

Dear Homeowner:

Thank you for your interest in the Martha's Vineyard Housing Rehabilitation Program for Grant year 2016. The Rehabilitation Program was funded by the Massachusetts Department of Housing and Community Development based upon two separate Grant applications. The First application was submitted by the Town of Oak Bluffs on behalf of the Towns of Oak Bluffs and Tisbury, the second application was submitted by the Town of Edgartown on behalf of the Towns of Edgartown, West Tisbury and Gosnold .

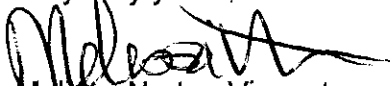
Enclosed please find a copy of the following documents and being:

1. Program Guidelines
2. Required Income Documentation
3. Documentation Worksheet
4. Full Application
5. Affidavit/Conflict of Interest
6. 4506-T to be filled out and returned with the application
7. Required and Ineligible Housing Rehab items
8. Application and Rehabilitation Procedures

Community response to this program is always strong and we usually receive more "qualified" applicants than funds available. Therefore, we urge you to return the enclosed application and **all** supporting documentation as quickly as possible. Applications will be ranked according to severity of need, ensuring those who need the assistance most will be best served.

Feel free to call with any questions that you may have or visit our website at www.theresource.org regarding the Oak Bluffs Regional Housing Rehabilitation Loan Program (OBHR-16) the Edgartown Regional Housing Rehabilitation Loan Program (EDGHR-16) applications, the Housing Rehabilitation Loan Program in general or The Resource Inc. We will be happy to spend some time with you. We can be reached at (508) 696-3285

Very truly yours,


Melissa Norton Vincent
Program Manager

P.O. Box 4548
Vineyard Haven, MA
02568
Phone
508-696-3285

HOUSING REHABILITATION LOAN PROGRAM

OAK BLUFFS, TISBURY, EDGARTOWN, GOSNOLD, & WEST TISBURY 2016-2017

Program Guidelines

The **RESOURCE INC. (TRI)** is a private, non-profit organization dedicated to providing solutions to the affordable housing and economic development issues facing the Towns of Martha's Vineyard. TRI is currently accepting applications for the ***Housing Rehabilitation Loan Program***, funded through the Massachusetts Department of Housing and Community Development (DHCD). These funds are applied for through a competitive grant process initiated by both the Towns of Oak Bluffs and Edgartown. These guidelines are provided to those interested in a program overview. Deferred forgivable loans of up to 35,000 at 0% interest are available to qualified applicants.

The Housing Rehabilitation Loan Program grant priorities are to:

1. **Address the health and safety repairs in single-family, owner-occupied properties.**
2. **Increase and maintain the supply of affordable, year-round rental housing.**

PROPERTY GUIDELINES: **Multi-Family and Single-Family Units.**

Owner Occupied Single-Family Homes

- A single-family property may be eligible for a rehabilitation loan based on the property owner's ability to meet grant income eligibility (low or moderate) guidelines. Please see the income eligibility chart to determine your eligibility according to household size.
- In some instances, single-family property owners may be required to provide a portion of the total rehabilitation costs. Funds beyond the portion provided by TRI are the sole responsibility of the property owner and must be verified prior to loan approval.
- The single-family property must be the property owner's (or direct heir, in the case of death prior to the end of the loan term) primary year-round residence. If at some point in the term of the loan the homeowner wishes to rent the property, it must be year round to income-eligible tenants at a below-market rent rate. TRI must be notified prior to renting the property. Please refer to Multi-Family Rental Units.
- Program eligibility is also based on repairs needed to bring property to code and safety requirements.
- Rehabilitation costs incurred prior to acceptance into the Program will not be eligible for reimbursement (this includes the cost of Septic Plans and application/Permit fees that homeowners may have purchased or incurred prior to acceptance and application qualification)

Multi-Family Rental Units

- Multi-family properties with one or more rental unit(s) may be eligible for the Loan Program, based upon the income of the current Tenants residing in the property, the amount of rehabilitation required and availability of program funds.
- Multi-family property owners may be required to provide a portion of the total rehabilitation costs. Funds beyond the portion provided by TRI are the sole responsibility of the property owner and must be verified prior to loan approval.

