

TOWN OF HALIFAX HOUSING REHABILITATION PROGRAM APPLICATION

APPLICANT INFORMATION

Name of Applicant(s): _____

Permanent Address: _____

Mailing Address (if different): _____

Telephone number: _____ Other Phone: _____

E-mail Address: _____

Please complete the following information for all household members.

Name	Age	Relationship to the property owner/head of household

Are you a municipal employee or locally appointed official? Yes No

Do you work as a consultant or agent to the community? Yes No

Do you work for another agency that administers CDBG for the community? Yes No

If yes, please note your position/title: _____

Department: _____

How did you hear about the Housing Rehabilitation Program? _____

PROPERTY INFORMATION

Address of property to be rehabilitated: _____

Approximate age of the building: _____

Building/Property Use:

Property Use:

- Single family residence
- Multi-family residence (# of units in building ___)
- Mixed use
- Other (please explain) _____

Property Occupancy:

- Owner's primary residence: Yes ___ No ___ If yes, number of bedrooms: _____
- Rental property: Yes ___ No ___ If yes, number of rental units: _____
- Vacant: Yes ___ No ___

Comments/Additional Information on Occupancy: _____

Property Heating Source:

- Gas
- Oil
- Electric

Rental Property Information

Apartment unit number	Number of bedrooms in the unit	Vacant or Occupied	Monthly rent	Utilities included in rent

Mortgage Information:

Name and Address of Mortgage Lender: _____

Original Mortgage Amount: \$ _____ Outstanding Balance: \$ _____

Other Mortgages:

Name and Address of Mortgage Lender: _____

Original Mortgage Amount: \$ _____ Outstanding Balance: \$ _____

Declaration of Homestead:

Has this house been declared and registered as a Homestead? Yes ___ No ___

Housing Cost Information:

Monthly Payment of all Mortgagees (Principal and Interest): \$ _____

Monthly Homeowner Insurance Premium: \$ _____

Monthly Flood Insurance Premium: \$ _____

List Monthly Payments for Household Utilities: \$ _____

Heat: \$ _____ Electric: \$ _____ Gas: \$ _____ Water: \$ _____

Other (Please explain): _____

HOUSEHOLD EMPLOYMENT AND INCOME INFORMATION

To the applicant: *The Town of Halifax has received Federal funds to provide financial assistance to eligible applicants. A condition of receiving those funds is household income information. The information you provide will be kept **confidential**.*

RESIDENT OWNERS ONLY COMPLETE THIS PAGE

Include annual income (12 months) of all household members over the age of 18 who are not full-time students. Calculations of income do not include assets, only interest earned from assets. In addition, for owner of multi-unit dwellings, rents received are not considered income. They are considered business revenue and must have expenses subtracted to yield net business income. Please note: Income documentation will be required for all occupants of the household listed at this address whether or not they are dependants of the applicant.

Employment of Applicant(s):

Borrower's Occupation: _____ Gross Annual Wages: \$ _____

Employer's Name and Address: _____

Co-Borrower's Occupation: _____ Gross Annual Wages: \$ _____

Employer's Name and Address _____

Income of all other household occupants over age 18 (who are not full-time students)

Name	Relationship to the applicant	Age	Occupation	Gross annual income	Employer's name and address

Other income not listed above: Include any public assistance, self-employment income, unemployment benefits, social security, aid to families with dependent children, Veterans Administration benefits, retirement and pension income, workers' compensation, alimony, child support, interest and dividends from banks and investments, rental income and income from boarders not listed above for all household members over the age of 18, who are not full-time students.

Other income for last 12 months

Source

TOTAL GROSS ANNUAL INCOME FOR HOUSEHOLD: \$ _____

DEMOGRAPHIC INFORMATION

Minority group data is obtained for statistical purposes only. Data will not be considered by any local or federal official in determining eligibility for financial assistance.

	Caucasian	Black/African American	Asian	American Indian/Alaskan Native	Native Hawaiian/Pacific Islander	American Indian/Alaskan Native & Caucasian	Asian & Caucasian	Black/African American & Caucasian	American Indian/Alaskan Native & Black/African American	Hispanic	Other
Number of household members of this race											

Applicant's Gender:

Male Female

If female, are you the head of household?

Yes No

Is anyone in the household disabled?

Yes No

Number of disabled: _____

Sensory Impaired: _____

Mobility Impaired: _____

Are you 60 or more years of age?

Yes No

Number of children under 6 years: _____

Number of children between 6 and 18 years: _____

The applicant certifies that all information furnished in support of this application, given for the purpose of obtaining financial assistance under the Carver-Halifax Housing Rehabilitation 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 Carver-Halifax Housing Rehabilitation 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 the Town of Carver.

Furthermore, the applicant understands that by applying for a Deferred Payment Loan under the Carver-Halifax Housing Rehabilitation Program, that he or she is agreeing to have the property inspected by a representative of the Town of Carver including a lead paint test and may be required to carry out 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, which may be included in the Carver-Halifax Housing Rehabilitation Program loan.

Owner's Signature

Date

Owner's Signature

Date

**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 _____ 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 sub recipients 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):

**TOWN OF HALIFAX HOUSING REHABILITATION PROGRAM
HOMEOWNER'S PROPERTY CHECKLIST**

The Town of Halifax's Housing Rehabilitation Program is ready to assist you in planning improvements and repairs to your property to correct safety and code deficiencies in your home.

A construction specialist will conduct a survey of your property at no cost to you. A report is then made to you of the condition of your property including the electrical, plumbing and heating systems. In addition, the specialist will advise you of the estimated cost to correct any deficiencies or improvements.

Please look over your property carefully. Decide what repairs are imperative and what improvements are most needed. No one knows your property better than you do. You will find this checklist helpful to discuss specific items at the time of the survey. Please complete this form and include it with your Halifax Housing Rehabilitation Program Application.

- | | | |
|---|---|--|
| <input type="checkbox"/> Attached garage | <input type="checkbox"/> Heating system | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Asbestos removal | <input type="checkbox"/> Insulation | <input type="checkbox"/> Septic system |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Jets | <input type="checkbox"/> Sewer tie-in |
| <input type="checkbox"/> Ceiling | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Steps/Railings |
| <input type="checkbox"/> Cellar | <input type="checkbox"/> Lead paint removal | <input type="checkbox"/> Walls |
| <input type="checkbox"/> Chimney | <input type="checkbox"/> Faulty lighting | <input type="checkbox"/> Walks |
| <input type="checkbox"/> Door | <input type="checkbox"/> Porch Enclosure | <input type="checkbox"/> Well |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Furnace |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Rain gutters | <input type="checkbox"/> Handicap ramp |
| <input type="checkbox"/> Floors | <input type="checkbox"/> Re-Wiring | <input type="checkbox"/> Handicap shower |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Roofing | <input type="checkbox"/> Faucets/shower |
| <input type="checkbox"/> Other (please explain) | | |
