



Dear Homeowner,

Thank you for your interest in the Egremont Housing Rehabilitation Program for FY20. The Housing Rehabilitation Program is funded by the Massachusetts Department of Housing and Community Development with federal funds from HUD's Community Development Block Grant program. The application was submitted by the Town of Egremont on behalf of the Towns of Egremont, Great Barrington and Sandisfield. Enclosed please find the following documents:

1. Program Guidelines
2. Required Income Documentation Worksheet
3. Required Income Documentation Explanation
4. Full Homeowner Application
5. Affidavit of Conflict of Interest
6. Instructions for ordering IRS Tax Return Verification
7. Required, eligible and ineligible Housing Rehab repairs

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

Please feel free to call with any questions you may have or visit our website at www.theresource.org for more information on the Egremont Housing Rehab Loan Program applications, the Housing Rehab Loan Program in general or The Resource Inc. We will be happy to spend some time with you. We can be reached at (413)645-3448.

Very truly yours,

Dawn Odell Lemon
Program Manager

Western MA
291 Main Street, Suite 309
Great Barrington, MA 01255
413-645-3448



Housing Rehabilitation Loan Program

Program Overview

The Egremont Board of Selectmen, working in conjunction with The Resource Inc., seeks applicants for a regional housing rehabilitation program. The funding is provided by the Massachusetts Department of Housing and Community Development and allows a **0% interest, deferred, forgivable loan** to make critical repairs to your home. This program is designed to improve existing housing conditions of low and moderate income resident households by eliminating code violations. Eligible repair activities will include, but not be limited to, electrical, heating and plumbing work; minor structural repairs; roof and siding repairs; insulation and window replacement; lead paint and asbestos removal; and handicap accessibility improvements.

ELIGIBILITY

Preliminary eligibility is defined as an applicant meeting the initial eligibility requirements, as laid out in the pre-application, in order to qualify to begin the housing rehabilitation application process. Final eligibility is determined after the fully completed loan application and all supporting documentation is received, reviewed and accepted by the TRI Housing Rehab Program Manager.

Applicants: This program is offered to owner-occupied single-family/multi-family and investor-owned units in the Towns of Egremont, Great Barrington and Sandisfield. If the structure is a single-family owner-occupied unit, the owner must meet income guidelines of low to moderate income. If the structure contains year-round rental units, at least 51% of all the households including rental units/renters must meet these income limits. The applicant must be the property owner of record for the proposed residential structure. *Please refer to the table for income levels based on household size.*

Family Size	1	2	3	4	5	6	7	8
Very Low Income	29,450	33,650	37,850	42,050	45,450	48,800	52,150	55,550
Low Income	47,150	53,850	60,600	67,300	72,700	78,100	83,500	88,850

CONSTRUCTION

Structures: The primary purpose of the deferred payment loan program is to bring deteriorated residential units into compliance with all applicable Federal, State and Local codes. To be eligible, a structure or portion thereof must be residential and contain one or more code violations. Note: All code violations must be corrected as a condition of participating in the TRI Housing Rehabilitation Program. A Housing Rehab Specialist will conduct a site visit and develop a detailed work write-up and cost estimate. The Housing Rehab Specialist will then review these items with the homeowner. NOTE: TRI Housing Rehabilitation Program is a moderate rehabilitation program. If upon completion of a site visit, detailed write-up and cost estimate, the Housing Rehab Specialist determines that the dollars needed far exceed program limits, the project can be deemed infeasible and funding denied.

FUNDING MECHANISM-DEFERRED PAYMENT LOANS

The TRI Housing Rehabilitation Program offers Deferred-Payment Loans (DPLs) to finance the rehabilitation of eligible projects. The maximum DPL is \$35,000 per unit to address code violations. An additional \$5,000 per unit is available when improvements include removal of lead paint or asbestos, making handicapped access, septic system replacement or multiple energy-efficiency enhancements. The DPL is secured by a lien placed on the property for a period of 15 years. The interest rate is 0%. The DPL will be forgiven at a rate of 1/15th per year provided the property owner(s) are not in any way in default; therefore, Deferred-Payment Loans do not require monthly loan payments. If a property is sold or transferred within the 15-year period after rehabilitation completion, the funds will be recaptured on a prorated basis. After the 15-year recapture period expires, the loan is forgiven.