- Units rehabilitated with program funds must be rented to year-round, income eligible tenants at an affordable rent level for a minimum of fifteen (15) years. The affordable rent levels will be determined in accordance with the lower of HUD Fair Market or High Home Rent guidelines.
- To be determined "income eligible", tenants must provide documentation of their annual income. (Please refer to the Income Eligibility Chart on page 3 of this document) Tenant income information is documented to insure those benefiting from the Housing Rehabilitation Loan Program are within the low and moderate-income range. Forms to verify tenant income will be provided by TRI.
- **NOTE: Tenant income eligibility is an important component of the Housing Rehabilitation Loan Program. If tenants do not supply the proper information, it may jeopardize the property owner's ability to receive a Housing Rehabilitation Program Loan.**
- The Town of Oak Bluffs
- and Edgartown will perform annual audits, including verification of tenants and rents for the fifteen-year duration of the loan. If the property owner is considered to be in non-compliance, TRI will work with the property owner to address the non-compliance. If no resolution is met, the loan will be considered in default.
- It is the responsibility of the property owner(s) to contact TRI to request tenant income documentation packets for prospective tenants. Once the completed information is returned to TRI, a determination of tenant eligibility will be made.
- Tenant selection beyond income eligibility is the sole responsibility of the property owner(s).

THE HOUSING REHABILITATION LOAN:

- The rehabilitation funds for owner-occupied single-family homes and rental properties operate as a **0% Deferred Forgivable Loan**.
- The **0% Deferred Forgivable Loan** will be forgiven at a rate of 1/15th per year provided the property owner(s) are not in any way in default. On the 15th anniversary of the loan date the **entire loan** will be forgiven and the recorded mortgage discharged.
- Loans are secured by a property lien (Mortgage) for the term of the loan, recorded at the Dukes County Registry of Deeds/ Registry District of the Land Court.
- Loan closing costs are included in the Mortgage and Promissory Note amounts. Loan closing costs may include, but are not limited to, title searches and Dukes County Registry of Deeds recording fees. Typical closing costs average between \$250 and \$450.
- A key aspect of this program is the ability to "leverage" funds to supplement the Housing Rehabilitation Loan Program. Martha's Vineyard Savings Bank offers up to \$50,000 for loans at more competitive rates than otherwise offered. Other possible sources of leveraged funds include: property owner contribution, Dukes County Septic Program, DOE's Weatherization Program, the "HEARTWAP" heating assistance program, Cape Light Compact, and Keyspan Energy programs all offered through Housing Assistance Corp, and the USDA Section 504 loan/grant program; and South Shore Housings (SMOC) Home Modification Program. *Lack of available dollars or credit will not preclude participation in this Program.*
- If the property is sold or transferred before the loan term restriction has expired or if there is a default by the Borrower, the remaining portion of the loan must be repaid.

PROPERTY REPAIRS:

- Repairs include bringing the property into alignment with State, Federal and local building and safety codes. Other general property repairs, specifically those classified as 'health and safety issues such as the presence of lead paint, must be addressed with loan funds.
- This is a "Moderate Rehab Program. Please refer to the attachment labeled "Required and Ineligible Housing Rehabilitation Items" for a more specific breakdown of the types of rehabilitation allowed.

- Types of eligible rehabilitation work performed include, but are not limited to: roof replacement, Failed Septic System replacement, heating system replacement, electrical and plumbing upgrades based upon code requirements and ingress/egress improvements.; Please refer to "Required and Ineligible Housing Rehabilitation Items" attached hereto for a more specific breakdown

PROGRAM TECHNICAL ASSISTANCE:

- The Housing Rehabilitation Loan Program provides the services of a construction consultant who inspects the property and provides specifications and estimates for the repair. Once a project is under construction, the consultant, and the TRI Program Manager, or their designee will inspect the ongoing work through the completion of the construction.

