



## HOUSING REHAB LOAN PROGRAM HOMEOWNER DOCUMENTATION CHECK LIST

### REQUIRED INCOME DOCUMENTATION

- |   |                              |
|---|------------------------------|
| _____ Completed application   | _____ Interest               |
| _____ 8 Weeks of Pay stubs or letter  | _____ Alimony                |
| _____ Unemployment-Monetary Determination/Weekly deposits                       | _____ Foster Care            |
| _____ Veteran's Benefits/Current Year Letter                                    | _____ Worker's Comp.         |
| _____ Social Security/Current Year Benefit Letter                               | _____ Non-Income             |
| _____ Pension (2Mo.s Statements or 1099 if no statements)                       | _____ Other Income (Explain) |
| _____ Child Support (Divorce Decree)  |                              |
| _____ Bank Statements – Checking & Savings (2Mo.s Recent Statements, all pages) |                              |
| _____ Investment Account Statements (2Mo.s Recent Statements, all pages)        |                              |
| _____ IRAs & 401Ks Account Statements (2Mo.s Recent Statements, all pages)      |                              |

### REQUIRED SUPPORTING DOCUMENTATION

- \_\_\_\_\_ Copy of the property Deed
- \_\_\_\_\_ 2 most recent years 1040 IRS TAX RETURNS signed & filed.
- \_\_\_\_\_ 2 most recent years SELF-EMPLOYED – **Schedule C** \_\_\_\_\_ 2 most recent years INCOME FROM RENTAL –**Schedule E**
- \_\_\_\_\_ 2 most recent years IRS **TAX RETURN** TRANSCRIPTS. Forward to TRI upon receipt (see instructions)
- \_\_\_\_\_ Copy of First two pages of Mortgage
- \_\_\_\_\_ Copy of First two pages of Home Equity
- \_\_\_\_\_ Copy of Entire Reverse Mortgage Doc.
- \_\_\_\_\_ Copy of most recent Loan Statement of a Reverse Mortgage
- \_\_\_\_\_ PROOF OF PAID PROPERTY & FLOOD INSURANCE (**PROOF FROM INS. CO.**)
- \_\_\_\_\_ PROOF OF PAID REAL ESTATE TAXES (**PRINT OUT FROM THE TOWN REQUIRED**)
- \_\_\_\_\_ Complete copy of Trust Documents – if applicable
- \_\_\_\_\_ Complete copy of Condo Documents – if applicable

\*\*\*\* **PLEASE NOTE W-2s, 1099s, YEARLY SUMMARIES UPON REQUEST ONLY**

**THE RESOURCE INC.  
HOUSING REHAB LOAN PROGRAM APPLICATION**

**Applicant Information**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Present Address</b>		Own _____
Street:		Rent _____
City/Town:		Number _____
State:	Zip Code:	of Years _____
<b>Mailing Address</b>		Married _____
Street: SAME		Widowed _____
City/Town:		Separated _____
State:	Zip Code:	Divorced _____
<b>Email Address:</b>	Number Dependents living at home: _____	
Home Phone Number:	Ages Dependents living at home: _____	
Cell Phone Number:	_____	_____
Work Phone Number:	_____	_____

<b>Employment Information</b>		<b>Self Employed?</b> Yes ___ No ___	
Employer Name:		<b>Unemployed?</b> Yes ___ No ___	
Address:			
Type of Business:		<b>How Long?</b>	
Business Tel.No:	Position/Title:	Years with company _____	
<b>If at current company less than 2 years</b>			
Previous Employer			
Address:			
Business Tel.No.	Position/Title	Years with company _____	

**Co-Applicant Information - Name is also on the Deed or you are a Spouse**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Present Address</b>			
Street:			
City/Town:			
State:	Zip Code:		
<b>Mailing Address</b>		Married _____	
Street:		Unmarried _____	
City/Town:		Separated _____	
State:	Zip Code:	Divorced _____	
Email Address:	Home Phone Number:		
Cell Phone Number:	Work Phone Number:		
<b>Employment Information</b>		<b>Self Employed?</b> Yes ___ No ___	
Employer Name:		<b>Unemployed?</b> Yes ___ No ___	
Address:			
Type of Business		<b>How Long?</b>	
Business Tel.No:	Position/Title	Years with company _____	
<b>If at current company less than 2 years</b>			
Previous Employer			
Address:			
Business Tel.No.	Position/Title	Years with company _____	

