

# **EMERGENCY HOME REPAIR PROGRAM**

The Emergency Home Repair Loan Program provides income-eligible owner-occupants with a zero-interest forgivable loan to fund a single-item emergency repair

## **City of Springfield Office of Housing**

1600 East Columbus Avenue, Springfield, MA 01103 Phone: (413)787-6500 ● Fax: (413)787-6515





## **City of Springfield Emergency Repair Program**

The Emergency Repair Program provides funds to income-eligible owner-occupants to pay for the costs of a **single item emergency repair** to their home.

An emergency exists if there is an immediate threat to health or safety of the property's occupants or to the property's structural, electrical or mechanical integrity. The City's Rehabilitation Specialist will determine whether a particular repair constitutes an emergency condition. Eligible items include, but are not limited to, repair or replacement of all or a portion of the following: roofs; heating systems; electrical or mechanical systems; dangerous steps, landings, and/or porches; plumbing; inadequate flooring; foundation walls or crawl space piers; sump pumps; handicap accessibility; or other urgent code enforcement conditions. The program is not available for condominiums or mobile homes. It does not cover landscaping or outbuildings.

The program provides a 0% interest loan, forgiven over five years if the owner continues to occupy the home as their principal residence. One-fifth of the loan is forgiven each year. If the owner sells the home or moves to a different primary residence within the five-year time period, payment of the remaining pro-rated loan is required.

#### **Income Eligibility**

The program is available for households that do not exceed the FY2023 maximum household income amounts listed below.

1 person	\$55,800	5 person	\$86,100
2 person	\$63,800	6 person	\$92,500
3 person	\$71,750	7 person	\$98,850
4 person	\$79,700	8 person	\$105,250

#### **How the Program Works**

Once the City approves a property owner's application, a Rehabilitation Specialist inspects the property and writes specifications for the required emergency repair. The City invites bids for the project from licensed and insured contractors, and the most competitive bid is selected.

The City enters into an agreement with the homeowner to provide the funding for the work, and the homeowner enters into an agreement with the contractor, based on the agreed-on scope of work. The City inspects the property as repairs are made and at the end of the project, and the homeowner signs off with approval that all work is complete and satisfactory. The City makes payments to the homeowner, who uses the funds to pay the contractor.

#### **Additional Requirements**

The homeowner must be current on their mortgage, have property insurance, and may not have outstanding debts to the City for property taxes or other charges.

## **APPLICANT INFORMATION**

All people listed on the property deed must be included as applicants.

Αp	plicant 1:			
So	cial Security Numbe	er:	Date of E	Birth:
Em	nail address:			
Нс	ome Phone: (       )		Cell Phone: (	)
Str	eet Address:			
Cit	y:	Sta	te:	_ Zip Code:
Аp	pplicant 2:			
So	cial Security Numb	er:	Date of E	Birth:
En	nail address:			
Но	ome Phone: ( )		Cell Phone: (	)
Str	reet Address:			
Cit	:y:	Sta	te:	_ Zip Code:
1.	• •	er any one of his/her relatives		ne City of Springfield?  nd, in what capacity:
2.	or any other inde	t owe the City of Springfield a	king tickets, etc.)?	
3.	within the City of	nt have any open code viola Springfield? □ Yes □ No		ses relating to any property owned
1	Does the applican	at qualify for home heating for	iel assistance?	Yes □ No □ I don't know

PROPERTY INFORMATION							
Address of property to be repaired:							
Title Holder(s) (Who is on the property d							
Date you purchased the property:							
Number of Units:							
1. Do you plan to live in the property a	s your principal resi	dence?		□ Yes □ No			
2. Does the property contain lead paint or lead-based paint hazards? ☐ Yes ☐ I don't l							
3. Has a Letter of Lead Compliance bee	en provided for the p	property?		☐ Yes ☐ No ☐ I don't know			
4. What is the emergency repair needs							
НО	USEHOLD COMPO	SITION					
Including the applicant, how many peop	le live in your house	hold?		_			
List all household members who live in y	our home at the tim	ne of application.					
Full name	Full name Relationship to Date of Birth Age Social Security Applicant Number						

