HOME IMPROVEMENT PROGRAM
OVERVIEW

DESCRIPTION:
The Community Development Block Grant Program will be administered by the City of Revere and will provide zero (0%) interest deferred payment loans (D.P.L.) to eligible owners of residential properties within Revere. All D.P.L. loans will be repaid fifteen (15) years from date of commencement.

FINANCIAL TERMS:

Provide low interest loans for property improvements subject to the availability of funds.

TYPES OF IMPROVEMENTS:
The program is designed to remove lead paint and improve housing conditions of low and moderate income households by eliminating code violations and increasing the energy efficiency of their housing unit. Eligible repair activities will include but not be limited to: electrical, heating, and plumbing work; structural repairs; roof repairs; insulation; painting; lead and asbestos removal and other related building improvements as well as handicap accessibility needs for elderly and/or handicapped residents.

ELIGIBILITY:
Preliminary eligibility is defined as an applicant meeting the initial eligibility requirements in order to qualify to begin the housing rehabilitation process. Final eligibility is determined after the total bid package is received and reviewed by the Department of Planning and Community Development's Housing Component.

A. APPLICANTS:
This program is targeted to owner-occupied single family, two family properties within the City of Revere.

Owner-occupied single family homes:
All single family units must be owner-occupied by a low to moderate income household.

Owner-occupied two and three unit property:
All owner-occupied two unit structures must be occupied by
1. The owner of the property
2. Other unit(s) must be occupied by low to moderate households (100%). If the unit(s) are vacant, the homeowner must agree to rent to low to moderate income tenants upon completion of the work.
B. OWNERSHIP:

All applicants must be the property owner of record of the proposed
residential structure.

C. INCOME:

Your household or the household(s) of your tenants must be “income
eligible”. All annual gross household income for each resident of the home is considered.
Please note the following HUD 2017 Income limits which must be adhered to:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 family</td>
<td>54,750</td>
</tr>
<tr>
<td>2 family</td>
<td>62,550</td>
</tr>
<tr>
<td>3 family</td>
<td>70,350</td>
</tr>
<tr>
<td>4 family</td>
<td>78,150</td>
</tr>
<tr>
<td>5 family</td>
<td>84,450</td>
</tr>
<tr>
<td>6 family</td>
<td>90,700</td>
</tr>
<tr>
<td>7 family</td>
<td>96,950</td>
</tr>
<tr>
<td>8 family</td>
<td>103,200</td>
</tr>
</tbody>
</table>

D. ABILITY TO PAY:

Income eligible owner-occupied applicants will be pre-screened by the
program for their “ability to pay/borrow”. If you have a debt-to-income ratio at or below
40%, you may have the ability to pay for some or all of a loan. Owners with the ability to
borrow will receive a below market rate. All loans will be repaid within fifteen (15) years
from date of commencement.

ROLL OF THE LOCAL REHABILITATION AGENCY:

1. Financial counseling and loan eligibility determination
2. Property inspection to identify work required and the cost of that work
3. Assistance in locating/selecting contractors
4. Establishing an escrow account for loan funds
5. Monitoring construction and authorizing withdrawal of funds to pay for work
   completed,
6. Inspecting property upon completion of improvements to certify that all work was
done in accordance with specifications.
7. To ensure that after the final work proposal is submitted by the contractor
   and accepted by the property owner; no further price negotiations take place
   between the two parties.

For any further questions regarding this program; please contact this office at: 781-286-8184
HOME IMPROVEMENT PROGRAM

THE FOLLOWING DOCUMENTATION SHOULD BE SUBMITTED ALONG WITH COMPLETED APPLICATION.

IF SELF-EMPLOYED; PROFIT AND LOSS STATEMENT (YEAR TO DATE)

DBRBD

PROPERTY INSURANCE

CREDIT CARD STATEMENTS (LAST STATEMENT)

CAR LOAN (LAST STATEMENT)

BANK LOANS (LAST STATEMENT)

MORTGAGE STATEMENT (MOST CURRENT)

TENANT AFFIDAVIT

CONTRACTOR ESTIMATES (2)

LEAD PAINT INSPECTION REPORT

VERIFICATION OF EMPLOYMENT

LAST THREE YEARS OF TAX RETURNS

PAY STUBS FOR LAST FIVE (5) WEEKS AND IF APPLICABLE VERIFICATION OF DISABILITY INCOME, SOCIAL SECURITY BENEFITS AND/OR UNEMPLOYMENT COMPENSATION

RENT RECEIPTS

PAID WATER AND SEWER INVOICES

PAID PROPERTY TAX BILL (MOST CURRENT)
HOME IMPROVEMENT LOAN PROGRAM (HILP) 
APPLICATION

Applicant Name(s) 

Address 

Number of Units 
Daytime Phone 
Home Phone 

Have you ever received financing from the City of Revere over the past 15 years? 
(If yes, please call the Community Development Dept. 781-286-8184 before continuing application).

