

***Property Owner Application & In-Take Forms***

***for***

***Veterans Housing Rehabilitation and***

***Modification Pilot Program***

**Revitalize Community Development Corporation**

1145 Main Street, Suite 107

Springfield, MA 01103

Tel: 413-788-0014 [www.RevitalizeCDC.com](http://www.RevitalizeCDC.com)

**Updated November 10, 2019**

 

**Veterans Housing Rehabilitation and Modificiation Pilot Program (VHRMP)**

**Department of Housing & Urban Development (HUD) Grant – 3 Years**

**Statewide across the Commonwelath of Massachusetts that will modify and rehabilitate over 50 military veteran family households**

The VHRMP program encompasses a range of eligible modification and rehabilitation activities. Activities will be related to identified needs among the eligible population. They will include, but are not limited to making physical modifications, such as wheelchair ramps, widening exterior and interior doors, reconfiguring and re-equipping bathrooms; making physical modifications, such as a bedroom or bathroom to allow the veterans’ caregiver (s), which may include the parent (s) or other family member (s) of the veteran, to live with the veteran, if the veteran’s disability prevents the veteran from living independently, rehabilitating the residence that is in a state of interior or exterior disrepair, including remedying identified safety hazards or ensuring adequate safety features (such as fire prevention); and carrying out other modification and rehabilitation activities to address the adaptive housing needs of the eligible veteran, if adequately justified and approved by HUD.

Revitalize CDC (RCDC) located in Massachusetts, is leading a partnership that includes: Bilingual Veterans’ Outreach Centers of Massachusetts, Inc., Massachusetts Association of Community Development Corporations, Springfield Partners for Community Action and the Public Health Institute of Western Massachusetts. VHRMP funds will be used to provide eligible veterans and their families with critical home repairs and modifications. Critical home repairs will include interior or exterior work to alleviate critical health, life and safety issues; reconfiguration of space, modification for accessibility; or extension of plumbing, mechanical or electrical systems on an existing structure.

Support for this program is provided by:



VETERAN APPLICATION

# I. VETERAN HOUSEHOLD INFORMATION

1. Name of VETERAN(s):

 Property Address:

 City, State, Zip Code:

 Home Telephone: \_\_\_\_\_ Work Telephone – Homeowner #1

 Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Homeowner #2

 Email address:

 How did you hear about the rehabilitation program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How many years have you lived and owned your home? \_\_\_\_\_\_\_\_\_\_\_

 Are you a military veteran, or a widow/widower of a veteran? Yes 🞏 No 🞏

 What branch of the service did you serve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 What was your rank? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VETERAN Information:**

Age: \_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male Female | Marital Status: \_\_\_Married \_\_\_Single \_\_\_\_Widowed

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disabled: YES NO | Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have DD214 YES\_\_\_\_ NO\_\_\_\_ Character of Service must be honorable condition

Are you receiving Chapter 115 Benefits from your city/town? YES NO

Race/ Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many children live in the home? \_\_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many other adults live in home? \_\_\_\_\_\_\_ Are they employed? YES NO Disabled? YES NO

How do you heat your home? ELECTRIC, NATURAL GAS, OIL, OTHER | I received Fuel Assistance last winter? YES NO

Electric Company Account#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Natural Gas Company Account#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Information**

 A. **All household members** must be listed below and the chart completely filled out.

Note: Information on age, sex, and race is requested by the Federal Government in order to monitor our compliance with civil rights laws. You are not required to furnish this information, but you are encouraged to do so. The law requires that we may not discriminate based on this information, nor whether you choose to furnish it. If you choose not to furnish this information, we are required under Federal Regulations to note race and sex on the basis of visual observation or name. If you do not wish to furnish information requested in the columns titled “Sex,” “Age,” and/or “Race” please check the box which follows:

 🞏 I do not wish to furnish information on sex, age, and/or race/ethnicity.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Household Members | Name | Sex | **Age** | **Race/Ethnicity:****1-White****2-Black/African American****3-Hispanic****4-Asian****5-American Indian/Alaskan Native****6-Native Hawaiian/Other Pacific Islander****7-American Indian/Alaskan Native & White****8-Asian & White****9-Black/African American & White****10-American Indian/Alaskan Native & Black/African American****11-Balance/Other** | **Physically (P), Mentally (M), or Sensory (S)****disabled? Please list below.** | **Estimated Gross Monthly Income** **Required for Veteran ONLY** |
| Veteran/Applicant #1 |  |  |  |  |  |  |
| Owner/Applicant #2 |  |  |  |  |  | \*N/A |
| Owner/Applicant #3 |  |  |  |  |  | \*N/A |
| Household Member “A” |  |  |  |  |  | \*N/A |
| Household Member “B” |  |  |  |  |  | \*N/A |
| Household Member “C” |  |  |  |  |  | \*N/A |
| Household Member “D” |  |  |  |  |  | \*N/A |
| Household Member “E” |  |  |  |  |  | \*N/A |

