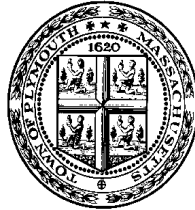


TOWN OF PLYMOUTH
Office of Community Development
11 Lincoln Street
Plymouth, MA 02360

FAX: 508-830-4140

PHONE: 508-747-1620, ext. 148 and 149



Dear Plymouth Property Owner:

Thank you for your interest in the Housing Rehab Program. Enclosed you will find a loan application, a checklist of all the documents required to process your application, and the most current program description. You should read all of this carefully before you apply. If you decide to seek assistance through the program, please be sure to submit a completed, signed and dated application as soon as possible.

As the Housing Rehab Program uses public funds to assist low and moderate income families improve their homes, our mortgages are written **as 2% deferred payment loans** which you do not have to repay until you sell or transfer the property, or no longer occupy it as your primary residence. Credit is considered, but poor credit does not usually result in denial of assistance provided your property needs work that is eligible under the guidelines.

Because this service is designed to be affordable to low-income households, we are required to verify your income and that of any tenants who live in a rental unit on your property (if applicable).

In addition to verifying your income, we will also run a title search to be certain you have clear title to the property. If there are problems with the title, you will be responsible to clear it up before we can move forward.

You may mail or drop off your application package at our office from 8 to 4:30 weekdays.

Sincerely,

Nancy A. Spivey
Programs Coordinator

Town of Plymouth
Office of Community Development

HOUSING REHAB PROGRAM
(program description)

*Helping needy families
throughout Plymouth
improve their homes
with affordable loans
and technical assistance
in designing and
managing a cost-effective
quality housing rehabilitation
project*

For further information:

Community Development Office
11 Lincoln Street
Plymouth, MA 02360

508-747-1620
ext. 148 & 149

Paid for by
the Department of Housing and Urban Development
(HUD)

Housing Rehab

Plymouth Community Development has administered a Housing Rehab Program since 1988, with funding from the Department of Housing and Urban Development (HUD). The grants we receive are part of The Office of Community Planning and Development's Community Development Block Grant Program.

The Housing Rehab Program offers an affordable rehabilitation loan program to eligible households throughout the town of Plymouth. Eligibility is based on federal income guidelines, which are shown in the attached documentation. In general, a household with earnings at or below the guidelines listed and which needs certain types of work will be found eligible for the program, as long as clear title can be established.

There are many rules and regulations governing our program, and on occasion an income-eligible household may be denied a Housing Rehab loan. Applications are reviewed on a case by case basis so that program recipients receive the assistance they need to achieve safe, decent and sanitary housing.

Housing Rehab help is available by calling the Community Development Office Monday – Friday. 8 A.M. to 4:30 P.M.. We will guide you through the income verification process required by federal guidelines, and inspect your home to see if the repairs you need can be done with our funds.

Homes rehabilitated must be **owner-occupied primary residences** in the Town of Plymouth.

Loans.....Not grants.....

Many people think of Housing Rehab funding as a grant. This is because the financial help we offer does not have to be paid back on a monthly basis like conventional loans. Instead, our loans are offered on a *deferred* basis – deferred until you sell or transfer ownership of your home, at 2% interest.

This feature of the program makes our loans affordable to even the most needy families. Although credit is evaluated during the application process, poor credit will not usually interfere with an applicant's eligibility for a loan. Still, it is important to remember that a Housing Services Program loan will eventually be repaid to the Town of Plymouth.

All of our loans are secured by a mortgage lien that is recorded at the Registry of Deeds.

In cases of dire need, small grants are available to do emergency repairs. This is only done in cases where immediate remediation is required to correct health or safety code violations. Grants will be repayable if the home is sold within 5 years. After 5 years, they are forgiven.

Remember, you must own the home, it must be your primary residence, and you must fall within the income guidelines. We will only allow necessary repairs, not additions or remodeling.

We cannot do your project if you already have a second mortgage.

Hiring Contractors

An important feature of the Housing Rehab Program is technical assistance to participants. We not only finance loans, but help design your project, obtain competitive construction bids, write contracts, and oversee the rehabilitation work.

Community Development maintains a list of approved contractors. Unless a contractor has applied to participate in our program, he/she cannot bid on a project.

Our contractors are required to carry liability insurance and where applicable, Worker's Compensation insurance. They must have a valid Massachusetts Construction Supervisor's license, and they must provide acceptable trade and client references.

The Housing Rehab Program is strict about enforcing contractor participation standards so that clients can continuously anticipate quality workmanship at an affordable price.

Program Eligibility

1. Income:

Income limits are established by HUD. The current income limits chart is enclosed in this package. If you are uncertain if you qualify, we would be happy to help you.

2. Type of Work:

Does your home need new plumbing, wiring, roofing, siding, windows? If your house was built before 1978, do you have lead paint that needs to be removed? Has your septic system failed? Does your home have features that are unsafe or do not meet current building code requirements? These are examples of non-cosmetic, eligible improvements that can be financed through the Housing Rehab Program.