GRANT PRIORITIES:

- Once accepted into the Program, each unit in which an income eligible tenant or homeowner resides will be inspected and ranked against the other applications in process, according to critical code violations. In an emergency situation (e.g. failed heating system in winter or failed Septic system constituting a health hazard), the eligible applicant will become a priority so that critical violation(s) can be corrected. These steps will assure that the Program will address the neediest properties.
- On occasion, the Housing Rehabilitation Loan Program must reject applications despite the presence of eligible work. Reasons for ineligibility may include: lack of program funds; property repairs in excess of program budget; ineligible repairs, required rehab exceeds program limitations, property title issues; ineligible tenants; or other factors that suggest the borrower may be unable to comply with the terms of the conditions of the program.

Income Eligibility Chart
(80% of Area Median Income -2017)
Dukes County - MA

<u>Household Size</u>	<u>Maximum Income Limits</u>
1	\$47,600
2	\$54,400
3	\$61,200
4	\$68,000
5	\$73,450
6	\$78,900
7	\$84,350
8	\$89,800

Single-family property owners cannot exceed income limits.
Tenants residing in units cannot exceed income limits.

QUESTIONS?

Please feel free to call **Melissa Vincent** , Program Manager for The Resource Inc on Martha's Vineyard, or **Chrissy McCarthy** Administrative Assistant at (508) 696-3285.

REQUIRED DOCUMENTATION WORKSHEET

REQUIRED DOCUMENTATION

- | | |
|--|---------------------------------------|
| ____ Signed 9 page application | ____ Interest |
| ____ 8 Pay stubs or letter 4 if Bi-Weekly | ____ Alimony |
| ____ Unemployment | ____ Foster Care |
| ____ Veteran's Benefits/Current Year Letter | ____ Worker's Comp. |
| ____ Social Security/Current Year Benefit Letter | ____ Non-Income (Notarized Statement) |
| ____ Pension (2Mo.s Statements) | ____ Other Income (Explain) |
| ____ Child Support (Divorce Decree) | ____ IRS form 4506 (signed) |
| ____ Mutual Funds (2Mo.s Statements, all pages) | |
| ____ IRAs (2Mo.s Statements, all pages) | |

REQUIRED SUPPORTING DOCUMENTATION

- ____ 2 Years Tax Returns 2014 and 2015 (If application is submitted after April 15, 2017 (2016 will be required))
- ____ 2 MONTHS BANK STATEMENTS (CHKING & SAVINGS W/ACCT. # 'S, **ALL PGS EXCEPT COPY OF CHKS**)
- | | |
|---|--|
| ____ SELF-EMPLOYED – SCHEDULE C | ____ INCOME FROM RENTAL –SCHEDULE- E |
| ____ COPY OF PROPERTY DEED | ____ COPY OF 1st & 2nd page of MORTGAGE |
| ____ PAID PROPERTY INSURANCE (<u>PROOF FROM INS. CO.</u>) | ____ COPY OF 1 ST PAGE OF EQUITY LINE |
| ____ PAID TOWN Real Estate TAX (<u>PROOF FROM TOWN</u>) FORM | ____ SIGNED CREDIT RELEASE |

****** PLEASE NOTE W-2'S, 1099'S AND YEARLY SUMMARIES ARE NOT ACCEPTED AS DOCUMENTATION**

REQUIRED INCOME DOCUMENTATION

In addition to general household information, complete, accurate and up-to-date income documentation is required of all applicants. This requires applicants to collect copies of several forms, statements and notices. Some important reminders to help with your collection of required documents.

- ❖ Please remember that **ALL HOUSEHOLD** income must be included. Additional documentation may be required for income and assets after TRI performs the initial review. However, the initial review cannot be completed without the documentation called for below and on the Tenant Application Checklist.
- ❖ **DO NOT SEND ORIGINALS.**
- ❖ Some documentation requires notarization. Notaries can be found at most local banks and Town offices. Call ahead for an appointment or for the hours notary services are available.

