



HOUSING REHABILITATION PROGRAMS

FOR OWNER-OCCUPANTS

OF 1- TO 4-UNIT PROPERTIES

Lead-Based Paint Hazard Removal
Healthy Homes Housing Rehabilitation

City of Springfield Office of Housing
1600 East Columbus Avenue, Springfield, MA 01103
Phone: (413)787-6500 • Fax: (413)787-6515



City of Springfield Housing Rehabilitation Programs

The City of Springfield Office of Housing operates two programs which fund rehabilitation of housing units. Please review the program descriptions on the following pages to learn more about the programs, including the terms of the funding.

This packet includes the application that must be completed for either or both of the programs.

Lead-Based Paint Hazard Removal Program

- Available for homes occupied by, or to be made available to, a pregnant woman or a household that includes a child under six.
- Grants and zero-interest forgivable loans for removal of lead-based paint hazards in the home.

Healthy Homes Housing Rehabilitation

- Available **ONLY** in the Six Corners and Memorial Square neighborhoods.
- Zero-interest forgivable loans for whole house rehabilitation.

Note: Heating System Maintenance and Repair/Replacement

The Office of Housing also operates a heating system maintenance and repair/replacement program. This program is available ONLY to households that have been certified as eligible for the New England Farm Workers Council Fuel Assistance Program; call 413-272-2209 to apply for that program. After you have been approved for Fuel Assistance, you can call the Office of Housing at (413) 787-6500 to request heating system assistance.

The City of Springfield Office of Housing is a part of the **Springfield Healthy Homes Collaborative**, a partnership of organizations working to improve housing conditions that affect health issues. The Office of Housing uses this application to identify other Collaborative resources that may be able to assist applicants, and may suggest other programs that could be helpful. With your permission, the Office of Housing can share your information with these programs to help assess your eligibility for these other benefits. Visit the website to learn more about healthy homes: <https://springfieldhealthyhomes.org>

Program Description: Lead-Based Paint Hazard Reduction

Purpose: To create affordable, lead-safe, and healthy housing in a manner that maximizes the number of young children protected from lead poisoning.

Target Area: The program is available city-wide.

Type of Assistance: For owner-occupants of single-family homes: Grant, up to \$20,000.
 For owner-occupants of 1-4 family homes: Zero percent interest fully forgivable loan, forgiven after 3 years; up to \$13,000 per unit. If the property has five or more units, please use the City’s Investor-Owner application, even if you live at the property.

Conditions of Funding: The owner-occupant must use the home as the primary place of residence and remain in the home for a minimum of three years following completion of the work. Rental units must be occupied by or made available to an income-eligible family with a pregnant woman or child under six for a minimum of three years.

Repayment: Pro-rated repayment is required if, within three years after completion of the work, the owner fails to use the home as a primary place of residence or fails to make any rental unit(s) available an income-eligible family that includes a child under six or a pregnant woman.

Eligible Costs: Program funds will be used for abatement of lead-based paint hazards and related costs. The program includes a small amount of supplemental funding which may be used to address additional critical health and safety hazards in the unit. The City’s Rehabilitation Supervisor will determine the scope of work and write specifications for the work, which will be competitively bid.

- Eligibility:**
- Unit is occupied by, or will be made available to, an income-eligible household that includes a child under six or a pregnant woman.
 - Mortgage payments must be current and property must be insured
 - Property taxes, fees, fines or municipal liens must be current with the City of Springfield
 - The property owner may not have a significant history of non-compliance with the state Sanitary Code, City ordinances, or a failure to address significant drug-related criminal activity at a Springfield property
 - Household income of the occupant household cannot exceed 80% of the Area Median Income as determined annually by the U.S. Department of Housing and Urban Development. The maximum incomes as of June 28, 2019 are:

Maximum Household Income

1 Person	\$49,700		5 Person	\$76,650
2 Person	\$56,800		6 Person	\$82,350
3 Person	\$63,900		7 Person	\$88,000
4 Person	\$70,950		8 Person	\$93,700

Program Description: Healthy Homes Housing Rehabilitation

Purpose: To improve the housing stock in targeted neighborhoods by providing funding to rehabilitate housing units, with an emphasis on addressing health issues in housing, including lead paint, asthma triggers, and trip and fall hazards. The program is concentrated in two neighborhoods to assist in revitalizing those neighborhoods.

Target Area: The Memorial Square and Six Corners neighborhoods.

Type of Assistance: This program provides eligible property owners with a **zero-interest, deferred payment forgivable loan** which is **recorded as a lien** on the property. Owner-occupants are eligible to borrow 100% of the project cost. The loan is forgiven fully at the end of 5 years. If the property has five or more units, please use the City’s Investor-Owner application, even if you live at the property.

