

### **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: <a href="https://springfieldhealthyhomes.org">https://springfieldhealthyhomes.org</a>

#### **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 drugrelated 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 <u>and</u> you have provided copies of all documents listed.

This program is available only in the Six Corners and Memorial Square neighborhoods.

	PROPERTY INFORMATION	
A	ddress of Property to be Assisted:	
Ti	tle Holder(s) (Who is on the property deed?):	
	ate you purchased the property:umber of Units:	
<ol> <li>3.</li> </ol>	Does the applicant own the property?  Does the applicant occupy the property as his/her principal residence?  Does the applicant receive rental income from this property?  • If YES, is this property currently fully occupied?  Does the property contain lead paint or lead-based paint hazards?	☐ Yes ☐ No
	Which type of fuel does your home <u>heating system</u> run on?	☐ I don't know ☐ Oil ☐ Electric ☐ Natural Gas

#### **APPLICANT INFORMATION**

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All p	people listed on the property deed must be included as applicants.
Арр	licant 1:
Soci	al Security Number: Date of Birth:
Ema	ail address:
Hon	ne Phone: ( Cell Phone: (
Stre	et Address:
City	: State: Zip Code:
Арр	licant 2:
Soci	al Security Number: Date of Birth:
Ema	ail address:
Hon	ne Phone: () Cell Phone: ()
Stre	et 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:
	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? $\square$ Yes $\square$ 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? $\Box$ Yes $\Box$ No $\Box$ I don't know

#### **OWNER-OCCUPANT HOUSEHOLD MEMBERS & INCOME**



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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). Is household Relationship Household member -Date of **Social Security** Age member Name to Applicant Birth Number 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 Full Time** Source of Income **Payment Basis** Rate of 18 and older -Student (include employer's name, (hourly, weekly, Pay Name (Y/N)? if applicable). 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. Name on Balance/ Type **Bank Name Account Number** Amount Account 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
oignature of Applicants	
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 <u>ALL APPLICANTS</u> :
☐ Completed and Signed CONSOLIDATED APPLICATION FOR HOUSING REHABILITATION
PROGRAMS (Pages 1 -5)
$\Box$ Completed and Signed VERIFICATION OF CITY COMPLIANCE FORM (Page 7 $-$ 1st Section
Only)
☐ Completed DEMOGRAPHIC INFORMATION FORM (page 8)
$\square$ Completed and signed RELEASE OF INFORMATION form (page 9)
$\square$ 2 Years of Federal Income Tax Filings or Verification of Non-Filing
$\square$ 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 CERFIICATION
FORM (Page 13)
☐ Completed and Signed CITY OF SPRINGFIELD VENDOR MAINTENANCE FORM (Page 14)
APPLICANTS FOR THE <u>HEALTHY HOMES PROGRAM</u> PLEASE ALSO PROVIDE:
$\square$ Copy of birth certificate of any children under 6 who reside in the home
$\square$ 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)
= completed and signed soft written consent rount (rage 12)

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

A copy machine is available at the Office of Housing.



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#### **VERIFICATION OF CITY COMPLIANCE FORM**

_D.O.B	SS#
No □ Yes	
	TE TO THE BEST OF MY KNOWLEDG DAY OF, 20
Signature of A	pplicant 2
CITY USE ONLY	· · · · · · · · · · · · · · · · · · ·
CITY USE ONLY	AMOUNT DELINQUENT
CITY USE ONLY	AMOUNT DELINQUENT
CITY USE ONLY RENT? NO  \$	AMOUNT DELINQUENT
	No □ Yes

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Revised April 2021

#### **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 <u>only one</u> for **Ethnicity** and <u>at least one</u> for **Race**.

1.	Indicate Ethnicity (check one)	
	☐ Hispanic or Latino ☐ Not Hispanic or Latino	
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	

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Revised April 2021

#### 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 DeductionFull-Time StudentHandicap/Disabled Family MemberMinor 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— <u>Signature, Printed Name, and Date:</u> Family Member HEAD	Other Adult Member of the Household— <u>Signature, Printed Name, and Date:</u> Family Member #2
х	х
Other Adult Member of the Household— <u>Signature, Printed Name, and Date:</u> Family Member #3	Other Adult Member of the Household— <u>Signature, Printed Name, and Date:</u> Family Member #4
v	