In order to be eligible for the program, **RETURN A COMPLETED APPLICATION plus the following valid confirmations:**

EMPLOYMENT INCOME

For any members of your household 18 years or older, who work for someone else, you need to provide the following:

1. **Current** pay stubs for all working members of the household 18 years or older*. Pay stubs for **8 CONSECUTIVE WEEKS** are required (**4 stubs if paid bi-weekly**). If you do not have paystubs then a notarized payroll letter on your employers letterhead listing the last consecutive 8 weeks of gross pay or 4 if bi-weekly will suffice
2. *If a member of your household is **18 YEARS OLD OR OLDER** and enrolled as a **FULL-TIME STUDENT** **A LETTER FROM THE REGISTRA'S OFFICE STATING SUCH IS REQUIRED. IF OVER 18 and NOT** currently working, a **NOTARIZED STATEMENT** stating such is needed. This also pertains to Applicant and Co-Applicant.

SELF EMPLOYMENT INCOME

For anyone in your household 18 years or older who is self-employed, you must provide the following:

1. Copies of your IRS Tax Form 1040 including all Schedules for the years **2015 and 2016** **The requirement is to two years of timely FILED tax returns.** If you are self employed tax returns without Schedule C attached will not be accepted.
2. You will need to fill out IRS for 4506 T attached in this packet for TRI-The Resource Inc to receive computer printouts of your federal income tax return transcripts for the years **of the tax returns that you are supplying** Even if you did not file taxes, we will need to request the federal income tax return transcript (it will state that the IRS has nothing on file). The transcript will be mailed to our address within 10 days. This is **REQUIRED** for income verification.
3. If either the Applicant or Co-Applicant is self-employed and does not file taxes, a **NOTARIZED STATEMENT** reflecting your earnings and the expenses for the years **2015 & 2016 will be required.** This statement must include dates and addresses of jobs, and the amounts paid.

CHILD SUPPORT

If you have children and do **NOT** receive child support, you must provide a **NOTARIZED STATEMENT** to that effect. Otherwise, you must provide a Child Support Order and a Copy of the Divorce Decree.

OTHER INCOME

Verification of all other household income: Benefit statements for Public Assistance, VA, Unemployment, Social Security, SSI, disability and a verification letter from each pension/investment income source stating the amount and frequency of benefits.

ALL APPLICANTS

1. Submit statements for **past two months** for **ALL CHECKING, SAVINGS and INVESTMENT** including **IRA's, 401k's Pension and CD** accounts.
2. We will need to send a Request for Transcript form (IRS form 4506T) to the IRS Office as well as receiving copies from you of the two most current filed tax returns for now **2015 and 2016** . . A copy of form 4506T is included in this packet. Please fill this out and **return the signed 4506T form to our office with your application.** **Even if you did not file taxes, we will need to request the federal income tax return transcript** (it will state that the IRS has nothing on file). The transcript will be mailed to our address within 10 days. **If you did not file,** you will also need a notarized statement stating so that your income is below the Federal filing threshold. The statement is available from the TRI office.

Housing Rehabilitation Program Application 2016-2017
The Resource Inc.

Applicant Information

Last Name	First	Middle	Home Phone	
Present Street Address	City/Town	State	Zip	No. of Years _____ Own _____ Rent _____
Mailing Address		State	Zip	Email: _____
Married _____ Unmarried _____ Separated _____ Divorced _____	No. Dependents (living at home) _____	Ages _____		
Employment Information Employer Name & Address			Self Employed? Yes _____ No _____	
Type of Business	Business Tel.No.	Position/Title	Years with company _____	
<i>if at current company less than 2 years</i>		Tel. No.	Years with Company _____	
Previous Employer Name & Address				

Co-Applicant Information

Last Name	First	Middle	Home Phone	
Present Street Address	City/Town	State	Zip	No. of Years _____ Own _____ Rent _____
Married _____ Unmarried _____ Separated _____ Divorced _____	No. Dependents (living at home) _____	Ages _____		
Employment Information Employer Name & Address			Self Employed? Yes _____ No _____	
Type of Business	Bus. Tel. No.	Position/Title	Years with company _____	
<i>if at current company less than 2 years</i>		Tel. No.	Years with Company _____	
Previous Employer Name & Address				

Property Information

Street Location	Town of	State	Zip	Map No. _____ Lot No. _____
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ANNUAL INCOME