CDBG GRANT

Serving year-round LMI (low-moderate income) residents of Egremont, Great Barrington and Sandisfield MA

To be funded through a Community Development Block Grant (CDBG) from the MA Department of Housing and Community Development (DHCD)

PRIORITIES OF THE PROGRAM ARE TO:

⚙️ **Correct and update health/safety issues, building envelope updates, energy efficiency upgrades, address lead paint hazards in residences owned and occupied year-round by LMI residents** ⚙️

⚙️ **Improve the supply of affordable-rent units for year-round LMI tenants** ⚙️

Up to \$40,000 per unit is available for properties in Egremont, Great Barrington and Sandisfield.

PROGRAM GUIDELINES

The TRI Housing Rehab Loan Program is funded through an annual Community Development Block Grant (CDBG) awarded by the MA Department of Housing and Community Development (DHCD) to help preserve existing housing stock for year-round residents of the Towns of Egremont, Great Barrington and Sandisfield. The program addresses critical repairs on private homes, owner-occupied and investor-owned rental units - who income qualify according to LMI (low-moderate income) guidelines set by HUD (per income tables at the end of this document).

The Resource Inc. (TRI) is a non-profit agency that over the past few decades has been involved in the delivery of several grant rounds of CDBG Funds. This responsibility includes all implementation, monitoring and reporting tasks according to DHCD guidelines on behalf of the Grantee. The Town of Egremont is the lead grantee for the FY 2020 CDBG funds.

GRANT PRACTICES AND PRIORITIES:

It is part of the TRI's mandate to identify and solicit eligible applications from property owners in Egremont, Great Barrington, and Sandisfield. We do this through a variety of outreach initiatives, which include working with the active support of community partners in the participating towns.

Applications for loans are processed on a first-come, first-served basis. Once qualified, a project may be assessed and ranked against other qualified applications in terms of code priorities; any emergency need takes priority (e.g., failed heating system in winter). On occasion, TRI must reject applications despite the presence of eligible work. Reasons for this may include: lack of program funds; conditions requiring substantial rehab beyond scope of the program; costs exceeding program limits; title issues; ineligible tenants; and factors that suggest the borrower may be unable to comply with the terms of the program.

I. PROPERTY GUIDELINES

A. Owner-Occupied Single-Family Units (Primary Residence)

1. Declining loans structured as mortgages are made to owner-occupied single-family units to cover essential upgrades on a primary residence. The declining loan is secured by a property lien recorded at the Berkshire County Registry of Deeds. This lien is removed by a mortgage discharge after 15 years of compliance by the borrower has passed; the loan balance declines by 1/15th in each year of compliance until it reaches zero.
2. Borrowers must hold title to the property (LMI life tenants may apply as long as owner agrees and signs).
3. All those named on a deed must agree to the loan by signing all legal documents even if they do not occupy the premises.
4. The maximum loan amount of \$40,000 is available to rehab dwellings only.
5. All loans are developed within a “moderate” rehabilitation framework for code, health, and safety upgrades.
6. Borrowers must meet LMI income guidelines set out in the chart below according to household size.
7. Borrowers whose property does not remain their primary residence throughout the loan term must either pay back the loan balance or rent the property to a LMI tenant year-round at a fair market rent set by HUD.
8. No penalties will be assigned provided borrowers remain in compliance and notify TRI of any changes of property status. (Participating Towns will document compliance annually, by letter, for the term.)
9. The borrower may sell the property during the 15-year term. Upon the sale or transfer of the property, the owner will repay the unforgiven portion of the loan. (Participating Towns allocate this income to community projects.)
10. Direct heirs may assume the loan and its obligations if title to the property transfers before term ends. They may live in the property, find eligible LMI year-round tenants for the property, or sell the property and pay back the remaining balance due.
11. On occasion, borrowers are permitted or may be required to provide a portion of total costs; such funds are the sole responsibility of the property owner and must be verified prior to loan approval.

