



City of Springfield, Office of Housing

1600 East Columbus Avenue, Springfield, MA 01103

Phone: (413)787-6500 • Fax: (413)787-6515

APPLICATION FOR EMERGENCY HOME REPAIR LOANS FOR OWNER-OCCUPANTS

Emergency Repair Loan Program

The Emergency Home Repair Loan Program provides income-eligible owner-occupants with zero-interest deferred payment loans for single item emergency repairs.

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Telephone: 413-787-6500 Fax: 413-787-6515

Contact: Patty Montana or Maritza Santiago





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Office of Housing Emergency Repair Program Guidelines

Emergency Home Repair Loans for Owner-Occupants

Purpose: To provide loans to income eligible homeowners to pay for the costs of an emergency repair to their home.

Type of Loan: This program provides eligible owner-occupants **zero-interest, deferred payment loan** which is **recorded as a lien** on the property.

Repayment: Loan repayment is required when the homeowner sells, refinances, transfers title to the property, or no longer occupies the home as a principal place of residence.

Eligible Costs: This program will address **single item repairs only**. Repairs must be an **emergency** where there is an immediate threat to health and/or safety of the property’s occupants, or the residential property’s structural, electrical, or mechanical integrity. Emergency and/or urgent conditions will be subject to determination by the Rehabilitation Specialist. Eligible items include, but are not limited to, repair or replacement of all or a portion of the following: roofs, heating systems, electrical & mechanical, dangerous steps, landings, and/or porches, handrails/guardrails, plumbing, inadequate flooring, foundation walls or crawl space piers, handicap accessibility, sump pumps, and other urgent code enforcement conditions as determined by the City’s Rehabilitation Supervisor.

- Eligibility:**
- Property must be owner’s **principal residence**
 - Property is located in Springfield
 - Owners must have owned and lived in the property for a minimum of **three years**
 - Mortgage payments must be current
 - Property taxes, fees, fines or municipal liens must be current with the City of Springfield
 - Property must have appropriate home insurance coverage
 - Contractors must be licensed and insured
 - Owner must obtain a minimum of three (3) bids for the type of repair or replacement item approved
 - Household **income cannot exceed 80% of the Area Median Income** as detailed in the following table:

Maximum Household Income (effective June 1, 2018)

| 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person |
|----------|----------|----------|----------|----------|----------|
| \$45,200 | \$51,650 | \$58,100 | \$64,550 | \$69,750 | \$74,900 |





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EMERGENCY REPAIR PROGRAM APPLICATION

FOR OWNER-OCCUPANTS

This application should be completed to determine eligibility for the **Emergency Repair Program**. Prior to completing this application, ***applicants must read the program guidelines on the preceding page.***

PART 1: APPLICANT INFORMATION

Applicant 1: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Applicant 2: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

1. Has the applicant ever received assistance from the City of Springfield?
 No Yes, Explanation: _____

2. Is the applicant, or one of its relatives, employed by the City of Springfield?
 No Yes Describe relationship(s), which department(s) and, in what capacity: _____

3. Does the applicant owe the City of Springfield any monies for incurred real estate taxes, water, rents or any other indebtedness (i.e. trash fees, parking tickets, etc.)?
 No Yes, Explanation: _____





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4. Does the applicant have any open code violations or court cases relating to any property owned within the City of Springfield?

No Yes, Explanation: _____

5. How did you learn about this program? _____

PART 2: HOUSEHOLD COMPOSITION

Use the space below to list all other household members who live in your home at the time of application.

| Full Name | Relationship to Applicant | Date of Birth | Age | Social Security Number |
|-----------|---------------------------|---------------|-----|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1. Including the Applicant(s), how many people make up your household? _____





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PART 3: PROPERTY INFORMATION

Address of Property to be Assisted: _____

Title Holder(s): _____ Book-Page of Deed: _____

Number of Units: _____ Assessed Value: \$ _____

Date Purchased: _____ Purchase Price: _____

Year Built: _____ Located In Historic District? _____

1. Do you intend to maintain the property as a principal residence? No Yes
2. Have you owned the home for the past 3 years? No Yes
3. Does the property contain lead paint/lead-based paint hazards? No Yes Unknown
4. Has a Letter of Lead Paint Compliance been provided for the property? No Yes
5. In the space below, please describe the repairs and improvements needed at this property:

