within one (1) month of receipt of additional proceeds and/or benefits. If homeowner fails to report additional insurance proceeds and/or federal benefits, then Grantee may require immediate repayment in full of the entire loan amount provided by the Grantee.

Income Eligibility

Homeowner certifies that he/she has provided complete, accurate, and current information regarding household income to demonstrate Homeowner's eligibility to receive CDBG funds.

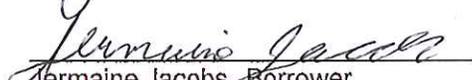
Enforcement

The Homeowner and the grantee acknowledge that the grantee has the right and responsibility to enforce this agreement.

Whereas, if the Homeowner does not violate any of the terms listed in this agreement, then this agreement will be considered paid in full on the ____ of _____ and the Note will be released.

Executed as sealed instrument as of the 22nd day of September, 2015.

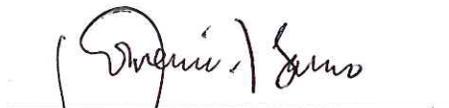

Jamie Isaac, Borrower


Jermaine Jacobs, Borrower

CITY OF SPRINGFIELD


Tina Quagliato, Director Office
of Disaster Recovery and
Compliance

APPROVED:

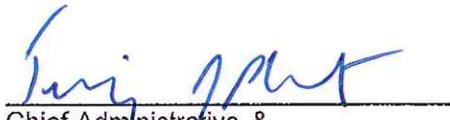

Domenic J. Sarno, Mayor

HL 26401827-530105-64014 \$10,700.00
Approved as to Appropriation:

 10/8/15
Office of Comptroller

Approved as to Form:


Law Department


Chief Administrative &
Financial Officer

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

029-56-6103
Individual Social Security Number

Street Address Only: 217 Euclid Ave
City/State/Zip Code: Springfield, MA 01108
Telephone Number: 413-204-5864 Email:
List address(es) of all other property owned by company in Springfield: None
Name of Individual: Jermaine Jacobs

You must complete the following certifications and have the signature(s) notarized on the lines below.

FEDERAL TAX CERTIFICATION

I, Jermaine Jacobs certify under the pains and penalties of perjury that I, to my best knowledge and belief, have complied with all United States Federal taxes required by law.

Jermaine Jacobs Signature Date: Sept 22, 2015

CITY OF SPRINGFIELD TAX CERTIFICATION

I, Jermaine Jacobs certify under the pains and penalties of perjury that I, to my best knowledge and belief, have complied with all City of Springfield taxes required by law.

Jermaine Jacobs Signature Date: Sept 22, 2015

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C § 49A, I, Jermaine Jacobs certify under the pains and penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and have complied with all state taxes required by law.

Jermaine Jacobs Bidder/Proposer Jermaine Jacobs Authorized Person's Signature Date: Sept 22, 2015

Notary Public

COMMONWEALTH OF MASSACHUSETTS

, ss.

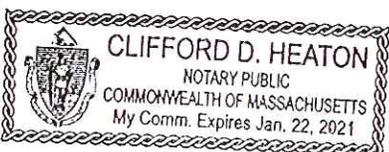
Sept 22, 2015

Then personally appeared before me [name] Jermaine Jacobs [title] of [company name], being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act and deed of [company name]

Clifford D. Heaton Notary Public Clifford D. Heaton

My commission expires: 1-22-2021

YOU MUST FILL THIS FORM OUT COMPLETELY AND YOU MUST SUBMIT THIS FORM WITH YOUR CLOSING DOCUMENTS.





MPAGAN

INSURANCE BINDER

DATE (MM/DD/YYYY)
9/24/2015

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY HUB International NE LLC formerly FieldEddy 96 Shaker Road East Longmeadow, MA 01028		COMPANY Mass Property Insurance Underwriting		BINDER # 22717
PHONE (A/C, No, Ext): (413) 733-3131		FAX (A/C, No): (413) 733-3191		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:
CODE: _____ SUB CODE: _____		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Loc 1, 217 Euclid Ave, Springfield, MA 01108		INSURED Jamie Isaac & Jermaine Jacobs 217 Euclid Ave Springfield, MA 01108
AGENCY CUSTOMER ID: JACOBSJE02		Date EFFECTIVE Time 9/24/2015 12:01 AM		Expiration Time 10/24/2015 12:01 AM

COVERAGES		LIMITS	
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC	Dwelling Other structures Personal property Loss of use		\$216,000 \$21,600 \$108,000 \$64,800
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$	
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:	ACTUAL CASH VALUE \$ STATED AMOUNT \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$	
VEHICLE PHYSICAL DAMAGE (DED) <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/> COLLISION <input type="checkbox"/> OTHER THAN COL.	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ WC STATUTORY LIMITS E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$	
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	RETRO DATE FOR CLAIMS MADE:	FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:		
WORKER'S COMPENSATION and EMPLOYER'S LIABILITY	RETRO DATE FOR CLAIMS MADE:		
SPECIAL CONDITIONS / OTHER COVERAGES Personal liability each occurrence - \$500,000.00; Medical payments each person - \$5,000.00; Base - \$1000;			

Name & Address

City of Springfield 1600 East Columbus Ave Springfield, MA 01103	MORTGAGEE LOSS PAYEE LOAN #	ADDITIONAL INSURED HUB International New England, LLC
	AUTHORIZED REPRESENTATIVE By:	