*** Please note that HUD requires that any project we do must be certified as lead-free when it is completed. If your home has lead paint, it must be abated as part of your rehab project.**

Income Guidelines for Housing Rehab Loans:
2008 Income Limits

household size	max. income
1	\$46,300.00
2	\$52,950.00
3	\$59,550.00
4	\$66,150.00
5	\$71,450.00
6	\$76,750.00
7	\$82,050.00
8	\$87,350.00

Checklist of Required Documents:

- Application, signed & dated
- Deed
- Tax bill
- Prior yrs. complete federal tax return
- Pay stubs (13 weeks or year-to-date)
- Verification of other income (child support, pension, etc.)
- Water, sewer bill
- Coverage Selections Page/Homeowners' insurance
- Mortgage Statement
- Bankruptcy Discharge, if applicable

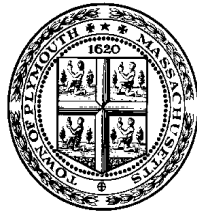
PLEASE SUBMIT COPIES, NOT ORIGINALS, OF THE ABOVE DOCUMENTS.
WE CANNOT BE RESPONSIBLE FOR ORIGINAL DOCUMENTS.

***You will be receiving a 2nd mortgage from this office. If you already have a second mortgage or an equity line, we cannot do your project.**

***If at any time in the future you refinance your 1st mortgage, the lender will ask us to "subordinate" our loan. We will only do this if you are attempting to get better terms, i.e. a lower rate. We will not subordinate to a debt-consolidation loan.**

HOUSING REHAB LOAN

APPLICATION



**Please return to Office of Community Development
11 Lincoln Street
Plymouth, MA 02360**

TOWN OF PLYMOUTH
Office of Community Development
HOUSING REHAB PROGRAM

Mortgage Loan Application: Owner-Occupied Dwellings

Instructions to Applicant: Complete this application in pen. Incomplete applications will be returned for further information. Do not leave any items blank. If you need assistance completing this form, please call Community Development at (508)747-1620, ext. 148 or 149.

PART I: Personal Information about Borrower/Co-Borrower

Applicant: _____
Social Security #: ____ - ____ - ____ Date of Birth: _____
Home Telephone Number: _____
Work Telephone Number: _____ (Is it okay to call you there? _____)
E-mail address: _____
What is the best way for us to reach you? ____ e-mail? ____ telephone?
Street Address: _____

Mailing Address (if different): _____

*Co-Applicant: _____
Social Security #: ____ - ____ - ____ Date of Birth: _____

Address, if Different from Applicant: _____

***NOTE: All persons on the deed must sign loan documents.**

PART II: Household Size and Income Information

A. Household Characteristics

Total Number of Persons Living in Household: _____
Age(s) of persons in Household: _____, _____, _____, _____, _____, _____, _____

Is anyone in your household handicapped? Yes ____ No ____ If yes, please indicate type of handicap: _____

For Total Household, from ALL Sources:

Current Year, Anticipated Gross Income: _____ (estimate)
Last Year, Gross Income: _____

B. Sources of Household Income:

Please **circle** all sources that apply to your household. By **“household”**, we mean **all persons living in your housing unit**. We do not mean persons in a tenant-occupied housing unit on your property. Tenant income is covered in Part IV.
We do not include income earned by full-time students.

Employment	Social Security	AFDC
Rental Income	SSI (handicapped)	Private Pension Funds
Disability Income	Child Support	Other Retirement
Workman’s Compensation	Alimony	
Unemployment Compensation	Other (describe): _____	

C. If working, Employment Information about Borrower and Co-Borrower:

1. Borrower Employed By: _____
Address: _____
How Long There? _____
Position held? _____
2. Co-Borrower Employed By: _____
Address: _____
How Long There? _____
Position held? _____

Assets Description:

Do you own any Real Estate other than primary residence? _____
Explain: _____

What is the current balance in your savings account? _____ (estimate)
Name of Bank: _____

What is the current balance in your checking account? _____ (estimate)
Name of Bank: _____

Other Assets? Describe: _____

PART III: Monthly Household Expenses

* Please provide complete address, including zip code.

1. **Mortgage Payments:**

First: monthly payment: \$ _____ Balance: \$ _____
Account # _____
Lender: _____
Mailing Address* _____

NOTE: If you have a second mortgage, we cannot do your project. We cannot be in 3rd position.

2. **Property Taxes:** \$ _____ a year Included in mortgage? _____

3. **Property Insurance:** \$ _____ Included in mortgage? _____

4. **Automobile Loans (only list vehicles on which you have a loan)**

First Vehicle: Make: _____
Loan Payment: \$ _____ Acct. #: _____
Lender: _____
Mailing Address* _____

Second Vehicle: Make: _____
Loan Payment: \$ _____ Acct. #: _____
Lender: _____
Mailing Address* _____

5. **Charge Accounts/Personal Loans:**

Name of Creditor	Mailing Address	Account #	Payment	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PART IV: Property Information

Applicants must attach a **copy of their deed** and a copy of the current Town of Plymouth property tax bill. We will check the title prior to inviting contractors to bid on this project. Any title issues will need to be resolved before we can move forward.