Source	Applicant	Co-Applicant	Other Household Member 18 or older	Total
Salary				
Overtime pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest and/or Dividends				
Net Rental Income				
Social Security, Pension Retirement Funds, ect. Received Periodically				
Unemployment Benefits				
Workers Compensation, etc.				
Alimony, Child Support				
Other (describe)				
TOTALS	\$	\$	\$	\$

ASSETS

Type	Cash Value	Annual Income from Assets	Bank Name	Account Number
Checking Account(s)				
Savings Accounts(s)				
Credit Union Account(s)				
Stocks				
Life Insurance				
Other (describe)				
Home				
Estimated Value				
Mortgage Balance				
Other Real Estate				
Estimated Value				
Mortgage Balance				
TOTALS	\$	\$	\$	\$

List outstanding obligations(your debts) including auto loans, credit cards,charge accounts, credit union loans, real estate loans, and all other loans.

LIABILITIES

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date
Monthly Alimony		\$		
Monthly Child Suport		\$		
Monthly Child Day Care		\$		
TOTAL		\$	\$	

If a "Yes" answer is given to any question below, please explain on an attached sheet

1. Do you have any outstanding unpaid judgements? Yes _____ No _____ Amount \$ _____
2. In the past 7 years, have you declared bankruptcy? Yes _____ No _____
3. Are you a party in a law suit? Yes _____ No _____

MONTHLY HOUSING EXPENCES

Item	Total Yearly Unpaid Payments Principle	Balloon Pymt. Yes _____ No _____	Balloon Amt. \$	Date Due
a. First Mortgage (P&I)	\$ \$	Describe any special circumstance relative to your housing or its financing on an attached sheet		
b. Other Financing Secured by Property (P&I)	\$ \$			
c. Hazard and Flood insurance Included in your mortgage? Yes _____ No _____	\$	Name of Insurance Agent: Address:		
d. Real Estate Taxes Included in your mortgage? Yes _____ No _____		Total Town Assessed Value: \$ _____		
e. Back Taxes Due		Which year(s) _____		
f. Other (specify)	\$	If necessary, supply further details on an attached sheet		
	\$			
TOTAL	\$			

HOUSEHOLD COMPOSITION

List the head of the household and all members who live in your home Give relationships of each family member to the head

Member No.	Full Name	SS No	Relationship	Date of Birth
1				
2				
3				
4				
5				
6				
7				

Does anyone live with you now who is not listed above? Yes _____ No _____

Does anyone plan to live with you in the future who is not listed above? Yes _____ No _____

If either is "yes", please exp _____

County _____

Deed recorded on: Book _____ Page _____

Age of Home: _____

of Bedrooms: _____

PROPERTY INFORMATION

Water &/or Sewer Betterments	\$ _____		
Monthly average Electric Bill	\$ _____		
Monthly average Gas Bill	\$ _____		
Monthly Oil Bill	\$ _____		
Quarterly Septic Bill	\$ _____		
Quarterly Water Bill	\$ _____		
Is your property located in a flood hazard area? Yes _____ No _____			
To your knowledge, is there any lead-base paint in your home? Yes _____ No _____			
Are you receiving fuel assistance? Yes _____ No _____			
Is your home connected to the town's		Water System? Yes _____	No _____
		Sewer System? Yes _____	No _____
Briefly describe repairs needed: _____			

Has your property been sited for any code violations within the past 12 months? Yes _____ No _____

Is your property legally zoned for its current intended use? Yes _____ No _____

Is your property listed as a Historical Property? Yes _____ No _____

Is your property located in a Wetlands Conservation Area? Yes _____ No _____

Income Eligibility Chart

<u>Household Size</u>	<u>Income Limits</u>		Dukes County
	2017	-2018	
1			\$ 47,600
2			\$ 54,400
3			\$ 61,200
4			\$ 68,000
5			\$ 73,450
6			\$ 78,900
7			\$ 84,350
8			\$ 89,800

Please check as appropriate.

1) ABOVE INCOME CATEGORY – Available for property owners with rental units only. If your present gross income exceeds the HUD Income Limits for income eligible property owners (see the income eligibility chart above), you may declare yourself ABOVE INCOME. You may qualify for a loan to cover a match of the total rehabilitation costs.