Repayment: Pro-rated loan repayment is required if, within five years after completion of the work, the homeowner sells, refinances, transfers title to the property or if the home is no longer occupied by the homeowner as the owner’s primary residence.

Eligible Costs: Program funds will be used for customary and reasonable costs to rehabilitate housing to meet current housing standards and to complete identified and approved healthy homes interventions. Allowable costs for each participating property will be defined by the City’s Rehabilitation Specialist based on a property inspection, standardized cost-estimating, and competitive bidding.

- Eligibility:**
- Property is located in the **Memorial Square** or **Six Corners** neighborhood
 - Mortgage payments must be current
 - Property taxes, fees, fines or municipal liens must be current with the City of Springfield
 - The property owner may not have a significant history of non-compliance with the state Sanitary Code, City ordinances, or a failure to address significant drug-related criminal activity at a Springfield property
 - Property must have appropriate home insurance coverage
 - Contractors must be licensed and insured
 - Household income of the occupant household cannot exceed 80% of the Area Median Income as determined annually by the U.S. Department of Housing and Urban Development. The maximum incomes as of June 28, 2019 are:

Maximum Household Income

1 Person	\$49,700	5 Person	\$76,650
2 Person	\$56,800	6 Person	\$82,350
3 Person	\$63,900	7 Person	\$88,000
4 Person	\$70,950	8 Person	\$93,700

**CITY OF SPRINGFIELD OFFICE OF HOUSING
CONSOLIDATED APPLICATION FOR HOUSING REHABILITATION PROGRAMS**

This application is used for housing rehabilitation programs operated by the Office of Housing. We cannot make a decision on your application until it is complete, which means that all application questions are answered and you have provided copies of all documents listed.

Which program(s) are you applying for?

- Lead-Based Paint Hazard Removal** – For units occupied by (or that will be made available to) a pregnant woman or child under six years of age
- Healthy Homes Program** – Available only in the Six Corners and Memorial Square neighborhoods.

PROPERTY INFORMATION

Address of Property to be Assisted: _____

Title Holder(s) (Who is on the property deed?): _____

Date you purchased the property: _____

Number of Units: _____

1. Does the applicant own the property? Yes No
2. Does the applicant occupy the property as his/her principal residence? Yes No
3. Does the applicant receive rental income from this property? Yes No
 - If YES, is this property currently fully occupied? Yes No
4. Does the property contain lead paint or lead-based paint hazards? Yes No
 I don't know
5. Which type of fuel does your home heating system run on? Oil Electric
 Natural Gas



APPLICANT INFORMATION

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

Applicant 1: _____

Social Security Number: _____ Date of Birth: _____

Email address: _____

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

Street Address: _____

City: _____ State: _____ Zip Code: _____

Applicant 2: _____

Social Security Number: _____ Date of Birth: _____

Email address: _____

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

Street Address: _____

City: _____ State: _____ Zip Code: _____

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

2. 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.)? Yes No
Explanation: _____

3. Does the applicant have any open code violations or court cases relating to any property owned within the City of Springfield? Yes No
Explanation: _____

4. Do any household units qualify for home heating fuel assistance? Yes No I don't know
Have they been approved for fuel assistance for the current year? Yes No I don't know



OWNER-OCCUPANT HOUSEHOLD MEMBERS & INCOME

HOUSEHOLD MEMBERS: List all household members who live in the owner-occupied unit at the time of application, or are expected to be added to the family in the next 12 months (for example, by birth, adoption, custody).

Household member – Name	Relationship to Applicant	Date of Birth	Age	Social Security Number	Is household member disabled? (Y/N)

Including the Applicant(s), how many people are in your household? _____

INCOME: List ALL household members 18 and older and their incomes. Include wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, and other income. Food stamps are NOT considered income – do not list.

Household Member age 18 and older – Name	Full Time Student (Y/N)?	Source of Income (include employer’s name, if applicable).	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)

If Applicant(s) source(s) of income have changed since the last filed income tax return, please explain changes here:



OWNER-OCCUPANT HOUSEHOLD ASSETS

ASSETS: List all household assets.				
Type	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				
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 Lead-Based Paint Hazard Reduction and/or Healthy Homes 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 U.S. 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.