B. Rental Units: Single, Multi--Family, or Accessory Units in a Single-Family Residence

1. Declining loans structured as mortgages are made to owners of units in existing buildings to be upgraded rental units that house LMI (low-moderate income) tenants year-round at fair market rents set by HUD.
2. The loan is secured by a property lien recorded at the Berkshire County Registry of Deeds. This lien is removed by a mortgage discharge after 15 years of compliance by the borrower has passed; the loan declines in each year of compliance by 1/15th until the balance reaches zero.
3. The 15-year deed restriction remains with the property for the full term of the loan. In the event of a sale, the buyer must assume the rental restriction on the property for the remainder of term of the loan.
4. Direct heirs may assume the loan and its obligations if title to the property transfers before term ends.

5. Properties with up to 7 rental unit(s) may be eligible for funding of up to \$40,000 per unit. Decisions on rental units are based on the income of the owner and tenant(s) in the property, the degree of construction required, and availability of program funds.
6. Landlords who qualify within LMI guidelines are eligible to apply for loans which will cover 100% of the rehab costs.
7. Landlords who are determined to be “above income” may apply for loan covering up to 50% of the rehab costs; they must contribute the other 50%.
8. Landlords must have income-certified existing or prospective tenant(s) in order to qualify for a loan. TRI provides forms for certification; tenant selection otherwise is the sole responsibility of the landlord.
9. Participating Towns may perform an annual audit by letter, including verification of tenants and rents, throughout the 15-year term of the loan. (Non-compliance by owner’s risks default penalties.)
10. Acquisition of zoning variances and special permits are the sole responsibility of the property owner.

II. HOUSING REHABILITATION LOAN TERMS

- A. Up to \$40,000 per owner-occupied or rental unit is conveyed in a declining Deferred Forgivable Loan (DFL) at 0% interest for a 15-year term, secured by a property lien recorded at the Berkshire County Registry of Deeds.
- B. The 0% DFL is forgiven (declines) by 1/15th annually, provided the borrower(s) remain in compliance. The entire loan is forgiven, and the recorded mortgage is discharged at term end.
- C. Loan-related costs are included in the DFL and are reflected in closing documents, including but not limited to recording fee, credit check, and lead inspection fees.
- D. A key aspect of this program is the ability to “leverage” funds to supplement funding by the TRI Housing Rehabilitation Loan Program. Greylock Federal Credit Union offers up to \$50,000 for loans at more competitive rates than otherwise offered. Other possible sources of leveraged funds include: property owner’s funds; DOE’s Weatherization Program, “HEARTWAP” heating assistance program, MassSave and Keyspan Energy programs all offered through USDA Section 504 loan/grant program and Construct.

III. PROPERTY CODE, HEALTH AND SAFETY REPAIRS AND UPGRADES

The priority of the program is to correct all code violations, structural and sanitary; this includes deleading if circumstances require it. Within DHCD guidelines, the program covers the repairing/upgrading of exterior items, including roofs, trim, gutters, entry doors, et al. Improving energy efficiency is also a key program goal. All repairs and upgrades must align with State, Federal and local building and safety codes and be approved according to State and local historic and environmental regulations. Some examples of typical rehabilitation work performed include: roof and siding replacement or repairs, window and door upgrades, well and septic replacements, weatherization and heating upgrades, electrical and plumbing upgrades, handicapped accessibility, and egress improvements.

Certain code deficiencies must be addressed regardless of client expectations if program funds are to be made available at all. These are determined in advance as part of an overall work plan agreed with the client. Typical small maintenance repairs, cosmetic upgrades and/or remodeling are not program-approved uses of CDBG funds.