If you wish to declare yourself ABOVE INCOME, please check the box below.

ABOVE INCOME

2) INCOME ELIGIBLE CATEGORY – Available for income eligible homeowners – or income eligible property owners with rental units. If your present gross income falls within the HUD Income Limit Guidelines (see the income eligibility chart above), you may qualify as an INCOME ELIGIBLE property owner, and receive rehabilitation funds. Additional income information must accompany this application. Please check the box below and refer to the INCOME VERIFICATION REQUIREMENTS FOR ELIGIBLE PROPERTY OWNERS, and continue with the Employment Income Information.

INCOME ELIGIBLE

**Community Development Block Grant (CDBG) Program
AFFIDAVIT REGARDING CONFLICT OF INTEREST**

I (we) the undersigned, being duly sworn, do certify that, to the best of my (our) knowledge:

I (we) have not granted any gratuitous funds or financially benefitted any related party of the Town of _____ CDBG Program or an organization under contract to manage a CDBG grant and are not related to any employee or officer of an organization under contract to manage a CDBG program or the Commonwealth of Massachusetts or of the U.S. Department of Housing and Urban Development (HUD) who has a decision making or monitoring relationship with CDBG program.

I (we) understand the following citation from 24 CFR Part 570.611 (b) and to the best of my (our) knowledge none of the following situations or relationships applies to me (us):

24 CFR Part 570.611 (b) Conflicts prohibit. No persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to activities assisted with CDBG funds or who are in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

24 CFR Part 570.611 (c) Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official to the recipient, or of any designated public agencies, or of subrecipients that are receiving CDBG funds.

All covered person in paragraph (c) who do not violate paragraph (b) must first obtain a waiver from the U.S. Department of HUD before receiving CDBG assistance.

APPLICANT SIGNATURE(S):

*** Voluntary Information Requested**

The information regarding race, natural origin, sex designation, marital status, disability status and veteran status on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against program or tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. While you are not required to furnish this information, you are encouraged to do so.

Please provide this information for each member of your household.

Ethnic Category: Hispanic _____ Non Hispanic _____

Race: White _____ Black/African American _____ Asian _____ Asian and White _____
American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____
American Indian/Alaskan Native and White _____ Black/African American and White _____
American Indian/Native Alaskan and Black/African American _____ Other (Multi-Racial) _____

Sex: Male _____ Female _____

Check if applicable: U.S. Veteran _____ Female Head of Household _____
Elderly (over 60) _____ Disabled _____

Ethnic Category: Hispanic _____ Non Hispanic _____

Race: White _____ Black/African American _____ Asian _____ Asian and White _____
American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____
American Indian/Alaskan Native and White _____ Black/African American and White _____
American Indian/Native Alaskan and Black/African American _____ Other (Multi-Racial) _____

Sex: Male _____ Female _____

Check if applicable: U.S. Veteran _____ Female Head of Household _____
Elderly (over 60) _____ Disabled _____

Ethnic Category: Hispanic _____ Non Hispanic _____

Race: White _____ Black/African American _____ Asian _____ Asian and White _____
American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____
American Indian/Alaskan Native and White _____ Black/African American and White _____
American Indian/Native Alaskan and Black/African American _____ Other (Multi-Racial) _____

Sex: Male _____ Female _____

Check if applicable: U.S. Veteran _____ Female Head of Household _____
Elderly (over 60) _____ Disabled _____

*** Voluntary Information Requested**
(continued)

Ethnic Category: Hispanic _____ Non Hispanic _____

Race: White _____ Black/African American _____ Asian _____ Asian and White _____
American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____
American Indian/Alaskan Native and White _____ Black/African American and White _____
American Indian/Native Alaskan and Black/African American _____ Other (Multi-Racial) _____

Sex: Male _____ Female _____

Check if applicable: U.S. Veteran _____ Female Head of Household _____

Elderly (over 60) _____ Disabled _____

Ethnic Category: Hispanic _____ Non Hispanic _____

Race: White _____ Black/African American _____ Asian _____ Asian and White _____
American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____
American Indian/Alaskan Native and White _____ Black/African American and White _____
American Indian/Native Alaskan and Black/African American _____ Other (Multi-Racial) _____