FOR ALL APPLICANTS:

- Verification of City Compliance form (page 7)
- Demographic Information form (page 8)
- Completed and signed RELEASE OF INFORMATION form (page 9)
- Completed and signed Form 8821 (Attached)
- Proof of all non-employment sources of income (for example: SSI or SSDI benefit letter, pension statement, child support order, etc.)
- Copies of three (3) months most recent bank statements
- 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

APPLICANTS FOR THE LEAD-BASED PAINT HAZARD REMOVAL PROGRAM MUST ALSO PROVIDE:

- Copy of birth certificate for child under 6 years old who resides in the home or doctor note confirming pregnancy
- IF AVAILABLE, documents about the presence of lead-based paint hazards, *e.g.*, copy of Lead Inspection Report, Letter(s) of Interim Control, etc.

IF APPLICABLE, APPLICANTS FOR THE HEALTHY HOMES PROGRAM PLEASE ALSO PROVIDE:

- Copy of birth certificate of child under 6 who resides in the home
- Proof of household member's need for long-term asthma control medication
- Proof of age for occupant 60 or older
- Proof of disability for disabled occupant

SUBMIT COPIES ONLY – NO ORIGINAL DOCUMENTS

A copy machine is available at the Office of Housing.



VERIFICATION OF CITY COMPLIANCE FORM

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

Applicant 2 _____ 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 _____, 20____.

Signature of Applicant 1

Signature of Applicant 2

THIS SPACE FOR OFFICIAL USE ONLY

	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"/>	\$

Treasurer's/Collector's Office representative signature: _____

Date: _____



DEMOGRAPHIC INFORMATION FORM – FOR OWNER-OCCUPANT

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 **only one** for **Ethnicity** and **at least one** for **Race**.

1. Indicate Ethnicity (check one)

- Hispanic or Latino
- Not Hispanic or Latino

2. Indicate Race (select one or more)

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



**HOME/CDBG/CDBG-DR/LPBHR Program
Eligibility Release Form**

*City of Springfield – Office of Housing
1600 E. Columbus Ave. Springfield, MA 01103*

**Information Covered: Inquiries may be made about items
initialed by applicant/tenant.**

Purpose: Your signature on this HOME/CDBG/CDBG-DR Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the City of Springfield – Office of Housing to obtain information from a third party relative to your eligibility and continued participation in the: HOME Program
CDBG Homebuyer Program
CDBG Disaster Resilience Program
CDBG Disaster Recovery Program
Lead-Based Paint Hazard Reduction Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant’s eligibility in a HUD Program and the amount of assistance necessary using HUD funds. This information will be used to establish level of benefit under the HUD Program(s) for which applicant has applied; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME/CDBG/CDBG-DR Program Eligibility Release Form prior to the receipt of any benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR COPY OF TAX FORM” MUST BE PREPARED AND SIGNED SEPARATELY.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Property Insurance		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction _____ Full-Time Student _____ Handicap/Disabled _____ Family Member _____ Minor Children		

Authorization: I authorize the City of Springfield – Office of Housing and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—*Signature, Printed Name, and Date:*
Family Member HEAD

X

Other Adult Member of the Household—*Signature, Printed Name, and Date:* Family Member #2

X

Other Adult Member of the Household—*Signature, Printed Name, and Date:* Family Member #3

X

Other Adult Member of the Household—*Signature, Printed Name, and Date:* Family Member #4

X

Contact Information for Verification of Income and Assets

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

Income

Employer Name: _____

Address: _____

Telephone: _____ Email: _____

Name of contact person: _____

Employer Name: _____

Address: _____

Telephone: _____ Email: _____

Name of contact person: _____

Employer Name: _____

Address: _____

Telephone: _____ Email: _____

Name of contact person: _____

Employer Name: _____

Address: _____

Telephone: _____ Email: _____

Name of contact person: _____

Assets

Bank Name: _____

Address: _____

Telephone: _____ Email: _____

Account Number: _____

Bank Name: _____

Address: _____

Telephone: _____ Email: _____

Account Number: _____

Bank Name: _____

Address: _____

Telephone: _____ Email: _____

Account Number: _____

Tax Information Authorization

- ▶ Go to www.irs.gov/Form8821 for instructions and the latest information.
- ▶ Don't sign this form unless all applicable lines have been completed.
- ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1165
For IRS Use Only
Received by:
Name _____
Telephone _____
Function _____
Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ▶

Name and address	CAF No. _____
	PTIN _____
	Telephone No. _____
	Fax No. _____
	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

3 Tax Information. Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 ▶

5 Disclosure of tax information (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):

- a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ▶
- Note.** Appointees will no longer receive forms, publications, and other related materials with the notices.
- b** If you don't want any copies of notices or communications sent to your appointee, check this box ▶

6 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain. ▶

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, partnership representative, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ **IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

▶ **DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature	Date
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Print Name	Title (if applicable)
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