

**HOUSING IMPROVEMENT PROGRAM
OWNER APPLICATION**

If you require assistance in completing this application, please contact the Palmer Community Development Department in person at Palmer Town Hall, 4417 Main Street, Palmer, or by phone by calling 413-283-2614.

Primary Contact Person: Name: _____ - Daytime Phone #: _____

Name of owner (as it appears on the Deed): _____

Residential Address: _____

Mail Address: _____

Telephone - Daytime: _____
Evening: _____

Name of owner (as it appears on the Deed): _____

Residential Address: _____

Mail Address: _____

Telephone - Daytime: _____
Evening: _____

Name of owner (as it appears on the Deed): _____

Residential Address: _____

Mail Address: _____

Telephone - Daytime: _____
Evening: _____

Address of Property to be rehabilitated: _____

Number of bedrooms in each unit –

Unit # _____ # of bedrooms _____
Unit # _____ # of bedrooms _____
Unit # _____ # of bedrooms _____

Unit # _____ # of bedrooms _____
Unit # _____ # of bedrooms _____

If this property is a multi-family complete the following for each unit:

Unit #: ____, is the unit occupied? ____, is the unit to be rehabilitated? ____

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Unit #: ____, is the unit occupied? ____, is the unit to be rehabilitated? ____

Is this property the principle residence of any owner listed above? ____ Yes ____ No

Are you or any family members employees of the Town of Palmer or have been an employee of the Town of Palmer within the last year? Yes ____ No ____

If yes, please explain: _____

For all persons residing in the owner's unit, complete the following information:

Name	Date of Birth	Sex	Soc. Sec. Number

Ethnic background of each person listed above, indicated by total number for each group

___ White ___ Black/African American ___ Hispanic ___ Asian ___ American Indian/Alaskan Native

___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White

___ Asian and White ___ Black/African American and White

___ American Indian/Alaskan Native and Black/African American ___ Other

Applicants acknowledge that this information is provided on a voluntary basis to enable monitoring and compliance with Federal laws prohibiting discrimination.

I do not wish to furnish this information

Check any or all of the following, which apply

___ # of units to be rehabilitated that are Handicap Units, _____ # of handicap units that are sensory impaired units, _____ # of units that are mobility impaired units

___ # of units to be rehabilitated that are Female Head of Household

Sources of Income: Refer to the Income Inclusion/Exclusion statement included with this application. For each resident, of the owner's unit, list the gross amount (before taxes and other deductions) each received from the following sources, during the past 12 months.

Wages:

Recipient	Source	Amount

Salaries:

Recipient	Source	Amount

Overtime:

Recipient	Source	Amount

Commissions:

Recipient	Source	Amount

Fees:

Recipient	Source	Amount

Tips:

Recipient	Source	Amount

Bonuses:

Recipient	Source	Amount

Other Employment Income:

Recipient	Source	Amount

If any resident of the owner’s unit is self-employed, attach the appropriate documents:

- **Sole Proprietorship** – attach IRS certified tax returns with Schedule C for the past two (2) years
- **Partnership** – attach IRS certified form 1065, 1064, and Schedule K-1 for the past two (2) years
- **Corporation** – attach IRS certified form 1120 for the past two (2) years
- **Shareholder** – attach IRS certified form 1120 and Schedule K-1 for the past two (2) years
- **Odd Jobs** – attach a notarized financial statement which includes a list of jobs performed, name and addresses of persons for whom work was done and all payments received for the eight (8) weeks prior to the date of application.

If you have employees you must also attach IRS certified form 941 for the past two (2) years.

Savings Accounts

Recipient	Bank Name	Interest Income last 12 months

Checking Accounts

Recipient	Bank Name	Interest Income last 12 months

Other Asset Income:

Description	Current value of	Income received last 12 months
Stocks		
Bonds		
Savings Certificates		
Money Market Funds		
Other Investment Funds		
All real property owned		
Capital investments		
Trusts		
IRA's		
Keough Accounts		
Other Retirement Accounts		
Company Retirement/Pension funds		
Assets which a member of the household has unrestricted access to		
Inheritances		
Capital gains		
Lottery winnings		
Insurance settlements		
Gems/jewelry held as an investment		
Coin collections held as an investment		
Antique cars held an investment		
Other investments		
Cash value of insurance policies		
Value of assets disposed of for less than fair market value during the past 2 years		

Non-employment income:

Description	Recipient	Amount received last 12 months
Social Security		
Annuity Payments		
Insurance Policy benefits		
Retirement fund benefits		
Pension fund benefits		
Disability or death benefits		
Other periodic benefits		
Lump sum payments for delayed start of benefits		
Unemployment benefits		
Worker's comp benefits		
Severance pay		
Other lump sum payments		
Welfare assistance		
Alimony		
Child support		
Regular contributions or gifts received		
Regular or special pay from Armed Forces		

Property Data:

- What is the age of the building? _____
- Have you ever received Community Development Block Grant (CDBG) assistance for this property?
 ___ Yes ___ No
- Briefly describe the improvements needed: _____

Personal debt – complete for each member of the owner's unit. Include car loans, credit cards, medical bills, etc.