IV. PROGRAM TECHNICAL ASSISTANCE ON PROJECT DEVELOPMENT AND IMPLEMENTATION

The TRI Housing Rehabilitation Loan Program develops and implements projects through the services of licensed and insured rehab specialists and general contractors who have registered their credentials, including excellent references, to the staff program manager. The housing rehab specialist inspects the property and prepares a work write-up based on code issues that are present, in consultation with the homeowner and within DHCD budget limits. The work write-up is submitted to the homeowner for review and agreement before being sent out to bid by general contractors registered with the program. Once a project is under contract and construction, the TRI rehab specialist and program manager, or their designee, inspect the ongoing work through to completion of the project.

V. REQUIRED INCOME DOCUMENTATION

In addition to providing information requested on the application form, complete, accurate and up-to-date documentation of income is required of all applicants according to your particular circumstances.

We recommend that you read through completely the notes charted on page 4 to understand what is required. Please call the Program Manager with questions so that she can help you avoid unnecessary delays.

- ❖ *Income documentation is required for all members of the household 18+ years old and must be submitted before the TRI can perform the initial review.*
- ❖ *Provide photocopies of all documents, not originals.*
- ❖ *Some documentation requires notarization. Notaries can be found at most local banks and Town offices.*

Please return a fully completed, signed, and dated application form, including all information requested, along with the following valid documents:

Salaried income or Unemployment income - for all Household Members 18+ years old

- | |
|---|
| <ol style="list-style-type: none">1. Pay stubs for most recent 8-week period for every member of your household working for an employer.2. Pay stubs for most recent 8-week period weeks of Unemployment Benefits.3. Full-time students or unemployed household members must provide a notarized statement affirming this status. |
|---|

<u>Self-employment income - for all Household Members 18+ years old</u>
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- | |
|--|
| <ol style="list-style-type: none">1. Copies of your <u>entire</u> IRS Tax Return 1040 for <u>2019 and 2020</u>. NOTE: We do NOT need MA Tax Returns.2. If the self-employed earner does not file taxes, a Notarized Statement reflecting earnings and expenses for <u>2019 and 2020</u>, including dates, addresses of jobs, amounts paid, related expenses - to determine net profit. |
|--|

OTHER INCOME: Verification of other income as applicable to Household Members 18+ years old
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Benefit statements for Public Assistance, VA, Unemployment, SS, SSI, disability and a verification letter or periodic statement from each pension/investment income source stating the amount and frequency of benefits.

Child Support , either 1) Child Support Order and Divorce Decree; or 2) Notarized Statement that you are not receiving child support.
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ALL applicants and household members 18+ years old must submit:

1. **Complete financial statements:** spanning the past 2 months for any/all checking, savings, investment, and retirement accounts.

2. **Copies of signed 1040 Tax Returns** for tax years 2019 and 2020. Please include Schedule C if you are self-employed and/or Schedule E if you receive rental income.

3. **IRS Verification: "Tax Return Transcripts" for every adult for tax years 2019 & 2020:** You are responsible for obtaining your IRS Tax Return Transcripts for tax years 2019 and 2020. Please refer to the **3 Easy Options Guide** included in this packet. When ordering your Tax Return Transcript, please use the same information used when filing your 1040 return. **If you do not file taxes** because your taxable income is not enough to meet the minimum filing requirements, you must select the **request a Verification of Non-Filing option**. Your Tax Return Transcript will be sent to you directly. Please forward this information onto the TRI in order to complete your qualification. Eligibility cannot be determined without this information.

INCOME GUIDELINES

LMI (low-moderate income) limits for Barnstable County

Below are the total allowable LMI (low-moderate income) limits per size of household for qualifying for the TRI Housing Rehab Loan Program. LMI limits are set by HUD at 80% average median income for Barnstable County. Total income means income from all Adults 18 years old or over living in the household. Household size means *and children living in a household regardless of their relationship*.

