



HOUSING REHABILITATION PROGRAMS

FOR OWNER-OCCUPANTS

OF 1- TO 4-UNIT PROPERTIES

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



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: 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. The City reserves the right to deny applications if costs are determined to not meet HUD cost reasonableness standards.

- 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 April 1, 2021 are:

Maximum Household Income

1 Person	\$47,150	5 Person	\$72,700
2 Person	\$53,850	6 Person	\$78,100
3 Person	\$60,600	7 Person	\$83,500
4 Person	\$67,300	8 Person	\$88,850

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

This application is used for the Healthy Homes rehabilitation program operated by the City of Springfield. 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.

This program is 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:

- Completed and Signed CONSOLIDATED APPLICATION FOR HOUSING REHABILITATION PROGRAMS (Pages 1 -5)
- Completed and Signed VERIFICATION OF CITY COMPLIANCE FORM (Page 7 – 1st Section Only)
- Completed DEMOGRAPHIC INFORMATION FORM (page 8)
- Completed and signed RELEASE OF INFORMATION form (page 9)
- 2 Years of Federal Income Tax Filings or Verification of Non-Filing
- Proof of all sources of income (for example: SSI or SSDI benefit letter, pension statement, child support order, etc.). Including 3 months of paystubs (6 paystubs if paid bi-weekly, 12 paystubs if paid weekly)
- 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
- Completed and Signed W-9 REQUEST FOR TAXPAYER ID NUMBER AND CERTIFICATION FORM (Page 13)
- Completed and Signed CITY OF SPRINGFIELD VENDOR MAINTENANCE FORM (Page 14)

APPLICANTS FOR THE HEALTHY HOMES PROGRAM PLEASE ALSO PROVIDE:

- Copy of birth certificate of any children under 6 who reside 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
- Completed and Signed PRIOR BENEFITS DECLARATION (Page 10)
- Completed and Signed FEMA WRITTEN CONSENT FORM (Page 11)
- Completed and Signed SBA Written Consent Form (Page 12)

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 CITY 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

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.

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

	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

PRIOR BENEFITS DECLARATION

List any assistance you have applied for or received from any source for damage to your home that resulted from natural disasters/weather events in 2011-2013.

FEMA: Have you received any disaster related assistance from FEMA for structural damage to your home? Yes No

If Yes: Amount Approved: _____

Amount Received: _____

FEMA Registration #: _____

SMALL BUSINESS ADMINISTRATION (SBA)

Have you received any disaster-related assistance from the SBA? Yes No

If Yes: Amount Approved? _____

Amount Received? _____

SBA Application #: _____

SBA Loan #: _____

INSURANCE: Did you have Homeowner's Insurance at the time of the event? Yes No
If "Yes", what type? Hazard Wind Flood Contents

Other: _____

Did you file an insurance claim? Yes No

If Yes: Amount Received: _____ Deductible: _____

Purpose: _____

Insurance Company: _____

Is the insurance policy currently in effect? Yes No

Are you involved in an appeal or lawsuit against your insurance company? Yes No

If yes: What is the status of your appeal or lawsuit against the insurance company?

OTHER: Did you receive any other assistance for the repair of your home? Yes No

If yes, explain the type of assistance you received e.g. Red Cross, United Way, CDBG Home repair, etc.

FEMA WRITTEN CONSENT FORM

I, _____ born on _____ / _____ / _____ and
(Applicant) (Month) (Date) (Year)

residing/resides at _____,
(Applicant Address at Time of Disaster)

hereby consent to disclosure of the information collected by FEMA for the disaster impacted
property at _____ under my Application
(Disaster Impacted Property)

number# _____ to the organization(s) and/or
(FEMA Application Number)

individual(s) listed below. My phone number is (____) ____-____.

I specifically consent to have the following information disclosed to them:

- My entire case files, including inspection report, amount of assistance, reason for approval/denial, etc.;
- My current contact information including name, address, phone number, e-mail address, and FEMA application number;

The above information may be disclosed to the City of Springfield, Massachusetts for the purposes of verifying any and all benefits received from FEMA.

Additionally, I consent to have the above named organization speak on my behalf and represent me before FEMA.

Additionally, I consent to disclosure of my information to any other organization that is a member in good standing of either the National Voluntary Organizations Active in Disasters (NVOAD) or that is participating in a FEMA or State recognized Long Term Recovery Committee (LTRC) for _____.
(FEMA Disaster Number)

This consent is made pursuant to and consistent with 28 U.S.C. §1746. I declare, under penalty of perjury, that the foregoing is true and correct.

Signature of Applicant

Email this form to: fema-r01-ia-doh@fema.dhs.gov to confirm benefits received

SBA WRITTEN CONSENT FORM

Applicant Name: _____

Date of Birth: _____

Phone Number: _____

Damaged Address: _____

Was Damage to Business or Home: _____

If Damage was to a Business, please provide Name of Business and Type of Business: _____

Mailing Address: _____

FEMA Application Number: _____

SBA Application Number: _____

Purpose of Funding Request: _____

I, hereby consent to disclosure of the information collected by the SBA for the above listed disaster impacted property to the City of Springfield, Office of Community Development and Disaster Recovery.

I specifically consent to have the following information disclosed to them:

- My entire case files, including inspection report, amount of assistance, reason for approval/denial, etc;
- My current contact information including name, address, phone number, e-mail address, and SBA application number;

The above information may be disclosed to the City of Springfield, Massachusetts for the purposes of verifying any and all benefits received from the SBA. Additionally, I consent to have the above named organization speak on my behalf and represent me before the SBA.

This consent is made pursuant to and consistent with 28 U.S.C. §1746. I declare, under penalty of perjury, that the foregoing is true and correct.

Signature of Applicant

CITY OF SPRINGFIELD OFFICE OF PROCUREMENT
36 COURT STREET – CITY HALL
SPRINGFIELD, MA 01103
413-787-6284 Telephone, 413-787-6295 Fax

VENDOR MAINTENANCE FORM

To be Completed by Vendor (print clearly):

Business Name: _____

DBA: _____

Send Purchase Order To:

Street: _____

City: _____ State: _____ Zip Code: _____

Remit To:

Street: _____

City: _____ State: _____ Zip Code: _____

Federal ID# _____ or SS# _____

Type of Service Providing to City: Technology _____ Medical _____ Contract Labor _____ Service _____

Other: _____

Terms:

Discount % _____ Days to Discount _____ Minimum Order _____ Days to Net: _____

Vendor Class: Minority Owned _____ Woman Owned _____ Minority-Woman Owned _____

Purchase Order Delivery Method: E-Mail: _____ FAX: _____ Regular Mail: _____

Contact Information:

Contact Name: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

Business Website: _____

NOTE: This document must be included with your completed W-9 Form in order to be set-up as a City of Springfield Vendor. Mail or fax completed forms to the Office of Procurement. Thank you.