Essex County Habitat for Humanity®

building strength, stability and self-reliance through shelter

Dear Homeowner:

In order to determine the type and amount of assistance your property may be eligible for; you must submit copies (not originals) of the documentation listed below. Applications will **not** be processed without copies of the necessary documentation. If an item listed below does not apply to you, please write N/A. To submit your completed application, you can either email it to wil@essexcountyhabitat.org or mail it to**: Essex County Habitat, 14 Park Street, Danvers, MA 01923**

Application for Assistance Checklist - Peabody Homeowners

- ☐ Completed Application for Assistance
- ☐ Copy of homeowner's insurance policy
- ☐ Copy of Property Deed with Book and Page numbers or Bill of Sale
- ☐ Paid property tax receipt
- ☐ Proof of paid water/sewer charges
- ☐ Income Documentation:

Employed:	Twelve (12) weeks of pay stubs for *all* members of the household over the age of eighteen who are working.
Self-employed:	Most recent certified tax returns.
Unemployed:	Copy of unemployment checks. Letter from unemployment office stating start date and amount of assistance.
Social Security:	Copy of most recent check or letter from Social Security Office stating amount of benefits.
Public Assistance:	Copy of check as well as letter from welfare office stating amount of assistance.
Pension/Disability:	Copy of latest check and letter from company or Social Security stating amount of benefits.
Rental Income:	Copy of 2 months rent receipts.
Full Time Students:	Letter from school stating current enrollment status.

- ☐ Copies of **all** Savings Passbook or Savings Statement for the past 6 months
- ☐ Copies of **all** Checking Account Statements for the past 6 months
- ☐ Copies of the most current Federal Tax Returns for the past 2 years
- ☐ If property is mortgaged, copy of current Mortgage Statement

PLEASE RETURN CHECKLIST WITH COMPLETED APPLICATION

CRITICAL HOME REPAIRS: APPLICANT(S) INFORMATION

Applicant Name: _____ Co-Applicant Name: _____

Social Security #: _____ Social Security #: _____

Address: _____ Address: _____

_____ _____

Home Phone: ( ) _____ Home Phone: ( ) _____

Marital Status: _____ Marital Status: _____

Number of persons in household _____ (List names, ages and relationship below)

Name:	Age:	Relationship:

Have you previously received rehabilitation assistance through the town? ☐ No ☐ Yes

If yes, please provide program name (s) and year (s) you received assistance.

Program: _____ Year: _____

_____ _____

_____ _____

How did you hear about the Critical Home Repair Program?

☐ Senior Center ☐ Social Media ☐ Through the city

☐ Other (please specify) _____

SOURCES OF INCOME

A. EMPLOYMENT INFORMATION

Please complete this section for **ALL** household members age 18 and over. You must include both ***full*** and ***part*** time employment. ***(Please list additional employers on a separate sheet.)***

1. Name: _____

   Employer: _____ Employer Phone: _____

   Employer Address: _____

   Start Date of Employment: _____ Hourly Wage: $ _____

   Annual Earnings (including overtime, bonuses & tips): _____

2. Name: _____

   Employer: _____ Employer Phone: _____

   Employer Address: _____

   Start Date of Employment: _____ Hourly Wage: $ _____

   Annual Earnings (including overtime, bonuses & tips): _____

3. Name: _____

   Employer: _____ Employer Phone: _____

   Employer Address: _____

   Start Date of Employment: _____ Hourly Wage: $ _____

   Annual Earnings (including overtime, bonuses & tips): _____

B. OTHER SOURCES OF INCOME

SOURCE	AMOUNT RECEIVED PER MONTH	AMOUNT RECEIVED PER YEAR
Social Security:	$ _____	$ _____
S.S.I. Benefits:	$ _____	$ _____
Pension:	$ _____	$ _____
V.A. Benefits:	$ _____	$ _____
Retirement:	$ _____	$ _____
Disability:	$ _____	$ _____
Welfare:	$ _____	$ _____
Worker's Compensation:	$ _____	$ _____
Unemployment:	$ _____	$ _____
Alimony:	$ _____	$ _____
Child Support:	$ _____	$ _____
Rental Income:	$ _____	$ _____

ASSETS

An asset is a cash or non-cash item that can be converted to cash. Assets that must be reported include: savings accounts and the average six month balance of checking accounts; stocks, bonds, savings certificates, money market funds and other investment accounts (IRA, Keogh, etc.); contributions to company retirement or pension funds that can be withdrawn without retiring or terminating employment; lump-sum receipts such as inheritances, capital gains, lottery winnings, insurance settlements and other claims; personal property held as an investment; cash value of life insurance policies.