Occupant name	Type/Creditor	Original Amount	Current Balance	Monthly payment

Property Expense Information:

Description	Original Amount	Current Balance	Monthly Payment
1 st Mortgage			
2 nd Mortgage			
Home Equity Loan			

Describe any liens on the property, which are not listed above. Include the amount of the lien.

Other property expenses:

Description	Estimated monthly payment
Property taxes	
Fuel oil	
Gas	
Electric	
Property insurance	
Water/Sewer	
Other	

Attachments:

In order for your application to be considered complete the following must be attached, when applicable.

- _____ Copy of the Deed
- _____ Copy of letter 1722 from the IRS for most recent tax year
- _____ If rental property is owned, an IRS certified copy of Form 1040 with Attachment E
- _____ If any resident of the owner's unit is a sole proprietor, a certified copy of Form 1040 from the IRS with Schedule C
- _____ If any resident of the owner's unit is part of a corporation, a certified copy of Form 1120 from the IRS
- _____ If any resident of the owner's unit is a shareholder, a certified copy of Form 1040, Form 1120 and Schedule K-1
- _____ Completed tenant survey, for each unit other than the owner's
- _____ Completed verification of employment forms for each employer for each resident of the owner's unit
- _____ Completed bank verification forms for each bank used by each residents of the owner's unit
- _____ Completed verification of loan(s) and/or mortgage(s) for each loan/mortgage secured by the property
- _____ Completed verification of public assistance for each agency for each resident of the owner's unit
- _____ Completed verification on non-employment income for each source of income for each resident of the owner's unit
- _____ Completed verification of financial investment for each institution for each resident of the owner's unit
- _____ Completed documentation of no income for each resident of the owner's unit claiming such

- _____ Completed verification of social security benefits for each resident of the owner's unit receiving benefits
- _____ Verification of property value for each town in which any resident of the owner's unit owns property
- _____ Completed federal income filing status – filing not required if applicable to the owners
- _____ Copies of birth certificates, custody agreements, adoption papers, for each child listed as a household member
- _____ Verification of student status for each child (over the age of 18) listed as a household member who is a full time student if applicable
- _____ Copies of birth certificates for each owner occupant over the age of 62
- _____ If the owner occupant is disabled provide documentation describing the nature of the handicap or disability and the income this person receives because of the disability or handicap
- _____ Signed Program Guide Receipt

Certifications: Each person whose name appears on the deed should initial all certifications below that are applicable.

1. All statements, in this application, are true, accurate and complete to the best of my/our knowledge and belief.

(initial) _____
2. I/We hereby consent to the verification of any information given in this application. I/We understand that the information given is confidential and will be used only to determine eligibility for this program.

(initial) _____
3. No resident shall be displaced as a result of financial assistance for rehabilitation.

(initial) _____
4. If any of the units to be rehabilitated are rental units, I/We will be required to sign a Rent Limitation Agreement. This agreement will be in effect for fifteen (15) years from the date of the Loan Agreement. This agreement shall set the base rent for each unit rehabilitated with CDBG funds at the current rent. If a unit is vacant the rent will be calculated taking into account the owner's share of the cost of the rehabilitation as well as operating expenses, but shall not exceed the Section 8 Existing Housing Program Fair Market Rents established by HUD for the area.

(initial) _____
5. If any of the units to be rehabilitated are rental units, I/We agree to notify the appropriate housing agencies of the availability of any units covered by the terms of any subsequent Rent Limitation Agreement and shall not refuse to rent to tenants holding Section 8 Existing Housing Certificates, Chapter 707 Certificates, or any other recognized voucher certificates, except for good cause.

(initial) _____
6. I/We hereby certify that it is our intent to continue to occupy this structure upon completion of the rehabilitation.

(initial) _____

7. I/We hereby certify that I/We will authorize all repairs necessary to correct or remove all health or safety hazards and all repairs necessary to bring the structure into compliance with applicable development standards and/or codes. **(initial)**_____

The Town of Palmer prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact the Town of Palmer's Community Development Department at (413) 283-2614. To file a complaint of discrimination write to Town of Palmer, Town Manager, 4417 Main Street, Palmer, MA 01069 or call (413) 283-2603. The Town of Palmer is an equal opportunity provider and employer."



All persons whose name appears on the deed to the property must sign below. If you have any questions, please call 413-283-2614.

Signature Date

Signature Date

Signature Date

Signature Date