

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 Or 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:

___ Deed (signed)

___ Photo ID

___ Social Security Card

___ Birth Certificate (s)

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: Account number: _____
 Bank name: _____ Balance: \$ _____

Savings account: Account number: _____
 Bank name: _____ Balance: \$ _____

Certificates of Deposit, mutual funds/stocks/bonds/401(k)/403(b) and additional accounts:
 (Please attach additional sheet, if necessary) Account number: _____
 Name of holder: _____ 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.	\$	\$

By signing below, Applicant(s) requests the City of Framingham's Community Development Office to review this application for the purpose of determining eligibility to receive funding assistance through the Framingham Housing Rehabilitation Program. Applicant acknowledges that such eligibility determination may include without limitation, the acquisition of credit reports and the verification of income and deposits. Applicant declares that they have read and understand the guidelines of the Program. Applicant authorizes the Framingham Housing Office to use before and after photographs and/or videos of the repaired/restored property for promotional or informational purposes. Applicant acknowledges and agrees that Applicant's statements are true, correct, and complete to the best of their knowledge.

Applicant

Date

Co-Applicant

Date