



# The City of REVERE, MASSACHUSETTS

DEPARTMENT OF PLANNING & ECONOMIC DEVELOPMENT

281 Broadway, Revere, MA 02151

Brian Arrigo  
Mayor

## HOME IMPROVEMENT PROGRAM OVERVIEW

### DESCRIPTION:

The Community Development Block Grant Program will be administered by the City of Revere will provide zero (%) 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:

family of 1	54,750	family of 5	84,450
family of 2	62,550	family of 6	90,700
family of 3	70,350	family of 7	96,950
family of 4	78,150	family of 8	103,200

**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.

**ROLE 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 insure 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

HOMB IMPROVEMENT PROGRAM

THE FOLLOWING DOCUMENTATION SHOULD BE SUBMITTED ALONG WITH COMPLETED APPLICATION.

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

DBED

PROPERTY INSURANCE

CREDIT CARD STATEMENTS (LAST STATEMENT)

CAR LOAN (LAST STATEMENT)

BANK LOANS (LAST STATEMENT)

MORTGAGE STATEMENT (MOST CURRENT)

TENANT AFFIDAVIT

CONTACTOR 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)

email address \_\_\_\_\_

year built \_\_\_\_\_

FOR OFFICIAL USE ONLY	
Received:	_____
Census Tract:	_____
CDM #:	CDBG# _____

**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? \_\_\_\_ yes \_\_\_\_ no  
(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.

Name	Age	Social Security #	Annual Wages, Tips	Employer Name, Address and Phone

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

- American Indian/Alaskan 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 pensions/retirement, veterans benefits, welfare, interest or dividends on stocks or bank accounts):

Name	Type of Income (A)	Annual Amount of Income (A)	Type of Income (B)	Annual Amount of Income (B)

Do you rent out one or more apartments in your home?

Rental Income (Annual Gross Rental Income)	\$
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Please provide the following information about your household assets.

Type of Asset	Total Value	Notes
Checking Account (please write name of bank in "notes" column)	\$	
Other Checking Account	\$	
Savings Account (please write name of bank in "notes" column)	\$	
Stocks and Bonds	\$	

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

Type of Asset	Total Value	Notes
Other Real Estate (first property)		
Other Real Estate (second property)		

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

Liability	Monthly Payment	Unpaid Balance	Account Number	Lender or Bank
Mortgage	\$	\$		
Second Mortgage	\$	\$		
Car Loan	\$	\$		
Car Loan	\$	\$		
Main Credit Card	\$	\$		
Credit Card	\$	\$		

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

Expense	Monthly Cost	Expense	Monthly Cost
Mortgage	\$	Water/Sewer	\$
	\$	Other utilities (oil, electric, etc.)	\$
Property Taxes	\$	Other	\$
Property Insurance	\$	<b>TOTAL PROPERTY EXPENSES</b>	\$

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.

Unit Number	Tenant Name	Number of Occupants	Monthly Rent
			\$
			\$
			\$
			\$

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

**EXTERIOR**

**INTERIOR**

- Steps, stairs
- Porches
- Doors
- Roof
- Gutters/Drains
- Foundation
- Chimneys
- Siding/clapboards
- Paint
- Masonry

- 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.

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(CDBG)

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If there is any additional information you would like to be considered in the evaluation of this application, please write it below.

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**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 \_\_\_\_\_

**ATTACHMENT 1**

**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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- Black(not of Hispanic origin)
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- 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 pensions/retirement, veterans benefits, welfare, interest or dividends on stocks or bank accounts):

Name	Type of Income (A)	Annual Amount of Income (A)	Type of Income (B)	Annual Amount of Income (B)

**ATTACHMENT 2**

**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

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**TO BE FILLED OUT BY EMPLOYER**

Note: The applicant above has applied for financial assistance under the Home 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

TENANT REQUEST FOR INFORMATION

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 781-286-8187