Sex: Male _____ Female _____

Check if applicable: U.S. Veteran _____ Female Head of Household _____

Elderly (over 60) _____ Disabled _____

Ethnic Category: Hispanic _____ Non Hispanic _____

Race: White _____ Black/African American _____ Asian _____ Asian and White _____
American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____
American Indian/Alaskan Native and White _____ Black/African American and White _____
American Indian/Native Alaskan and Black/African American _____ Other (Multi-Racial) _____

Sex: Male _____ Female _____

Check if applicable: U.S. Veteran _____ Female Head of Household _____

Elderly (over 60) _____ Disabled _____

**Application Signature Page
and
Acceptance of The Housing Rehabilitation Loan Program Terms**

I/We the applicant(s) understand the information provided in this application will be utilized by TRI-The Resource Inc. to determine income eligibility for the Housing Rehabilitation Program for which I/We are applying.

I/We understand that additional information including but not limited to verification of income, employment, tax statements, and credit information are required by Federal and State regulations, and I/we agree to provide such information as required.

In reference to multi-family dwelling units, I/We understand that rental units rehabilitated under this program must be rented to income eligible tenants for a period of fifteen (15) years at rental rates as determined in accordance with the lower of HUD Fair Market rent guidelines or high Home rent guidelines. The Dukes County Regional Housing Authority should be consulted regarding rental rate.

If the property is transferred (whether by gift, law, sale or any other type of transfer) in which the Grantor does not retain a life estate in the property or if I/We fail to abide by the Program Guidelines and Agreement, the full amount of the loan will become due and payable immediately. Property that is inherited by a direct heir is not subject to this clause.

The following documents must accompany your signed application:

- 8 current consecutive weeks of pay stubs (4 if paid bi-weekly) for all household members over the age of 18 who are not enrolled in school/college.
- If you receive Social Security or SSDI a Copy of your Benefit Statement
- Copy of the current Homeowners policy
- Copy of property deed (may be found on masslandrecords.com)
- Certified copy of the two most recent year tax returns if Self employed with all Schedules attached especially Schedule C. If not Self employed please provide copies of your last two years Tax returns .
- Copy of your most recently paid Property Tax invoice
- Copy of the first two pages of your Mortgage and or/Equity Line of Credit
- Bank Statements for the last two consecutive months for all savings and checking accounts.

I/We Certify that all of the information given for the purpose of obtaining assistant under the Edgartown and Oak Bluffs Regional Housing Rehabilitation Loan Program administered by TRI-The Resource Inc. is true to the best of my/our knowledge.

Borrower

Date

Co-Borrower

Date

**THE RESOURCE INC.
TOWN OF OAK BLUFFS and EDGARTOWN
HOUSING REHAB PROGRAM**

Applicant Credit Check Release Form

In consideration for applying for this Housing Rehabilitation Loan, I, Applicant, do represent all information in this application to be true and accurate and that the The Resource Inc. may rely on this information when investigating and accepting this application. Applicant hereby authorizes the The Resource Inc. to make independent investigations to determine my credit and financial standing. Applicant authorizes any person, or credit-checking agency having any information on him/her to release any and all such information to the The Resource Inc. or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, the The Resource Inc., or agents, and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever

Applicant Name (Print) _____

Applicant Signature _____

Social Security# _____ Date of Birth _____

Other Name(s) you have used _____ Date _____

Co-Applicant Credit Check Release Form

In consideration for applying for this Housing Rehabilitation Loan, I, Co-Applicant, do represent all information in this application to be true and accurate and that the The Resource Inc. may rely on this information when investigating and accepting this application. Co-Applicant hereby authorizes the The Resource Inc. to make independent investigations to determine my credit and financial standing. Co-Applicant authorizes any person, or credit-checking agency having any information on him/her to release any and all such information to the The Resource Inc. or their agents or credit checking agencies. Co-Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, the The Resource Inc., or agents, and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

Co-Applicant Name (Print) _____

Co-Applicant Signature _____

Social Security# _____ Date of Birth _____

Other Name(s) you have used _____ Date _____

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

| / / | / / | / / | / /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Town of Oak Buffs Regional Housing Rehabilitation Program

Town of Edgartown Regional Housing Rehabilitation Program

Application and Rehabilitation Procedures

What happens once I turn in my application?