**ANNUAL INCOME - Please fill in ALL applicable income**

Source	Applicant	Other Household Members 18 +	Total
Salary			
Overtime pay			
Commissions			
Fees			
Tips			
Bonuses			
Self Employed			
Interest and/or Dividends			
Net Rental Income			
<b>Income Received Periodically</b>			
Social Security Benefits			
Pension Benefits			
IRA Redemptions			
Unemployment Benefits			
Workers Compensation			
Alimony, Child Support			
Other(describe)			
<b>TOTALS</b>	\$0	\$0	\$0

**ASSETS - Please include ALL Financial Accounts**

Type	Cash Value	Annual Income from Assets	Bank /Financial Institution Name and last 4 digits of Acct number
Checking Account(s)			
Savings Accounts(s)			
Credit Union Account(s)			
Investment Account(s) <i>Stocks, bonds etc.</i>			
IRA Account(s)			
Life Insurance			
Other-Inheritance			
<b>Home</b>			
Estimated Value			
Mortgage Balance			
<b>Other Real Estate</b>			
Estimated Value			
Mortgage Balance			
<b>TOTALS</b>	\$	\$	\$

List all outstanding financial obligations(your debts) including auto loans, credit cards, 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 Support		\$		
Monthly Child Day Care		\$		
<b>TOTAL</b>		\$	\$	

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

1. Do you have any outstanding unpaid judgments? 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	Monthly Payments	Unpaid Principal	Balloon Pymt.	Balloon Amt.
a. First Mortgage		\$	Yes _____	\$
b. 2nd Mortgage		\$	No _____	
c. Home Equity Loan		\$		
d. Other Financing Secured by Property		Describe any special circumstance relative to your housing or its financing on an separate sheet		
e. Homeowner's Insurance Yes ___ No ___		Name of Insurance Agent:		
f. Flood Insurance Yes ___ No ___	\$	Address:		
Is your insurance included in your mortgage?		Yes	No	
g. Real Estate Taxes Are your real estate taxes included in your mortgage?		Total Town Assessed Value: Yes ___ No ___		
h. Back Taxes Due		Which year(s): _____ If necessary, supply further details on an attached sheet:		
<b>TOTAL</b>				

**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	Relationship	Date of Birth	Ages
1. Applicant				
2. Co-Applicant				
3. Dependent				
4. Dependent				
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 explain.				

**PROPERTY INFORMATION**

**LOCATION**

Street: \_\_\_\_\_

Town: \_\_\_\_\_ Plan # \_\_\_\_\_

State: \_\_\_\_\_ Lot # \_\_\_\_\_

Year the home was built: \_\_\_\_\_

Is your property listed as a Historical Property? Yes No

To your knowledge, is there any lead-base paint in your home?

Interior Yes No

Exterior Yes No

Are there any Children under six residing in your home? Yes No

Is your home connected to the town's

Water System? Yes No

Sewer System? Yes No

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

Is your property located in a flood hazard area? Yes No

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

Do you need Energy Upgrades? Yes No

Briefly describe repairs needed:

The Resource Inc.  
Housing Rehab Loan Program

**Commonwealth of Massachusetts Income Limits**

**Income Eligibility Chart**

<b>Household Size</b>	<b>Income Limits</b>	2018
	80% of Median Income <b>Barnstable County</b>	
1	\$51,250	
2	\$58,600	
3	\$65,900	
4	\$73,200	
5	\$79,100	
6	\$84,950	
7	\$90,800	
8	\$96,650	

Please check as appropriate.

1) **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

2) **ABOVE INCOME CATEGORY – Available for property owners with rental units only.** If your 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 the majority of the rental units are occupied by households that DO meet the income limits, then additional household/income documentation will be requested from the tenants. If you wish to declare yourself ABOVE INCOME, please check the box below.