A. SAVINGS ACCOUNT (S):

Institutions(s): _____

Account Number (s): _____

Amount: _____

B. CHECKING ACCOUNT (S):

Institutions(s): _____

Account Number (s): _____

Amount: _____

C. AUTOMOBILE

Automobile (s): Make: _____ Model: _____ Year: _____ Value: $ _____

Make: _____ Model: _____ Year: _____ Value: $ _____

D. REAL ESTATE

Real Estate: Location: _____ Value: $ _____

Location: _____ Value: $ _____

E. OTHER ASSETS *(Please list any additional assets on a separate sheet)*

Household Member	Asset Description	Cash Value	Income from Assets
TOTALS		**$**	**$**

FINANCIAL RESPONSIBILITIES

A. MORTGAGE INFORMATION

Name and Address of Bank: _____

Mortgage Account #: _____ F.H.A. Insured Mortgage? ☐ Yes ☐ No

Monthly Mortgage Payment: $ _____ Are taxes included? ☐ Yes ☐ No

Original Mortgage Amount: $ _____ Unpaid Balance: $ _____

Do you have a second mortgage on the above property? ❑ No ❑ Yes (Please provide information below)

Name and Address of Bank and/or Mortgage: _____

Mortgage Amount: $ _____ Mortgage Account Number: _____

Home Insurance Carrier: _____ Policy #: _____

Agent's Address: _____

Agent's Telephone #: ( ) _____ Home Appraisal Amount: $ _____

B. YEARLY HOUSING EXPENSES

Insurance (if not included in mortgage payment) $ _____

Property taxes (if not included in mortgage payment) $ _____

Water and sewer charges $ _____

C. MONTHLY HOUSING EXPENSES

Submit copies of the most recent 12 months paid invoices for Oil, Gas and Electricity

Note: *Your utility provider can provide you with a printout*

Oil: $ _____ Electricity: $ _____

Gas: $ _____ Other: _____ $ _____

Please Specify

D. LIABILITIES

Please list all installment loans, credit accounts, home improvement loans, auto loans, school loans, personal loans, etc.

Note: *Do not list Mortgage Debt.*

Household Member	Name of Creditor	Account Number	Current Balance	Monthly Payment

PROPERTY INFORMATION

Address of Property to be Rehabilitated: _____

Owner(s) of Record: _____

Owner Address: _____

Contact Name: _____ Contact Telephone: _____

Type of Ownership: ☐ Individual ☐ Corporation ☐ Partnership ☐ Non-Profit ☐ Other

Length of ownership: _____ Years/Months Current Appraised Value: $ _____

Number of Units: _____ How many units are currently occupied? _____

Are the Real Estate Taxes and/or water and sewer bills paid and current? ☐ Yes ☐ No

REHABILTATION REQUIREMENTS

What year was the house built? _____ Is there Lead Paint in the home? ☐ No ☐ Yes ☐ Unknown

Has the property been inspected for the presence of lead paint? ☐ No ☐ Yes

If you answered yes, what year was the property inspected? _____ Please attach a copy of the report.

Has the property been deleaded? ☐ No ☐ Yes

If yes, please attach copy of the *Letter of Full Deleading Compliance.*

Is there a physically disabled person living in the home? ☐ No ☐ Yes

Does the home require modifications to allow easier access for that person? ☐ No ☐ Yes

Please **briefly** describe your repair requests: (*Please attach additional sheets as necessary.)*

_____

_____

_____

_____

_____

_____

Has the property been recently cited for Code Violations that have not been corrected to date? ☐ No ☐ Yes

If yes, please mark the type of Code Violation ☐ Building ☐ Health ☐ Electrical ☐ Plumbing ☐ Fire

An emergency is *a serious, unexpected situation that requires immediate attention in order to protect the family's health and safety and/or to prevent further structural damage.* Is your property in need of ***emergency*** repair(s)? ☐ No ☐ Yes Please describe. _____

_____

CONFLICT OF INTEREST STATEMENT

Applicant Name: _____ Co-Applicant Name: _____

Address: _____ Address: _____

I/We certify that my/our answers to the following questions are true and accurate to the best of my/our knowledge and belief and I/we understand that the word "you" includes the undersigned and the applicant for the grant, loan or other assistance and any principal thereof:

1. Are you presently or have you been in the last twelve months, an employee, agent, consultant, or elected appointed official of any agency (including the Town or the Department of Community Development and Planning) receiving CDBG and/or HOME funds directly or indirectly?