		NT INFORMATION	V		
Applicant 1: Employer:					
Employer's Address:					
Supervisor's Name:		Employer To	elephone:		
Position Title: Date of Employment:  Date of Employment:  Paid weekly Dead Bi-weekly Dother: \$					
☐ Paid weekly ☐ Paid Bi-we	ekly    ⊔ Other:		\$per		
Applicant 2: Employer:					
Employer's Address:					
Supervisor's Name:			elephone:		
Position Title:					
☐ Paid weekly ☐ Paid Bi-wee	ekly $\square$ Other:		\$per		
	MONTI	HLY INCOME			
Use the chart below to list all <u>m</u>	nonthly income.				
Incomo Course	Applicant 1	Applicant 2	Other Adult	Total	
Income Source	Applicant	Applicant 2	Other Adult	iotai	
income Source	Applicant 1	Аррисані 2	Household	Total	
	Аррисанс 1	Applicant 2		Total	
Wages from employer	Applicant 1	Аррисант 2	Household	Total	
Wages from employer Social Security	Applicant 1	Аррисант 2	Household	Total	
Wages from employer Social Security Disability	Applicant 1	Аррисант 2	Household	Total	
Wages from employer Social Security Disability Alimony	Applicant 1	Аррисант 2	Household	Total	
Wages from employer Social Security Disability Alimony Interest Income from Asset	Applicant 1	Аррисант 2	Household	Total	
Wages from employer Social Security Disability Alimony Interest Income from Asset Child Support	Applicant 1	Аррисант 2	Household	Total	
Wages from employer Social Security Disability Alimony Interest Income from Asset Child Support Rental Income	Applicant 1	Applicant 2	Household	Total	
Wages from employer Social Security Disability Alimony Interest Income from Asset Child Support			Household Members	Total	
Wages from employer Social Security Disability Alimony Interest Income from Asset Child Support Rental Income	Total	Gross Monthly Ho	Household Members  Dusehold Income:	Total	

## **ASSETS**

ASSETS: List all household assets.							
Туре	Name on Account	Bank Name	Account Number	Balance/ Amount			
Checking							
Savings							
Certificate of Deposit							
Equity in Primary Residence (Value of home minus							
balance of							
mortgage(s))							
Equity in other real estate							
Other personal assets							
		l	Total personal assets:				
I.R.A							
Other Retirement							
Assets:							
	Total retirement assets:						

#### **APPLICANT ACKNOWLEDGEMENTS**

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the City of Springfield Emergency Home Repair Program.

I/We hereby certify that all the information provided herein is true and correct.

I/We understand that providing false statements or information is grounds for termination of assistance and is punishable under federal law.

I/We authorize the City of Springfield and any of its duly authorized representatives to verify all information provided in this application.

I/We understand that additional information will likely be required to move forward with this program.

Signature of Applicant:	Date		
Signature of Co-Applicant:	Date		
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.

#### **DOCUMENTATION**

The following documents must be submitted with your completed application.

#### APPLICATIONS WILL NOT BE PROCESSED UNTIL YOU PROVIDE ALL ACCOMPANYING DOCUMENTATION

ALL adult household members must submit relevant documentation regarding income and assets.

<b>FOR</b>	ALL	<b>APPI</b>	LICA	NTS:
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☐ Verification of City Compliance form (blank attached)
☐ Demographic Information form (blank attached)
☐ Completed IRS W-9 form (blank form attached)
☐ Copy of government issued photo I.D.(s)
☐ Copy of most recent Mortgage Statement with proof of payment
☐ Copy of current insurance policy (Declaration/Binder Page) and proof of payment
☐ Copy of last two years federal tax return, or tax return transcripts
☐ Most recent 90 days ( <u>if pay is steady</u> ) of consecutive pay stubs from <u>each</u> income source (i.e. Employment, Unemployment, Pension Check, Social Security Award Letter, Court Ordered Alimony, Child Support, etc.). <u>NOTE:</u> if income is less stable, twelve (12) months of documentation may be required.
☐ Copies of three (3) months most recent bank statements

## **SUBMIT COPIES ONLY – NO ORIGINAL DOCUMENTS**

A copy machine is available at the Office of Housing.

