



KIMBERLEY DRISCOLL  
MAYOR

LYNN GOONIN DUNCAN, AICP  
DIRECTOR

CITY OF SALEM  
DEPARTMENT OF PLANNING AND  
COMMUNITY DEVELOPMENT

120 WASHINGTON STREET ♦ SALEM, MASSACHUSETTS 01970  
TEL: 978-619-5685 ♦ FAX: 978-740-0404

Application # \_\_\_\_\_

DATE RECEIVED STAMP

HOUSING REHABILITATION LOAN PROGRAM APPLICATION

APPLICANT INFORMATION:

Owner: \_\_\_\_\_ Co-Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Other Preferred Contact #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Total Number of Household Members (including YOURSELF and any unrelated individuals): \_\_\_\_\_

List All Household Members	Age	Social Security #	Relationship to Applicant

PROPERTY INFORMATION:

Year house was built: \_\_\_\_\_ Number of Units\*: \_\_\_\_\_ Number of Units Occupied: \_\_\_\_\_

Are you up-to-date with your property taxes and water/sewer payments?  No  Yes

Is there flaking Lead Paint in the home?  No  Yes  Unknown  Previously dealed

Has any child under the age of 6 tested positive for lead blood poisoning?  No  Yes  Unknown

Has the property been cited for Code Violations that have not been corrected?  No  Yes

If yes, mark the type of Code Violation:  Building  Health  Electrical  Plumbing  Fire

Check Needed Repairs:  Roof  Electrical  Plumbing  Heating  Windows  Insulation

Stairs  Painting  Deleading  Asbestos Removal  Other: \_\_\_\_\_

Has this Program assisted the property before?  No  Yes If yes, in what year? \_\_\_\_\_  Unknown

Is there an **EMERGENCY CONDITION** that threatens the health and safety of the property's residents (such as an actively leaking roof or lack of heat in the winter)?  No  Yes Specify: \_\_\_\_\_

Does anyone require accessibility modifications in order to continue to live in the home?  No  Yes

\* If the property has more than one unit, please have **each tenant complete a Tenant Application and submit income documents.**  
Rev. 1/2009

**If the property has multiple units, please complete this page.** Otherwise, skip this page and proceed to Page 3.

**UNIT & TENANT INFORMATION:**

EACH TENANT MUST ALSO SUBMIT A **TENANT APPLICATION.**

Unit #  1  2  3  4 Location of Unit (Floor):  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  Other \_\_\_\_\_

Number of bedrooms:  1  2  3  4  Other \_\_\_\_\_ Lead paint in the unit:  Yes  No  Unknown

Is the unit occupied?  No  Yes Number of people residing in the unit: \_\_\_\_\_

Check all that apply to anyone living in the unit  under 6 years of age  age 62 or over  handicapped

Are you requesting repairs in this unit?  No  Yes

Name of head of household: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Does the tenant receive a rental subsidy? (Section 8, 707 Certificate etc.)?  No  Yes

Current monthly rent: \$ \_\_\_\_\_ Proposed rent after rehabilitation: \$ \_\_\_\_\_

Unit #  1  2  3  4 Location of Unit (Floor):  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  Other \_\_\_\_\_

Number of bedrooms:  1  2  3  4  Other \_\_\_\_\_ Lead paint in the unit:  No  Yes  Unknown

Is the unit occupied?  No  Yes Number of people residing in the unit: \_\_\_\_\_

Check all that apply to anyone living in the unit  under 6 years of age  age 62 or over  handicapped

Are you requesting repairs in this unit?  No  Yes

Name of head of household: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Does the tenant receive a rental subsidy? (Section 8, 707 Certificate etc.)?  No  Yes

Current monthly rent: \$ \_\_\_\_\_ Proposed rent after rehabilitation: \$ \_\_\_\_\_

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Number of bedrooms:  1  2  3  4  Other \_\_\_\_\_ Lead paint in the unit:  Yes  No  Unknown

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**SOURCES OF INCOME:**

**A. EMPLOYMENT INCOME**

Please complete this section for **ALL** household members age 18 and over. You must include all **current full-time** and **part-time** employment. Please continue on a separate sheet if necessary.

Household Member	Employer / Source of Income	Start Date	Annual Gross Amount (before taxes)
			\$ _____ per Year
			\$ _____ per Year
			\$ _____ per Year
			\$ _____ per Year
		<b>Total:</b>	\$ _____ per Year

Has anyone's employment situation changed in the past year or do you anticipate a change in the coming year?

No  Yes If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. OTHER INCOME**

**OTHER MONTHLY HOUSEHOLD INCOME**

Household Member's Name:				
Social Security: (Including Benefits for Children)	\$		\$	\$
Pension/Annuity:	\$		\$	\$
Veterans Benefits:	\$		\$	\$
Disability:	\$		\$	\$
Welfare:	\$		\$	\$
Worker's Compensation:	\$		\$	\$
Unemployment:	\$		\$	\$
Alimony:	\$		\$	\$
Child Support:	\$		\$	\$
Rental Income:	\$		\$	\$
<b>TOTAL:</b>	\$		\$	\$

**C. INCOME FROM ASSETS** - An asset is a cash or non-cash item that can be converted to cash.

1. **SAVINGS & CHECKING ACCOUNT(S)**: **Please attach copies of most recent 3 months of statements.**