Please provide information for every person who lives in your home, including yourself, your family, children - even young children - other relatives who live with you, and even unrelated people who live there. This is considered your "household." Don't include any child or other person who does not live in your house. If children are not of working age, simply list their names, ages, and Social Security numbers. Attach a separate sheet if you need more room.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Social Security #</th>
<th>Annual Wages, Tips</th>
<th>Employer Name, Address and Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

If you choose, you may use this space to identify any member of your household as disabled or a veteran. You are not required to provide this information, and it will not affect the evaluation of your application.

[ ] American Indian/Alaska Native 
[ ] Asian or Pacific Islander 
[ ] Handicapped or Disabled 
[ ] Black (not of Hispanic origin) 
[ ] Hispanic 
[ ] White (not of Hispanic origin)

Please provide information for any person in your household who has received income from sources other than wages or salary within the past 12 months (examples include pension/reirement, veterans benefits, welfare, interest or dividends on stocks or bank accounts):

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Income (A)</th>
<th>Annual Amount of Income (A)</th>
<th>Type of Income (B)</th>
<th>Annual Amount of Income (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
Do you rent out one or more apartments in your home?

Rental Income (Annual Gross Rental Income) $ 

Please provide the following information about your household assets.

<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>Total Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking Account (please write name of bank in &quot;notes&quot; column)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other Checking Account</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Savings Account (please write name of bank in &quot;notes&quot; column)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Stocks and Bonds</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Do you own other real estate besides the property that is the subject of this application?

<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>Total Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Real Estate (first property)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Real Estate (second property)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list all household liabilities, including any credit cards owned by any member of your household.

<table>
<thead>
<tr>
<th>Liability</th>
<th>Monthly Payment</th>
<th>Unpaid Balance</th>
<th>Account Number</th>
<th>Lender or Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Mortgage</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car Loan</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car Loan</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main Credit Card</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credit Card</td>
<td>$</td>
<td>$</td>
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<td></td>
</tr>
</tbody>
</table>

Please provide information about expenses for the property that is the subject of this application.

<table>
<thead>
<tr>
<th>Expense</th>
<th>Monthly Cost</th>
<th></th>
<th>Expense</th>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage</td>
<td>$</td>
<td></td>
<td>Water/Sewer</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
<td>Other utilities (oil, electric, etc.)</td>
<td>$</td>
</tr>
<tr>
<td>Property Taxes</td>
<td>$</td>
<td></td>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td>Property Insurance</td>
<td>$</td>
<td></td>
<td>TOTAL PROPERTY EXPENSES</td>
<td>$</td>
</tr>
</tbody>
</table>

Have you ever claimed bankruptcy? ___ Yes     ___ No

If yes, when? _____________ Has it been discharged? When _____________
If your home contains more than one dwelling unit, please fill out the occupancy section below. If a unit is vacant, write "vacant" in the column labeled "Tenant's Name". For some properties, tenants must also be income eligible in order to receive assistance from the HIP program. If tenant income information is needed, you will be asked to have each of your tenants fill out Attachment 1 which can be found at the end of the application.

<table>
<thead>
<tr>
<th>Unit Number</th>
<th>Tenant Name</th>
<th>Number of Occupants</th>
<th>Monthly Rent</th>
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</thead>
<tbody>
<tr>
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<td>$</td>
</tr>
</tbody>
</table>

Please place a check mark next to each repair you feel is needed:

**EXTERIOR**
- Steps, stairs
- Porches
- Doors
- Roof
- Gutters/Draias
- Foundation
- Chimneys
- Siding/clapboards
- Paint
- Masonry

**INTERIOR**
- Hallways
- Ceilings
- Walls
- Windows
- Doors
- Electrical
- Lead Paint Abatement
- Heating
- Plumbing

Briefly describe any other work you would like to accomplish with a housing rehabilitation loan.
If there is any additional information you would like to be considered in the evaluation of this application, please write it below.
SIGNATURES AND CERTIFICATIONS

This page must include your signature, and the signatures of all wage earners in your household. Your signatures certify:

* That all information contained in this application and attachments is true and complete to the best of your knowledge.
* That you have read and understand the summary program description of HILP program provided to you and that these terms and conditions are acceptable to you if you are eligible for and receive HILP financing.
* That additional terms and conditions related to the HILP program will apply to the financing and must be agreed to if you are to receive HILP financing. These terms and conditions will be included in a package of loan documents which you will have the opportunity to review with an attorney of your choosing prior to receiving the HILP financing.
* That no resident of the City of Revere shall be displaced as a result of financial assistance for home improvement.
* That rent levels for presently vacant residential units shall not exceed the appropriate fair rent schedule as established by the state Department of Housing and Community Development and/or federal Department of Housing and Urban Development; and that rent increases for presently occupied residential units will not exceed the area fair market rents schedule adjustment rate from the date on the application and throughout the life of the Program Agreement, if this project is approved for funding.
* That you will not refuse to rent to tenants holding Section 8 or similar housing certificates or vouchers, except for good cause, during the life of the Program Agreement.
* That you authorize the City of Revere Department of Planning and Community Development to verify all information provided herein, and authorize said agency to investigate your credit ratings and records.
* That you understand that personal and financial information on file with the City of Revere Department of Planning and Community Development is kept confidential to the extent allowed by law.