#### 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.

Did you file an insurance claim? ☐ Yes ☐ No  If Yes: Amount Received:  Purpose:  Insurance Company:  Is the insurance policy currently in effect?  Are you involved in an appeal or lawsuit against  If yes: What is the status of your appeal or laws	- □ Yes □ No t your insurance company? □ Yes □ No	
If Yes: Amount Received:  Purpose:  Insurance Company:  Is the insurance policy currently in effect?	- □ Yes □ No	
If Yes: Amount Received: Purpose: Insurance Company:	-	
If Yes: Amount Received:		
If Yes: Amount Received:	· · · · · · · · · · · · · · · · · · ·	
•	Deductible:	
Did you file an insurance claim? $\square$ Yes $\square$ No		
Other:	nce at the time of the event? ☐ Yes ☐ No ☐ Flood ☐ Contents ☐	
SBA Loan #:	-	
SBA Application #:	-	
Amount Received?	-	
If Yes: Amount Approved?		
SMALL BUSINESS ADMINISTRATION (SBA) Have you received any disaster-related assistan	ce from the SBA? ☐ Yes ☐ No	
FEMA Registration #:		
Amount Received:		
If Yes: Amount Approved:		

#### FEMA WRITTEN CONSENT FORM

I,	born on	/		/	and
(Applicant)		(Month)	(Date)	(Year)	
residing/resides at(Applicant Ad	ddress at Time of Disaster)				
hereby consent to disclosure of the info		y FEMA	for the d	isaster imp	acted
property at(Disaster Imp	acted Property)	_under m	y Applic	cation	
number#(FEMA Application Num		to t	he organ	nization(s) a	and/or
individual(s) listed below. My phone n					
I specifically consent to have the follow	ving information dis	sclosed to	them:		
<ul> <li>My entire case files, including approval/denial, etc.;</li> <li>My current contact informati address, and FEMA application</li> </ul>	on including nam				
The above information may be disclose purposes of verifying any and all benefi	d to the City of Spr its received from Fl	ingfield, l EMA.	Massachi	usetts for th	ne
Additionally, I consent to have the above the before FEMA.	e named organizat	ion speak	on my b	ehalf and re	epresent
Additionally, I consent to disclosure of member in good standing of either the NNOAD) or that is participating in a FCommittee (LTRC) for	National Voluntary EMA or State reco	Organizat	tions Act	tive in Disa	
This consent is made pursuant to and concensity of perjury, that the foregoing is		.S.C. §174	6. I decl	are, under	
Signature of Applicant Email this form to: fema-r01-ia-dob@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:
<ul> <li>My entire case files, including inspection report, amount of assistance, reason for approval/denial, etc;</li> <li>My current contact information including name, address, phone number, e-mail address, and SBA application number;</li> </ul>
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

### Form W-9

(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

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

	Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank			
2	2 Business name/disregarded entity name, if different from above				
ge	DUNS#:				
Print or type See Specific Instructions on page	single-member LLC		☐ Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)	
G. J.	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶			Exemption from FATCA reporting	
Print or type Instructions	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the lir the tax classification of the single-member owner.		n the line above for	code (if any)	
F #	☐ Other (see instructions) ►			(Applies to accounts meintained outside the U.S.)	
_ ∺	Address (number, street, and apt. or suite no.)		Requester's name	ster's name and address (optional)	
g					
See	6 City, state, and ZIP code				
Ì	7 List account number(s) here (optional)				
Par					
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to backup withholding. For individuals, this is generally your social security number (SSN). However				ecurity number	
resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other					
entities, it is your employer identification number (ÉIN). If you do not have a number, see How to get a					
TIN on page 3.  Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for Employer identification number					
	nes on whose number to enter.	and the chart on page	4 for   Limploy	I I I I I I I I I I I I I I I I I I I	
•				-	
Part II Certification					
Under penalties of perjury, I certify that:					
1. 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					
2. 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					
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 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.					
Sign Here	Signature of U.S. person ►	Date▶			
			ate		
	eral Instructions references are to the Internal Revenue Code unless otherwise noted.	Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)			
	developments. Information about developments affecting Form W-9 (such	Form 1099-C (canceled debt)     Form 1099-A (acquisition or abandonment of secured property)			
as legis	lation enacted after we release it) is at www.irs.gov/fw9.	Use Form W-9 only if you are a U.S. person (including a resident alien), to			
Purpose of Form provide your correct TIN.				son (including a resident alien), to	
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:		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? on page 2.  By signing the filled-out form, you:  1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),			
		2. Certify that you are not subject to backup withholding, or			
	1099-INT (interest earned or paid)	<ol><li>Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of</li></ol>			
	1099-DIV (dividends, including those from stocks or mutual funds) 1099-MISC (various types of income, prizes, awards, or gross proceeds)	any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and			

Form **W-9** (Rev. 12-2014)

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

• Form 1099-K (merchant card and third party network transactions)

• Form 1099-S (proceeds from real estate transactions)

# 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: Send Purchase Order To: 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 \_\_\_\_\_ Minority-Woman Owned \_\_\_\_\_ Purchase Order Delivery Method: E-Mail:\_\_\_\_\_\_ FAX:\_\_\_\_\_\_Regular Mail:\_\_\_\_\_ Contact Information: Contact Name:\_\_\_\_\_ Title:\_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Business Website:

<u>NOTE:</u> 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.