ABOVE INCOME

# The Resource Inc.

## Housing Rehab Loan Program

### APPLICANT RELEASE FORM

I/We, the undersigned certify that the information provided in the application is true and complete to the best of my/our knowledge. I/We authorize you to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquires pertaining to my qualifications for a mortgage loan from you. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original. I also understand that if my application is not acted upon within six (6) months of the application's anniversary the application will become null and the information must be resubmitted or updated.

#### Privacy Act Notice:

This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgager under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Borrower's Social Security Number

\_\_\_\_\_  
Borrower's Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Co-Borrower's Social Security Number

\_\_\_\_\_  
Co-Borrower's Date of Birth

\_\_\_\_\_  
Date

**The Resource Inc. (TRI)**  
**Principal Borrower and Co-Borrower(s) Acceptance of the**  
**CDBG Housing Rehabilitation Loan Program Terms**

***Please initial on all lines***

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I/We, the applicant(s), understand the information provided on this application will be utilized by the TRI Housing Rehabilitation Loan Program to determine income eligibility for a housing rehabilitation.

I/We understand that loan funds are limited and will be distributed to those projects that reflect the grant guidelines and goals.

I/We understand that additional information including, but not limited to, verification of employment, income, tax statements and credit information are required by Federal and State regulations and I/We will provide such information 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 determined in accordance with the lower of HUD Fair Market Rent Guidelines or High Home Rent guidelines.

If the property is transferred (whether by gift, law, sale or any other type or transfer), or if I/ We fail to abide by the Program 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 **MUST** accompany your signed and dated application:

- 8 current consecutive weeks of pay stubs, from all household members
- A copy of homeowner's insurance policy
- Copy of current property deed
- Signed copy of your most recent two years Federal tax returns (1040 Form submitted to the IRS)
- Copy of your most recent paid property tax invoice
- A copy of the first page of any outstanding mortgage or home equity loan
- Bank statements for the past two consecutive months for all checking & savings accounts and Financial Statements
- IRS Verification for the two most recent years can be obtained by requesting your tax transcripts (instructions attached)

The applicant certifies that all information furnished in support of this application given for the purpose of obtaining financial assistance under the TRI Housing Rehabilitation Loan Program is true and complete to the best of the applicant's knowledge and belief. Verification may be obtained from any sources identified herein. Willful misrepresentation of the information provided herein may be grounds for the denial of participation in the TRI Housing Rehabilitation Loan Program. If a Deferred Payment Loan has already been awarded and a misstatement is discovered, the amount of the Deferred Payment Loan shall be due and payable immediately to Town.

Furthermore, the applicant understands that by applying for a Deferred Payment Loan under the TRI Housing Rehabilitation Loan Program, that he or she is agreeing to have the property inspected by a representative of the TRI Housing Rehabilitation Loan Program including a Lead Paint test and may be required to carry out and pay for lead testing and removal, if required. He or she also understands that such inspection may disclose code violations, requirements for lead paint (inspection and/or removal) and /or other requirements, which may result in additional costs or expenses beyond those that may be included in the TRI Housing Rehabilitation Loan Program.

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Principal Borrower

Date

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Co-Borrower (If Applicable)

Date

**Please return completed application to:**

**Jean Stanley, Director of Housing Rehab Loan Programs**  
**The Resource Inc, 23 White's Path G2, South Yarmouth MA 02664**  
**Email: [Jean@TheResource.org](mailto:Jean@TheResource.org)**



**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 of financially benefitted any related party of the Town of Dennis 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):

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**The Resource Inc. (TRI)**  
**Housing Rehab Program**

**GRIEVANCE POLICY & PROCEDURE**

- A. The TRI Director of Housing Rehab Programs will be responsible for handling any initial grievance with a goal of resolving any issues.
- B. The Grant Administrator will be responsible for overseeing the investigation of any grievance or serious complaint lodged against the grant employees or programs, or not resolved at the program level.
- C. Grievances should be submitted to the Grant Administrator in writing. Individuals interested in filing a grievance may contact the Grant Administrator for assistance in doing so.
- D. The Grant Administrator has ten (10) business days to investigate the grievance and respond in writing to the party filing the grievance. The Grant Administrator will gather all facts and information to the best of his or her ability. Persons named in the grievance shall be interviewed. The DHCD CDBG Program Representative will be notified of any grievance.
- E. The Grant Administrator will initiate a file that includes the original grievance, a report of findings, and a copy of the Grant Administrator's determination and notification. The outcome of the grievance will also be documented.
- F. If the person or group filing the grievance does not agree with the outcome, an appeal may be filed. The Town Administrator will conduct his/her own investigation and report their findings to the filer of the grievance within ten (10) business days.
- G. If the person or group filing the grievance does not agree with the outcome, an appeal may be filed. The Board of Selectmen will conduct their own investigation and report their findings to the filer of the grievance within ten (10) business days. The findings of the Board of Selectmen are final.