Landlords or potential landlords who are above LMI Income are eligible to provide and receive matching funds up to \$40,000 per unit to rehab or create a unit for year-round rental to house LMI tenants per HUD guidelines.

FY2020 HUD AREA MEDIAN INCOMES

	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
80% AMI	47,150	53,850	60,600	67,300	72,700	78,100	83,500	88,850



HOUSING REHAB LOAN PROGRAM HOMEOWNER DOCUMENTATION CHECK LIST

REQUIRED INCOME DOCUMENTATION

- ____ Completed application
- ____ 8 Weeks of Pay stubs or letter
- ____ Unemployment-Monetary Determination/Weekly deposits
- ____ Veteran's Benefits/Current Year Letter
- ____ Social Security/Current Year Benefit Letter
- ____ Pension (2Mo.s Statements or 1099 if no statements)
- ____ 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)
- ____ Interest
- ____ Alimony
- ____ Foster Care
- ____ Worker's Comp.
- ____ Non-Income
- ____ Other Income (Explain)

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 Entire Reverse Mortgage Doc.
- ____ 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
- ____ Copy of First two pages of Home Equity
- ____ Copy of most recent Loan Statement of a Reverse Mortgage

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

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

Applicant Information

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

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

Last Name		First Name		Middle Name	
Present Address					
Street:					
City/Town:					
State:		Zip Code:			
Mailing Address					Married _____
Street:					Unmarried _____
City/Town:					Separated _____
State:		Zip Code:		Divorced _____	
Email Address:			Home Phone Number:		
Cell Phone Number:			Work Phone Number:		
Employment Information			Self Employed? Yes ___ No ___		
Employer Name:			Unemployed? Yes ___ No ___		
Address:			How Long?		
Type of Business:			Years with company _____		
Business Tel.No:			Position/Title:		
If at current company less than 2 years					
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				
Income Received Periodically				
Social Security Benefits				
Pension Benefits				
IRA Redemptions				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
Other(describe)				
TOTALS	\$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				
Home				
Estimated Value				
Mortgage Balance				
Other Real Estate				
Estimated Value				
Mortgage Balance				
TOTALS	\$	\$	\$	\$

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		\$		
TOTAL		\$	\$	

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:		
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	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

<u>Household Size</u>	<u>Income Limits</u> 80% of Median Income <u>Berkshire County</u>	2021
1	\$47,150	
2	\$53,850	
3	\$60,600	
4	\$67,300	
5	\$72,700	
6	\$78,100	
7	\$83,500	
8	\$88,850	

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.**

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 CREDIT & INFORMATION 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 inquiries 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 a copy as an original. I also understand that if my application is not acted upon within six (6) months of the applications anniversary the application will become null and the information must be resubmitted or updated.

Additionally, I/We hereby release, remise forever discharge, from any action whatsoever, in law and equity, 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.

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 mortgagor under its program. It will not be disclosed outside the agency except as required or permitted by law. You do not have to provide this information, but if you do to 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

- 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.

Principal Borrower

Date

Co-Borrower (If Applicable)

Date

Please return completed application to:

Dawn Lemon, Assistant Program Manager Housing Rehab Loan Programs
The Resource Inc, 291 Main Street, Suite 309, Great Barrington MA 01230

Email: Dawn@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 Egremont 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.

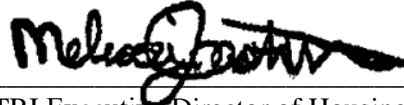
APPLICANT SIGNATURE(S):

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 Executive 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.