# \*N/A = Not Applicable

**II. PROPERTY INFORMATION**

 A. Are there currently any liens or attachments recorded against your property? If so, please explain.

 B. Have you been given a foreclosure/sale date notice within the past 90 days?

 C. Is your mortgage payment current?

D. Description of Work Needed:

|  |  |
| --- | --- |
| **Please Check All That Apply** | **Type of Repair** |
|  | Install wheelchair ramp |
|  | Widen exterior and/or interior doors |
|  | Reconfigure or requipping bathroom, i.e. grab bars |
|  | Removing doorway thresholds  |
|  | Installing special lighting, outlets |
|  | Install appropriate floor covering |
|  | Lowering countertops & cabinets |
|  | Physical modifications for a bedroom or bath on first floor |
|  | Insulation |
|  | Interior and/or exterior painting |
|  | Masonry repairs |
|  | Repairing or replacing steps and hand railings |
|  | Porch repair |
|  | Roof repair or replacement |
|  | New energy-efficient windows or doors |
|  | Heating system repairs, duct sealing |
|  | Energy Star appliances |
|  | Energy Audit including weatherization |
|  | Landscaping |
|  | Other, Please Describe: |

 **H. Year house was built?  *(Must be filled out.)***

##### III. VETERAN OWNER FINANCIAL INFORMATION

1. Monthly Expenses for Property to be Rehabilitated:

|  |  |
| --- | --- |
|  | **Monthly Payments** |
| Mortgage |  |
| 2nd Mortgage (if applicable) |  |
| Home Improvement Loans (if different from 2nd mortgage) |  |
| Taxes  **(note if included in mortage)** |  |
| Property Insurance **(note if included in mortgage)** |  |
| Water and Sewer |  |
| Owner-Supplied Utilities |  |
| Maintenance |  |
|  Total |  |

 Are you current on your existing mortgage? YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_

**IV. ADDITIONAL INFORMATION**

 Please submit the following information with your application.

 A. Application

 B. Income verification for Veteran household (for example: Pay stubs, SSI or SSDI benefit letter, pension statement, child supporter order, etc.). A waiver of confidentiality is attached. This must be filled out and returned so that we can obtain income information from those sources as listed and in order to determine your eligibility with this program. If self-employed, a certified IRS tax return must be provided. Call our office to receive Form 8821 (Request for Copy or Transcript of Tax Form). **IRS Form 1040 is REQUIRED**

 C. Copies of three (3) months most recent bank statements

 D. Copy of government issued photo I.D.(s)

 E. Copy of most recent Mortgage Statement with proof of payment

 F. Copy of current homeowners insurance policy (Declaration/Binder Page) and proof of payment

 G. Certification of title/apparent property ownership.

 H. Tax collector’s certification (***ONLY*** if outstanding assessments are due the city/town, payment of all or partial of the outstanding balance may be required as a condition of receiving assistance).

**SUBMIT COPIES ONLY – NO ORIGINAL DOCUMENTS**

**CERTIFICATION STATEMENT**

I understand that the information given in this application will be used only to determine eligibility for this program and will otherwise be treated as confidential. I consent to inspections of my property by program staff and building and other inspectors. I further state that the information in this application has been given freely and is true to the best of my knowledge. **It is my understanding that falsification of income information may lead to dismissal of the program**.

I certify that all statements are true, accurate and complete to the best of my knowledge and belief. This application shall remain the property of Revitalize CDC, to which it is submitted for the purpose of obtaining assistance.

I hereby consent to and authorize Revitalize CDC, after giving reasonable notice, to enter the property for the purpose of determining the need and scope of the repair(s) specified above. I authorize the disclosure of the above information to only those persons or agencies as necessary to secure the assistance for which this application is submitted

 Signature Date

(Note: All veterans and owners of record must sign below. For example, if you and your spouse jointly own your home, both of you must sign below.)