- 1. Application is received by the Housing Rehabilitation Program staff and is date stamped and put in order of receipt.**
- 2. Once application has come up n the list of receipt said application is reviewed by staff and Program manager to insure all supporting documentation has been received and is less than 60 days old in regards to paystubs and bank accounts. If information is needed client will be contacted and given a time frame to submit missing or outdated information without losing their slot.**
- 3. Once all information is reviewed client is income qualified based upon the information submitted by applicant (s) that is no more than 60 days old unless client is self-employed in which case income qualification will be based on the most current tax return. If your application is reviewed after April 15 of a tax year the current due tax return for that year will need to have been filed and reviewed for income qualification purposes. Housing Rehabilitation staff is required to use the most current HUD Median Income guidelines which may differ slightly from ones on submitted applications depending on when you received your application and when HUD Guidelines were updated for the year.**
- 4. If Application is approved Applicant will receive a letter of Application approval and notice of Inspections to be done. If your home was built prior to 1978 a lead paint inspection is required when Federal Funds are being used to rehabilitate a property. TRI Staff will contact you regarding the scheduling of a Lead Paint Inspection by a certified Lead Paint Inspector. The cost of the Lead Paint Inspection will be covered with your Grant funds. Once the Lead Paint Inspection is complete a property inspection will be done by the Programs Housing Rehabilitation Specialist. The inspection will determine minimum quality housing standards and code violations. Rehab Specialist and Program Manager will discuss work to be done in the home at this time with the homeowner to determine if the project is a viable one. All code violations must be corrected (please see attached "required and Ineligible Housing Rehabilitation Items" for a list of items that are required and the order in which rehabilitation items will be addressed).**

5. If after the initial inspections it is determined that the project is not feasible for this Program for documented reasons, a letter of denial of Project will be mailed to the applicant.
6. If project is determined to be feasible a formal Work Write Up is developed and sent to Homeowner for review and approval.
7. Rehab Staff will conduct an Environmental review with Town Boards and the Massachusetts Historic District Commission.
8. A bid package is developed by the Housing Rehab Staff based on the approved Work Write Up and a bid call is put out to qualified contractors who have an application on file with the Housing Rehab Program along with all required supporting documentation. Homeowner is notified of date and time for Contractor Walk through/Bid call. Contractors accompanied by the Rehab Specialist and Housing Rehab Program Manager will convene at the property to review the Proposed Work in the Work Write Up and take measurements if necessary to insure accurate bids by the Contractors. Contractors are given a 7 day date of return for the bid package.
9. Bids are reviewed by Program Manager, Rehab Specialist and Homeowner. The lowest qualified bid is chosen. Homeowner may pick someone on the bid results sheet other than the lowest qualified bid but homeowner is responsible for paying the difference between the lowest qualified bid and the bidding contractor that they choose from said bid results sheet.
10. A Lien closing date is determined. The Housing Rehabilitation Staff will draw up the documents needed to be signed by the Homeowner. The contractor will be present towards the end of the signing so that the Contractors and Homeowners Agreement may be executed by both parties and a construction schedule can be agreed upon.
11. Construction progress is monitored by Rehab Specialist and Program Manager. No Payments will be made unless Homeowner, Rehab Specialist and Program Manager sign off on contractor payment requests.
12. Once a completed payment request is submitted and all parties have signed off the Program Manager will forward the request for payment. Payment will be made directly to the contractor.
13. Once it is determined that all Work according to the Work Write Up has been completed the contractor will call for a Final Inspection. At that time the contractor will have completed all Town required inspections (ie: Building Dept, Plumbing Inspector etc). The Rehab Specialist will do a Final Inspection on the property note punch list items if any a release of liens certificate is required from the Contractor along with a

Warranty for the work. Once the Final Inspection is signed by the Rehab Specialist, Homeowner and Program Manager a Final payment is made to the contractor and the Project will be considered complete and will be closed out.