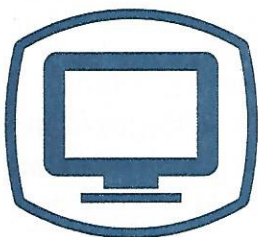
ETHNIC CATEGORY:	Hispanic _____	Non-Hispanic _____
RACE:	White _____ Asian _____	Black/African American _____ Asian and White _____
American Indian / Alaskan Native _____	Native Hawaiian / Pacific Islander _____	Other American Indian / Alaskan Native and White _____
Black / African American and White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

ETHNIC CATEGORY:	Hispanic _____	Non-Hispanic _____
RACE:	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) _____
SEX:	Male _____	Female _____
OTHER, CHECK IF APPLICABLE:	U.S. Veteran _____ Elderly (Over 60) _____	Female Head of Household _____ Disabled _____

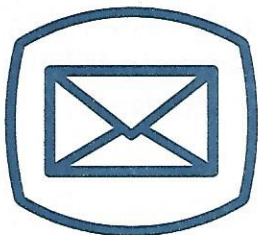


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2 : Mail — You can use the Get Transcript by Mail online at [IRS.gov/transcript](https://www.irs.gov/transcript) or complete **Form 4506-T** to request your tax account transcript or **Form 4506T-EZ** to get your tax return transcript and mail it to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

EGREMONT HOUSING REHAB PROGRAM

Required, eligible and ineligible Housing Rehab repairs

This is a moderate housing rehabilitation program. The definition of moderate rehab per HUD is as follows:

Upgrade to a decent, safe, and sanitary condition to comply with the Housing Quality Standards or other standards approved by HUD, from a condition below these standards. Improvements are of modest nature and other than routine maintenance. For our purposes, moderate rehab is limited to \$35,000.00. An extra \$5,000.00 is available to replace a failed septic system, remove lead paint hazards or energy efficiency upgrades for a total of \$40,000.00.

In order of priority:

1. Address all code violations including lead paint hazards.
2. Repair exterior items: this includes roofs, gutters, exterior doors, and walkways.
3. Upgrade to energy efficiency. This includes heating systems (and in some instances, cooling systems).
4. Interior improvements necessary to improve general living conditions for health and safety reasons. Repairs include but are not limited to replacement of damaged or rotted existing hardwood flooring, replacement of vinyl or tile flooring as necessary, replacement of deteriorated countertops, repair of faulty electrical wiring. All interior items will be budgeted at mid-grade quality.

Critical Repairs include but not limited to the following:

1. Minimum Housing Quality Standards
2. Hazardous materials abatement as mandated by the current federal and state regulations.
3. Install/or replace smoke detectors.
4. Energy efficiency upgrades, i.e., heating systems, windows, doors.
5. Structural deficiencies
6. Roof deficiencies
7. Heating deficiencies
8. Plumbing deficiencies
9. Electrical deficiencies
10. Insulation

Ineligible items – include but not limited to the following:

1. Reimbursement for materials or owner's labor.
2. Reimbursement for any work done outside the program.
3. Room additions, extensions, cosmetic or structural alterations (unless necessary to correct code violations).
4. Purchase, installation, or repair of furnishings.

Western MA

291 Main Street, Suite 309
Great Barrington, MA 01255
413-645-3448

5. Demolition that does not improve existing structure or that removes architectural features that are an essential part of the buildings character.
6. Free standing masonry, walls, and fences.
7. Interior wood paneling
8. Bookcases, shelving, or cabinets unless necessary to comply with housing standard.
9. Aluminum or vinyl siding unless existing and in repair or replacement/spot replacement.
10. Barbecue pits, or outdoor/indoor fireplaces.
11. Bath houses, swimming pools, saunas, hot tubs.
12. Burglar alarms.
13. Flower boxes, greenhouses, greenhouse windows, windows, or doors in non-heated spaces.
14. TV antennas and cable TV.
15. Parking lots, driveways, patios
16. Valances, cornice boards and drapes.
17. Water proofing
18. Garages, car ports, sheds.
19. Sprayed on textured ceilings unless already existing and in need of repair to meet minimum quality standard.
20. Materials, fixtures, or equipment of a quality or grade exceeding that customarily used on properties of the same general type as the property to be rehabilitated.

If you have any questions, please feel free to contact Dawn Lemon at 413-645-3448 or by email at dawn@theresource.org