PART 4: EMPLOYMENT INFORMATION

Applicant 1 Employer: _____

Employer Address: _____

Supervisor's Name: _____ Employer Telephone: _____

Position Title: _____ Date of Employment: _____

Paid Weekly Paid Bi-Weekly Other: _____ \$ _____ per _____

Applicant 2 Employer: _____

Employer Address: _____

Supervisor's Name: _____ Employer Telephone: _____

Position Title: _____ Date of Employment: _____

Paid Weekly Paid Bi-Weekly Other: _____ \$ _____ per _____





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PART 5: MONTHLY INCOME

Use the chart below to list all monthly income.

| Income Source | Applicant 1 | Applicant 2 | Other Household Members (18+) | Total |
|---|-------------|-------------|-------------------------------|-------|
| Wages from employer | | | | |
| Social Security | | | | |
| Disability | | | | |
| Alimony | | | | |
| Interest from Asset | | | | |
| Child Support | | | | |
| Rental Income: | | | | |
| Other: | | | | |
| Total Gross <u>Monthly</u> Household Income: | | | | |
| TOTAL ANNUAL INCOME (x12): | | | | |

If the applicant's source of income has changed since last filed income tax return, please explain here:





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PART 6: ASSETS

Use the chart below to list all assets.

| Type | Name of Account | Bank Name | Account Number | Balance |
|---------------------------------|-----------------|-----------|----------------|---------|
| Checking | | | | |
| Savings | | | | |
| Certificates of Deposit | | | | |
| Value of Primary Residence | | | | |
| Other Real Estate | | | | |
| Other Personal Assets: | | | | |
| Total Personal Assets: | | | | |
| I.R.A | | | | |
| Other Retirement Assets: | | | | |
| Total Retirement Assets: | | | | |





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PART 7: ATTACHMENTS

The following documents must be submitted with your completed application. **APPLICATIONS WITHOUT ALL ACCOMPANYING DOCUMENTATION WILL NOT BE PROCESSED.** ALL adult household members must submit relevant documentation regarding income and assets.

- Copy of Deed
- Copy of current insurance policy (Declaration/Binder Page) and proof of payment
- Most recent Mortgage Statement with proof of payment
- Most recent two (2) years **SIGNED** Federal Tax Returns **OR** IRS Tax Transcript, **OR** IRS Verification of Non-Filing
- Most recent 90 days (if pay is steady) of consecutive pay stubs from each income source (i.e. Employment, Unemployment, Pension Check, Social Security Award Letter, Court Ordered Alimony, Child Support). **NOTE: if income is less stable, twelve (12) months of documentation may be required.**
- Copies of three (3) months most recent bank statements
- Verification of City Compliance Form (see page 11)
- Completed IRS W-9 form (available at Office of Housing, or at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>)

**PLEASE DO NOT SUBMIT ORIGINALS,
COPIES ONLY!**





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PART 9: ACKNOWLEDGEMENTS, DISCLOSURE AND RELEASE

ALL OWNERS NAMED ON THIS APPLICATION MUST SIGN BELOW.

I/WE ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE FURTHER ATTEST AND ACKNOWLEDGE THAT KNOWINGLY AND WILLFULLY FALSIFYING, CONCEALING, OR COVERING UP BY ANY TRICK, SCHEME OR DEVICE A MATERIAL FACT, OR MAKING ANY FALSE, FICTICIOUS, OR FRAUDULENT STATEMENT OR REPRESENTATIONS, OR MAKING OR USING ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTICIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE SUBJECT TO THE FINES AND/OR TERMS OF IMPRISONMENT UNDER THE PREVAILING LAWS, RULES AND REGULATIONS.

I/WE HEREBY GRANT PERMISSION TO THE OFFICE OF HOUSING TO OBTAIN ANY FURTHER INFORMATION NECESSARY TO DETERMINE MY/OUR ELIGIBILITY FOR THE CITY OF SPRINGFIELD'S EMERGENCY REPAIR PROGRAM. THIS INFORMATION MAY BE OBTAINED FROM ANY SOURCE NAMED IN THIS APPLICATION.