Assistance is provided, if necessary, to facilitate any individual in participating in this grievance process.



\_\_\_\_\_  
TRI Director of Housing Rehab Programs

Grant Administrator contact information

Alice Boyd  
Bailey Boyd Associates-  
9 Hillside Road  
Scituate MA 02066  
Tel: 508 430 4499 ext 1  
Email: aboyd@baileyboyd.com

I/We have read and understand the grievance procedure.

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

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

### 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.

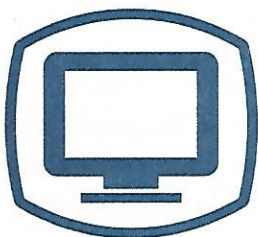
<b>ETHNIC CATEGORY:</b>	Hispanic _____	Non-Hispanic _____
<b>RACE:</b>	White _____ Asian _____	Black/African American _____ Asian and White _____
American Indian / Alaskan Native _____	Native Hawaiian / Pacific Islander _____	Other American Indian / Alaskan Native and White _____
Black / African American and White _____	American Indian / Native Alaskan and Black / African American _____	Other (Multi-Racial) _____
<b>SEX:</b>	Male _____	Female _____
<b>OTHER, CHECK IF APPLICABLE:</b>	U.S. Veteran _____ Elderly (Over 60) _____	Female Head of Household _____ Disabled _____

<b>ETHNIC CATEGORY:</b>	Hispanic _____	Non-Hispanic _____
<b>RACE:</b>	White _____ Asian _____	Black/African American _____ Asian and White _____
American Indian / Alaskan Native _____	Native Hawaiian / Pacific Islander _____	Other American Indian / Alaskan Native and White _____
Black / African American and White _____	American Indian / Native Alaskan and Black / African American _____	Other (Multi-Racial) _____
<b>SEX:</b>	Male _____	Female _____
<b>OTHER, CHECK IF APPLICABLE:</b>	U.S. Veteran _____ Elderly (Over 60) _____	Female Head of Household _____ Disabled _____

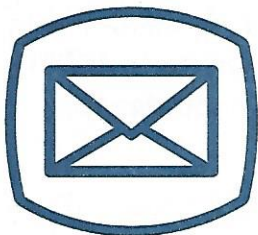


# Need a Tax Return Transcript?

We offer 3 Easy Options



**1** : Online — Go to [IRS.gov/transcript](https://www.irs.gov/transcript) to download a copy of your tax return transcript immediately.



**2** : Mail — You can use the Get Transcript by Mail online at [IRS.gov/transcript](https://www.irs.gov/transcript) or complete **Form 4506-T** to request your tax account transcript or **Form 4506T-EZ** to get your tax return transcript and mail it to the IRS. **Form 4506-T** is available at [IRS.gov/form4506t](https://www.irs.gov/form4506t). **Form 4506T-EZ** is available at [IRS.gov/form4506tez](https://www.irs.gov/form4506tez).



**3** : Call — **800-908-9946** and follow the voice prompts.

Transcripts sent to your home address will be mailed free of charge. Please allow 5 - 10 calendar days from the time the IRS receives the request for delivery.

You can order an exact copy of a previously filed and processed tax return, including attachments and **Form W-2**, by completing **Form 4506**, *Request for Copy of Tax Return*. Mail the completed form with \$50 for each tax year requested to the address in the instructions. **Form 4506** is available at [IRS.gov/form4506](https://www.irs.gov/form4506). Generally copies are available for the current year and the past six years. Either spouse can submit and sign **Form 4506** to request copies of jointly filed tax returns. Allow 75 calendar days to receive your copies.