Homeowner Signature

Printed Name_________________________________________ Date________________________

Social Security Number_________________________________ Date_______________________

Witness_______________________________________________ Date_______________________

Homeowner Signature

Printed Name_________________________________________ Date________________________

Social Security Number_________________________________ Date_______________________

Witness_______________________________________________ Date_______________________

CITY OF REVERE - HOME IMPROVEMENT LOAN PROGRAM
EQUAL HOUSING OPPORTUNITY
TENANT REQUEST FOR INFORMATION

Tenant Name(s) ____________________________________________________________

Address ___________________________________________________________________

Units _____ Daytime Phone ___________________________ Home Phone ____________

Please provide information for every person who lives in your home, including yourself, your family, children — even young children — other relatives who live with you, and even unrelated people who live there. This is considered your "household." Don’t include any child or other person who does not live in your house. If children are not of working age, simply list their names, ages, and Social Security numbers. Attach a separate sheet if you need more room.

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CITY OF REVERE – HOME IMPROVEMENT LOAN PROGRAM
EQUAL HOUSING OPPORTUNITY

APPLICATION PAGE 6
Municipal Employee Eligibility

With the exceptions of those noted below, any municipal employee who is income eligible and otherwise meets all program criteria, shall be eligible to receive home improvement financial assistance from the CDF and/or HOME funded programs operated by the City of Revere through its Department of Planning and Community Development, in accordance with standard application procedures. No elected or appointed official having voting control over the application for funds, having budgetary control of the administering department, or otherwise having supervisory authority over management and operation of these programs shall be eligible to receive assistance. No manager or employee of the department given administrative responsibility for these programs shall be eligible to receive assistance. Other municipal employees or officials having tangential and/or incidental involvement in program operations in the course of performing his/her routine official functions, shall not be prohibited from receiving assistance, provided that person meets all other program criteria and requirements; this would include employees of the Treasurer, Auditor, Legal, Building and Health Departments.

Homeowner Signature

Homeowner Signature

Homeowner Signature

Homeowner Signature
REQUEST FOR VERIFICATION OF EMPLOYMENT
(To be given to employer)

Name of Applicant

Address

Name and Address of Employer

I hereby authorize release of the following information.

Signature ___________________________ Date _________________

TO BE FILLED OUT BY EMPLOYER

Note: The applicant above has applied for financial assistance under the Improvement Program. We are in the process of determining eligibility. Any information given is for the confidential use of this program only.

Dates of Employment: ___________________________

Current Hourly Rate: ___________________________

Expected Annual Income in the next 12 months from date above: ___________________________

Additional compensation expected to be paid in the next 12 months (overtime, bonus, etc.): __________________________________________

The above information is furnished in strict confidence in response to your request.

Signature of Employer ___________________________ Date _________________

Please return this completed form to:
Department of Planning and Community Development
City Hall
281 Broadway
Revere, MA 02151
Dear Tenant,

Your landlord has applied for a loan under the Revere Housing Rehabilitation Program. In order to consider his/her application, the program must have certain information regarding tenants currently occupying the property to be rehabilitated. Please fill out the Tenant Information Sheet (enclosed) at your earliest convenience and mail it directly to:

Planning Dept
281 Broadway
Revere City Hall
Revere, Ma. 02151

If your landlord is accepted into the Housing Rehabilitation Program, there will be benefits to you and your family. Specifically, the rehabilitation work will upgrade the condition of your dwelling unit and improve energy efficiency/conservation as well.

If your landlord does receive a loan through the Housing Rehabilitation Program, he/she cannot raise the rent on your dwelling unit for two (2) years unless justified by increases in cost (such as heating and taxes) or by a reasonably established U.S. Department of Housing and Urban Development annual adjustment factor which has been approved by this agency.

If you have any questions regarding the above please feel free to contact this office at 781-288-8187.
TENANT REQUEST FOR INFORMATION

Case #_________________________  Data_________________________
Name____________________________  Phone #______________________
Address___________________________  # in Household__________
__________________________________  # of Adults_________  
Current Rent_______________________  # of Children___________
Race/Ethnicity______________________  Ages of Children________

Type of Income                    Amount
Wages/Salary_______________________ $________________
Social Security___________________ $________________
Pension/Annuities_________________ $________________
Welfare___________________________ $________________
Unemployment Compensation_________ $________________
Workers' Compensation______________ $________________
Disability_______________________ $________________
Veteran's Benefits________________ $________________
Interest Income___________________ $________________
Self-Employment Earnings___________ $________________
List names of all employers:
________________________________

I/We certify that the information provided above is true to the best of my/our knowledge and is in accordance with the information on my/our ______ Federal Income Tax return.

Tenant Signature __________________  Data_____________________
Tenant Signature __________________  Data_____________________

Notice: Please attach a copy of your Federal Income Tax return.