



Application # _____

DATE RECEIVED STAMP

CITY OF SALEM, MASSACHUSETTS

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

KIMBERLEY DRISCOLL
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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 ☐ YesIs there flaking Lead Paint in the home? ☐ No ☐ Yes ☐ Unknown ☐ Previously dealedHas any child under the age of 6 tested positive for lead blood poisoning? ☐ No ☐ Yes ☐ UnknownHas the property been cited for Code Violations that have not been corrected? ☐ No ☐ YesIf yes, mark the type of Code Violation: ☐ Building ☐ Health ☐ Electrical ☐ Plumbing ☐ FireCheck 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? _____ ☐ UnknownIs 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.**

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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): ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 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: \$ _____

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

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
		Total:	\$ 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:	\$		\$	\$
TOTAL:	\$		\$	\$

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 6 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
TOTAL		\$	\$

HOUSING EXPENSES:

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

Lender Name	Current Loan Amount	Monthly Payment
Primary:	\$	\$
Secondary:	\$	\$
Other:	\$	\$
TOTAL		\$

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: \$ _____

Other: \$ _____

Office Use Only: If Moderate: Mtg Pymt \$ _____ + Qtr Exp/4 \$ _____ + H & E \$ _____ = Monthly Expenses \$ _____

Housing Cost Burden: Monthly Housing Expenses/ Monthly Income = _____% Greater than 30%? ☐ Yes ☐ No



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MAYOR

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HOUSING REHABILITATION LOAN PROGRAM

REQUEST FOR CONSUMER CREDIT INFORMATION

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 #: _____

Date of Birth: _____

Signature: _____

Date: _____

Print Name: _____

Social Security #: _____

Date of Birth: _____

Signature: _____

Date: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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.

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 |
-

CONFLICT OF INTEREST STATEMENT

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

ACKNOWLEDGEMENT AND AGREEMENT

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. ****