Household Member	Name of Bank or Institution	Account #	Type of Account (Checking or Savings)	Current Balance
				\$
				\$
				\$
				\$

2. **INVESTMENT PROPERTY**: Address: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 (other than your primary residence) Address: \_\_\_\_\_ Value: \$ \_\_\_\_\_

3. **OTHER INVESTMENTS**: Include: stocks, bonds, savings certificates, money market funds, CDs, IRAs, Keoghs or other investment accounts, contributions to company retirement or pension funds that can be withdrawn without retiring or terminating employment, lump-sum receipts such as inheritances, capital gains, lottery winnings, insurance settlements and other claims, and cash value of life insurance policies. **Please attach a copy of most recent statement for each.**

Household Member	Asset Description	Cash Value	Income from Assets
<b>TOTAL</b>		\$	\$

**HOUSING EXPENSES:**

**A. MORTGAGE** **Please attach a copy of most recent mortgage bill/statement.**

Lender Name	Current Loan Amount	Monthly Payment
Primary:	\$	\$
Secondary:	\$	\$
Other:	\$	\$
<b>TOTAL</b>		\$

**B. QUARTERLY EXPENSES**

(not included in mortgage payment)

Insurance: \$ \_\_\_\_\_  
 Property Taxes: \$ \_\_\_\_\_  
 Water & Sewer: \$ \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

**C. MONTHLY EXPENSES**

Heat: \$ \_\_\_\_\_  
 Electricity: \$ \_\_\_\_\_  
**D. OTHER EXPENSES**  
 Credit Cards: \$ \_\_\_\_\_  
 Car Payment: \$ \_\_\_\_\_  
 Student loan payment: \$ \_\_\_\_\_

**Office Use Only:** If Moderate: Mtg Pymt \$ \_\_\_\_\_ + Qtr Exp/4 \$ \_\_\_\_\_ + H & E \$ \_\_\_\_\_ = Total Monthly \$ \_\_\_\_\_  
 Housing Cost Burden = Total Monthly / Total Income = \_\_\_\_\_%  Yes  No



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### HOUSING REHABILITATION LOAN PROGRAM

## REQUEST FOR CONSUMER CREDIT INFORMATION

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In connection with a credit transaction initiated by the undersigned consumer or consumers involving the extension of credit, and in accordance with Civil Code section 1785.11 and 1785.12, the undersigned hereby instructs you to provide the following information to the Housing Rehabilitation Loan Program administered by and through the City of Salem's Department of Planning and Community Development. A photocopy of my signature may be used to obtain any or all of the information stated below:

All information regarding the matters indicated below:

- 1. My/our employment, (including salary or wages);
- 2. Savings and checking accounts;
- 3. Mortgages;
- 4. Brokerage accounts;
- 5. Any previous or present credit, whether on closed or open status;
- 6. A full credit report on my/our previous and present credit history.

All information regarding the amounts received by the undersigned (including any ending date for payments) under the following categories:

- 7. Public assistance (including AFDC, SSI, SSA, SSD and SDI);
- 8. Annuities, pension or retirement plans including PERS);
- 9. Court-ordered payments, including child support and spousal support;
- 10. Workers' compensation;
- 11. Unemployment.

This authorization shall remain in effect for 6 months from the date of my signature.

Print Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

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The following information is requested by the Federal Government for certain types of loans in order to monitor the City of Salem's compliance with equal credit opportunity and fair housing laws. While you are not required to supply this information, you are encouraged to do so. The law provides that a lender may neither discriminate on the basis of the information, nor on whether you chose to supply it.

Under Federal regulations, the City of Salem is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check the box below.

I do not wish to provide this information.

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**HEAD OF HOUSEHOLD:**

1. What is your gender?  Male  Female

2. Are you Hispanic/Latino?  Yes\*  No \* Even if you checked Yes to this question on ethnicity, please answer Question 3 which asks about race.

3. What is your race? Please check only ONE box.

- |  |  |
|--|--|
| <input type="checkbox"/> White                               | <input type="checkbox"/> Black/African American & White                          |
| <input type="checkbox"/> Black/African American              | <input type="checkbox"/> Asian & White   |
| <input type="checkbox"/> Asian                               | <input type="checkbox"/> American Indian/Alaskan Native & White                  |
| <input type="checkbox"/> American Indian or Alaskan Native   | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Other multi-racial                                      |
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**CONFLICT OF INTEREST STATEMENT**

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Are you presently or have you been in the last twelve months, an employee, agent, consultant, or elected appointed official of any agency (including the City of Salem or the Salem Department of Planning and Community Development) receiving CDBG and/or HOME funds directly or indirectly?  No  Yes

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**ACKNOWLEDGEMENT AND AGREEMENT**

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In signing this application, I certify that all of the information provided in this application is true and correct to the best of my knowledge and belief and that *no information has been excluded*, which might reasonably affect a judgment regarding eligibility for financial assistance. I give the City of Salem's Department of Planning and Community Development the right to obtain verification from any source herein and acknowledge that I agree to all the program terms and requirements. My signature below acknowledges my understanding that any intentional or negligent misrepresentation(s) of information contained in this application may result in civil liability and/or criminal penalties under the provisions of Title 18, United States Code, Section 1001, and liability for monetary damages to the City of Salem, its agents successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation I have made on this application.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please Submit all Required Documents listed on the Checklist with your Application.\*\***