   Applicant: ☐ No ☐ Yes **Co-Applicant:** ☐ No ☐ Yes

   If you answered "No," you do not need to answer the remaining questions. Please sign below.

2. **Applicant:** Name of the agency? _____ Position: _____

   Co-Applicant Name of the agency? _____ Position: _____

3. Do you presently, or have you in the last twelve (12) months, exercised any functions or responsibilities with respect to CDBG and/or HOME activities?

   Applicant: ☐ No ☐ Yes **Co-Applicant:** ☐ No ☐ Yes

4. Do you presently, or have you in the last twelve (12) months, been in a position to participate in a decision making process to gain inside information regarding CDBG and/or HOME activities?

   Applicant: ☐ No ☐ Yes **Co-Applicant:** ☐ No ☐ Yes

5. If you answered yes to either question #3 or #4, are there factors that justify an exception to the conflict of interest provision?

   Applicant: ☐ No ☐ Yes (Please explain below) **Co-Applicant:** ☐ No ☐ Yes (Please explain below)

_____

_____

_____

_____

SIGNATURES:

Applicant: _____ Co-Applicant: _____

Date: _____ Date: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans in order to monitor the Town's compliance with equal credit opportunity and fair housing laws. While you are not required to supply this information, you are encouraged to do so. The law provides that a lender may neither discriminate on the basis of the information, nor on whether you chose to supply it. Under Federal regulations, the Town is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check the box below.

APPLICANT:

☐ I do not wish to provide this information.

Ethnicity:

☐ Hispanic or Latino

Race:

☐ White
☐ Black/African American
☐ Asian
☐ American Indian/Alaskan Native
☐ Native Hawaiian/Pacific Islander

Multi-Race:

☐ American Indian/Alaskan Native & White
☐ Asian & White
☐ American Indian/Alaskan Native
☐ American Indian/ Alaskan Native & Black/ African American
☐ Native Hawaiian/Pacific Islander
☐ Other Multi-Racial: _____

Sex: ☐ Male ☐ Female

CO-APPLICANT:

☐ I do not wish to provide this information.

Ethnicity:

☐ Hispanic or Latino

Race:

☐ White
☐ Black/African American
☐ Asian
☐ American Indian/Alaskan Native
☐ Native Hawaiian/Pacific Islander

Multi-Race:

☐ American Indian/Alaskan Native & White
☐ Asian & White
☐ American Indian/Alaskan Native
☐ American Indian/ Alaskan Native & Black/ African American
☐ Native Hawaiian/Pacific Islander
☐ Other Multi-Racial: _____

Sex: ☐ Male ☐ Female

PLEASE FILL IN APPROPRIATE NUMBER FOR EACH QUESTION BELOW:

A.	Number of persons		***Minority***, as defined by HUD, is one of the following: Hispanic or Latino, Black/African American (not Hispanic), American Indian/Alaskan Native, Asian or Native Hawaiian/Pacific Islander.
B.	Number of children under 6		
C.	Number of elderly (over 62 years of age)		
D.	Number of handicapped		
E.	Number of elderly handicapped		
F.	Number of ***minorities****		
G.	Female head of household?		

ACKNOWLEDGEMENT AND AGREEMENT

The applicant(s) certifies that all information provided in this application is true to the best of his/her knowledge and belief and no information has been excluded, which might reasonably affect a judgment regarding the applicant's eligibility. Signing this application will give the Town's Community Development Department and Essex County Habitat for Humanity the right to obtain verification from any source named herein.

ALL APPLICANTS MUST SIGN BELOW.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.C.

TITLE 18, SECTION 1001, PROVIDES

"Whoever, in any matter, within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies…or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than $10,000 or imprisoned not more than five (5) years or both."

Applicant's Signature _____ Date: _____

Co- Applicant's Signature _____ Date: _____