

FRAMINGHAM HOUSING REHABILITATION ASSISTANCE PROGRAM

The following is a list of information needed to determine income-eligibility for Program assistance. Please provide all *applicable* information with your completed application.

Income Tax Documentation:

___ Copies of 3 most recent years of *signed* income tax (both MA and IRS) documents (1040, 1098, All schedules) including W-2 forms and 1099 statements. In the event a tax document is missing in part or in whole, a transcript or certified copy may be requested from the IRS.

___ If self employed, include year-to-date Profit and Loss statement and last four (4) quarterly tax payment documents

Financial Institution Account Information:

___ Copies of checking account statements for the **last six (6) months**

___ **Most recent statement** of saving account(s), IRA, stocks/bonds, annuities, CDs, mutual funds, money market accounts, etc.

Verification of Income:

Last 12 months of:

___ Payroll stubs (3 months) and W-2 or Signed Employment Verification Form (by Employer)

___ Alimony

___ Child support

___ Social Security

___ Pension

___ Social Security Disability Insurance (If not receiving SSDI, applicant may be required to submit evidence of disability)

___ Unemployment

___ Government assistance

___ Other (identify): _____

___ Rental income (provide copy of lease and checks received from tenant(s))

Liabilities:

Provide copies of most recent statement(s):

___ Auto loan/lease(s)

___ Credit card(s)

___ Personal loan(s)

___ Department store(s)

___ Other (identify) _____

Housing Expenses:

Provide copies of most recent statement(s):

___ Mortgage(s)

___ or evidence of mortgage discharge

___ Fire/hazard insurance

___ Real estate taxes

___ Water/sewer

___ Gas

___ Oil

___ Electric

Additional Documents (signed):

___ Deed

FRAMINGHAM HOUSING REHABILITATION PROGRAM APPLICATION
for income-eligible owners of single and two-family residential structures and owner-occupants of condominium units

HOUSEHOLD INFORMATION:

Applicant

Co-Applicant

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Ethnicity: Hispanic or Latino: Yes _____ No _____

Race: _____ White _____ Black or African American _____ American Indian/Alaskan Native
_____ Asian _____ Native Hawaiian or Other Pacific Islander

Number of persons currently residing in dwelling unit: _____

Number of children under age 6 residing in dwelling unit: _____

Number of persons with disabilities currently residing in dwelling unit: _____

Female head of household Yes _____ No _____

PROPERTY INFORMATION:

Name(s) on deed: _____

Number of units (only one and two-family residential structures are eligible for assistance): _____

If you have a rental unit, is the unit currently occupied? Yes _____ No _____

Current monthly rent from unit: (Provide copy of lease and evidence of deposits of rent)
\$ _____

Number of persons currently residing in rental unit: _____

Number of children under age 6 residing in rental unit: _____

PROJECT WORK

Briefly describe the work that requires Program assistance.

ANNUAL INCOME INFORMATION

<i>List gross dollar amounts</i>	<i>Applicant</i>	<i>Co-Applicant</i>
Wages, salary, tips	\$	\$
Business income (self-employed)	\$	\$
Social Security	\$	\$
Pension	\$	\$
Alimony	\$	\$
Dividends and interest	\$	\$
Non-taxable income	\$	\$
Social Security Disability Insurance	\$	\$
Other (describe)	\$	\$

HOUSING EXPENSES	<i>Monthly</i>	<i>Quarterly</i>	<i>Annual</i>
Mortgage (balance \$)	\$		
Homeowners' Insurance			\$
Real Estate Taxes		\$	
Water/Sewer		\$	
Gas and/or Oil	\$		
Electricity	\$		
Other (describe)	\$		

ASSETS

Checking account:

Bank name: _____

Account number: _____

Balance: \$ _____

Savings account:

Bank name: _____

Account number: _____

Balance: \$ _____

Certificates of Deposit, mutual funds/stocks/bonds/401(k)/403(b) and additional accounts:

(Please attach additional sheet, if necessary)

Name of holder: _____

Account number: _____

Balance: \$ _____

Any real estate owned in addition to dwelling unit:

Location of real estate _____

Current market value: \$ _____ Mortgage balance: \$ _____

LIABILITIES

List all credit accounts and loans (credit cards, home improvements, department stores, auto, personal loan, etc.)

Creditor	Balance due	Monthly payment
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$