I/WE ACKNOWLEDGE AND UNDERSTAND THAT THIS INFORMATION WILL BE USED SOLELY TO DETERMINE ELIGIBILITY FOR THIS PROGRAM AND WILL OTHERWISE BE TREATED AS CONFIDENTIAL.

I/WE ACKNOWLEDGE AND UNDERSTAND THAT SUBMISSION OF AND ACCEPTANCE OF THIS APPLICATION BY THE CITY OF SPRINGFIELD DOES NOT CONSTITUTE A LENDING COMMITMENT.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY,

Signature of Borrower #1

Date

Signature of Borrower #2

Date





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ACKNOWLEDGMENT OF PROGRAM REQUIREMENTS

I/WE HAVE RECEIVED AND READ THE PROGRAM GUIDELINES FOR THE EMERGENCY HOME REPAIR LOAN PROGRAM.

MY/OUR SIGNATURE BELOW INDICATES THAT I/WE UNDERSTAND THE TERMS AND NATURE OF LOAN FOR WHICH I/WE ARE APPLYING. FURTHER, I/WE UNDERSTAND THAT IF APPROVED, A LIEN WILL BE PLACED ON MY PROPERTY BASED ON THE AMOUNT OF FUNDS I/WE RECEIVE.

Signature of Borrower #1

Date

Signature of Borrower #2

Date





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VERIFICATION OF CITY COMPLIANCE FORM

Applicant 1 _____ D.O.B _____ SS# _____

Applicant 1 _____ D.O.B _____ SS# _____

Address _____

Do you own any other property in Springfield? No Yes

If yes, please list the addresses:

I ATTEST THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, THIS _____ DAY OF _____,
201__.**

Signature of Applicant 1

Signature of Applicant 2

THIS SPACE FOR OFFICIAL USE ONLY

| TAXES | CURRENT? | | AMOUNT DELINQUENT |
|-----------------------------|--------------------------|--------------------------|-------------------|
| | YES | NO | |
| REAL ESTATE TAX | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| EXCISE TAX | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| PARKING TICKETS | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| OTHER MUNICIPAL LIENS/LOANS | <input type="checkbox"/> | <input type="checkbox"/> | \$ |

Collector's Office representative signature: _____

Date: _____





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THE FOLLOWING IS USED FOR HUD MONITORING PURPOSES ONLY IMPORTANT: HUD requires information for both **Ethnicity** (#1 below) and **Race** (#2 below). Please answer both questions. You must select **only one** for **Ethnicity** and you must select **at least one** for **Race**.

1. Indicate Ethnicity (check one)

- Hispanic or Latino
- Not Hispanic or Latino

2. Indicate Race (select one or more)

Single Race Categories:

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

Multi-Race Categories:

- American Indian or Alaska Native & White
- Black or African American & White
- Asian and White
- American Indian or Alaska Native & Black or African American
- Other Multi-Racial

Signature

Date





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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-------------------------------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>Form W-9 (Rev. August 2013) Department of the Treasury Internal Revenue Service</p> | <h2 style="margin: 0;">Request for Taxpayer Identification Number and Certification</h2> | <p>Give Form to the requester. Do not send to the IRS.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Print or type See Specific Instructions on page 2.</p> | <p>Name (as shown on your income tax return)</p> <hr/> <p>Business name/disregarded entity name, if different from above</p> <hr/> <p>Check appropriate box for federal tax classification:</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____</p> <p><input type="checkbox"/> Other (see Instructions) ▶ _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Address (number, street, and apt. or suite no.)</p> <hr/> <p>City, state, and ZIP code</p> <hr/> <p>List account number(s) here (optional)</p> | | <p>Exemptions (see instructions):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p>Requester's name and address (optional)</p> <hr/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Part I Taxpayer Identification Number (TIN)</p> <p>Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</p> | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> | Social security number | | | | | | | | | | | | | | | | | | Employer identification number | | | | | | | | | | | | | | | | | |
| Social security number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Part II Certification</p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. citizen or other U.S. person (defined below), and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <p>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 other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Sign Here</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Signature of U.S. person ▶</td> <td style="width: 20%;">Date ▶</td> </tr> </table> | | Signature of U.S. person ▶ | Date ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of U.S. person ▶ | Date ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