Owner(s) listed on deed: _____

Years you have owned the property: _____ Age of the structure: _____

Is your property located in a flood hazard area? Yes No

To your knowledge, is there any lead-based paint in your home? Yes No
According to recent HUD regulations, if there is lead paint in your home, we **must bring your home into compliance** as a part of your rehab project.

Is your home hooked up to the town's water system? Yes No

sewer system? Yes No

Have you ever had a bankruptcy? Yes No Date: _____

If so, was it discharged? Yes No

Can you provide documentation** to support the discharge? Yes No

**Please attach a copy of the Discharge Letter.

PART V: Applicant/Household Statistics

The following information is requested for internal records and monitoring purposes only. This information is *strictly confidential* and will be maintained in the applicant's file. Civil rights data is used by funding agencies to monitor compliance with affirmative action laws, to identify the needs of minority and affected-class households, and may help design programs especially suited to assisting those protected by equal opportunity and anti-discrimination requirements of federal and state law.

You are not required to complete this section, and the Office of Community Development's action on your application will not be in any way affected by your decision to leave this section blank. Your answers will be helpful to us.

of elderly occupants (age 65 and older): _____

of dependent children: under 7 years: _____ 7-10 years _____ 11-18 years _____

Racial composition of household:

- Black/African American
- Asian/Pacific Islander
- Native American/Aleutian
- Hispanic/Latino
- White

Single Parent Head-of-Household? Yes

No

of Handicapped Persons: _____

Thank you.

**PART VI: Acceptance of Program Regulations and Conditions,
And Signatures**

All applicants for Housing Rehab Program financing must read the Program Description that accompanies this application, the terms and conditions of which are incorporated by reference herein. In signing this application, all Borrowers are agreeing to the regulations and conditions set forth in the Program Description. Failure to abide by Program Regulations may result in termination of any benefits originally awarded by the Office of Community Development.

I/We certify that we have read the Housing Rehab description, that I/We fully understand its requirements, and agree to abide by them. Furthermore, I/We certify that all the information provided in this application is true to the best of our knowledge, and I/We will sign all necessary authorizations so as to allow the Office of Community Development to verify responses provided herein. I/We realize that this application is not complete until the Office of Community Development is in receipt of all Verification Forms.

Applicant

Date

Co-Applicant

Date

* Please note that all persons named on the deed to the property must be co-signers on the loan documents.

PART VII: Supplement to Owner-Occupied Loan Application

(if you have a rental unit on your property)

About Your Tenants:

If you own a home that needs rehabilitation and you rent or lease any rooms or separate apartments in the building, complete the following:

of units/rooms rented in structure: ____ rooms OR _____ separate rental units

You must furnish the information requested below about each tenant household living on your property. Attach a separate sheet of paper if you have more than one rental unit.

Tenant's Name: _____

Mailing Address: _____

_____ Phone # _____

If the tenant works, name of employer: _____

If the tenant does not work, check applicable source(s) of income:

- AFDC
- Social Security
- SSI
- Other (please specify): _____
- Private Pension Fund
- Other retirement System
- Unemployment Compensation
- Disability Income
- Child Support
- Alimony

Amount of monthly rent: \$ _____

Does the monthly rent include utilities? _____

Do the tenants have a Section 8 Certificate? _____

How many children under age 7 live in the unit or room? _____

Does your tenant know that you plan to make improvements on the property? _____

I/We understand that the Housing Services Program requires Verification of the household income of my tenants, and that my tenants will receive information from the Office of Community Development concerning this loan application.

Applicant

Date

Co-Applicant

Date

Authorization to Share Information

I/We hereby authorize the Office of Community Development to share my name, address, phone number and the fact that I have applied for assistance through the Housing Rehab Program with professionals as needed to achieve the goal of rehabilitating my property (i.e. engineers, lead paint inspectors, bidding contractors).

homeowner signature

date

homeowner signature

date

Please tell us what types of housing repairs you would like to see done on your property. This list is only to alert us to what *may* be needed.

THE ACTUAL WORK SCHEDULE WILL BE DETERMINED BY THE OCD REHAB SPECIALIST, WHO WILL DO AN INSPECTION TO IDENTIFY CODE VIOLATIONS AND THE MOST CRITICAL NEEDS.

- | | |
|--|--|
| <input type="checkbox"/> septic system | <input type="checkbox"/> siding |
| <input type="checkbox"/> plumbing | <input type="checkbox"/> electrical |
| <input type="checkbox"/> heating/furnace | <input type="checkbox"/> handicapped accessibility |
| <input type="checkbox"/> roof | <input type="checkbox"/> removal of lead paint |
| <input type="checkbox"/> chimney repair | <input type="checkbox"/> painting – interior |
| <input type="checkbox"/> porches/steps | <input type="checkbox"/> painting – exterior |
| <input type="checkbox"/> foundation | <input type="checkbox"/> windows |
| <input type="checkbox"/> floors | <input type="checkbox"/> insulation |
| <input type="checkbox"/> other: | |

Please be aware that we have limited funds available, and we may be forced to prioritize the work on your home.