## **VERIFICATION OF CITY COMPLIANCE FORM**

		D.O.B		Drivers license #	
Applicant 2	[	D.O.B		Drivers license#	
Address					
Do you own any other property in Springfield	ld? □ N	o □ Yes	5		
If yes, please list the addresses:					
I ATTEST THAT THE ABOVE INFORMATION SIGNED UNDER THE PAINS AND PENALTIES					
Signature of Applicant 1	 Si	ignature (	of App	licant 2	
		J	•		
	CE FOR OF				
		FICIAL US			
	CE FOR OF	FICIAL US	E ONLY		
	CE FOR OF	FICIAL US ENT?	E ONLY	,	
THIS SPA	CE FOR OF CURR YES	FICIAL US ENT? NO	E ONLY	,	
THIS SPA  REAL ESTATE TAX	CE FOR OF  CURR  YES	FICIAL US ENT? NO	E ONLY	,	
THIS SPA  REAL ESTATE TAX  EXCISE TAX	CE FOR OF CURR YES	FICIAL US EENT? NO	\$ \$	,	
REAL ESTATE TAX EXCISE TAX PARKING TICKETS	CE FOR OF CURR YES	FICIAL US EENT?  NO	\$ \$ \$ \$	AMOUNT DELINQUENT	

City of Springfield Emergency Repair Program (June 2023)

#### **DEMOGRAPHIC INFORMATION FORM**

## THE FOLLOWING IS USED FOR HUD REPORTING PURPOSES ONLY

IMPORTANT: HUD requests information for both **Ethnicity** (#1 below) and **Race** (#2 below). Please answer both questions and select <u>only one</u> for **Ethnicity** and <u>at least one</u> for **Race**.

1.	Indicate <b>Ethnicity</b> (check one)
	<ul><li>☐ Hispanic or Latino</li><li>☐ Not Hispanic or Latino</li></ul>
2.	Indicate <b>Race</b> (select one or more)
	☐ White
	☐ Black or African American
	☐ Asian
	☐ American Indian or Alaska Native
	☐ Native Hawaiian or other Pacific Islander
	☐ Other Multi-Racial

## **Contact Information for Verification of Income and Assets**

Income

Please provide contact information for all household employers and bank accounts.

Employer Name:		
Address:		
	Email:	
Name of contact person:		
Employer Name:		
Address:		
Telephone:	Email:	
Name of contact person:		
Employer Name:		
Address:		
	Email:	
Name of contact person:		
Employer Name:		
Address:		
	Email:	
Name of contact person:		
Assets		
Bank Name:		
	Email:	
Account Number:		
Bank Name:		
Address:		
Telephone:	Email:	
Account Number:		
Bank Name:		
		_
	Email:	



#### Request for Taxpayer **Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank	•	
pe. ons on page 3.	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. C following seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)	
Print or type. Specific Instructions on	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is not disregarded from the owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of the single-member of th	Exemption from FATCA reporting code (if any)	
ခို	☐ Other (see instructions) ►	_	(Applies to accounts maintained outside the U.S.)
See S	Address (number, street, and apt. or suite no.) See instructions.     G City, state, and ZIP code	nequester's name	and address (optional)
	7 List account number(s) here (optional)	1	
Par	, ,		
backı reside	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a up withholding. For individuals, this is generally your social security number (SSN). However, ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see How to g	for a	
TIN, la		or or	_
	: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name</i>		r identification number
	per To Give the Requester for guidelines on whose number to enter.		-
Par	t II Certification		
Unde	r penalties of perjury, I certify that:		
2. I ar	e number shown on this form is my correct taxpayer identification number (or I am waiting form not subject to backup withholding because: (a) I am exempt from backup withholding, or (but it is a propert all interest to backup withholding as a result of a failure to report all interest	o) I have not been r	notified by the Internal Revenue

- no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments

Sign	Signature of	equired to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.
Here	U.S. person ►	Date ►

## **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,