



**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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Contact: Patty Montana or Maritza Santiago





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# Office of Housing Emergency Repair Program Guidelines

## Emergency Home Repair Loans for Owner-Occupants

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**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 28, 2019)**

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
\$49,700	\$56,800	\$63,900	\$70,950	\$76,650	\$82,350





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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:				
<b>Total Gross <u>Monthly</u> Household Income:</b>				
<b>TOTAL ANNUAL INCOME (x12):</b>				

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:				
<b>Total Personal Assets:</b>				
I.R.A				
Other Retirement Assets:				
<b>Total Retirement Assets:</b>				





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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.

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Signature of Borrower #1 Date

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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

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Signature

Date