Signature Date

Signature Date

Signature Date

### Page 1 of 2

## AUTHORIZATION AND WAIVER OF CONFIDENTIALITY

To: Revitalize Community Development Corporation

 1145 Main Street, Suite 107

 Springfield, MA 01103-2152

This is to notify recipient that I, , who reside at:

#  Name and last 4 of Social Security Number

(address) here-by authorize the staff of

  **Revitalize Community Development Corporation** to request my records and information about me, including the amount and source of my income for the time

period:  **.**

 Signature Date

 Signature Date

**APPARENT PROPERTY OWNERSHIP**

Property Location:

Listed Owner(s) of Record:

Name: Address:

Name: Address:

Based on information that the Assessor’s Office has on file or which has been provided from an outside source, the above individual (s) are shown as owner(s) of record for the subject property as listed at the County Registry of Deeds, , Massachusetts in:

Book # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*My signature below does not confirm or deny the accuracy of this information, but serves only to concur that this is the information that is listed in our records. Neither this office, nor the town as a whole, assumes liability in the accuracy of the information provided. A Certification of Title can only be obtained through a formal title search in order to certify that the homeowner is the owner of the property.*

Signature Title

Date

**TAX COLLECTOR’S CERTIFICATION**

**Property**

 Street:

 City/Town:

Owner of Record:

|  |  |  |
| --- | --- | --- |
| **Item** | **Status** | **Comment** |
| Water Assessment |  |  |
| Sewer Assessment |  |  |
| Municipal Electric Light  Assessment |  |  |
| Real Estate Taxes |  |  |
| Other (describe):    |  |  |

Tax Collector (Signature)

Tax Collector (Name)

Date

**Tax collector’s certification (*ONLY* if outstanding assessments are due the city/town, payment of all or partial of the outstanding balance may be required as a condition of receiving assistance).**

#### VETERANS HOUSING REHABILITATION AND MODIFICIATION PILOT Program Eligibility Release Form

*Revitalize Community Development Corporation*

*1145 Main St, Suite 107, Springfield, MA 01103*

*Purpose*: Your signature on this Veterans’ Housing Pilot Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes Revitalize CDC to obtain information from a third party relative to your eligibility and continued participation in the: Veterans’ Housing Rehabilitation & Modification Pilot Program.

*Privacy Act Notice Statement*: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant’s eligibility in a HUD Program and the amount of assistance necessary using HUD funds. This information will be used to establish level of benefit under the HUD Program(s) for which applicant has applied; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval.

The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

*Instructions:* Each adult member of the household must sign a Veterans’ Program Eligibility Release Form prior to the receipt of any benefit.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 8821, “REQUEST FOR COPY OF TAX FORM” MUST BE PREPARED AND SIGNED SEPARATELY.

Head of Household—*Signature, Printed Name, and Date:*

Family Member HEAD

 **X**

Other Adult Member of the Household—*Signature, Printed Name, and Date:* Family Member #3

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Information Covered***: Inquiries may be made about items initialed by applicant/tenant.**

|  |  |  |
| --- | --- | --- |
|  | **Verification Required** | **Initials** |
| **Income (all sources)** |  |  |
| **Assets (all sources)** |  |  |
| **Property Insurance** |  |  |
| **Child Care Expense** |  |  |
| **Handicap Assistance Expense (if applicable)** |  |  |
| **Medical Expense (if applicable)** |  |  |
| **Other (list)** |  |  |
| **Dependent Deduction** **Full-Time Student** **Handicap/Disabled Family Member** **Minor Children** |  |  |

*Authorization:* I authorize the Revitalize CDC and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

1. A photocopy of this form is as valid as the original.
2. I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
3. I have the right to copy information from this file and to request correction of information I believe inaccurate.
4. All adult household members will sign this form and cooperate with the owner in this process.

Other Adult Member of the Household—*Signature, Printed Name, and Date:* Family Member #2

**X**

Other Adult Member of the Household—*Signature, Printed Name, and Date:* Family Member #4

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Contact Information for Verification of Income and Assets

Please provide contact information for all household employers and bank accounts.

#### Income

Employer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contact person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Assets

Bank Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contact person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contact person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contact person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Revitalize Community Development Corporation Statement**

Revitalize CDC promotes equal opportunity and non-discrimination in compliance with, but not limited to, the federal and state constitutions and legislation and regulations addressing discrimination, including the Fair Housing Act and implementing regulations at 24 CFR part 100, Title VI of the Civil Rights Act of 1964 and implementing regulations at 24 CFR part 1, Section 504 of the Rehabilitation Act of 1973 and implementing regulations at 24 CFR part 8, and the Age Discrimination Act and implementing regulations at 24 CFR part 146, Executive Order 11,063, Chapter 151B of the Massachusetts General Laws, and the Massachusetts Equal Rights Law, Mass. G.L. c. 93, 103.

In accordance with Federal civil rights law and RCDC policies, RCDC offices, board of directors, committee members and employees, participating in or administering RCDC programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity, sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, or political beliefs.

Revitalize CDC will not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, age, or disability.

