

PROPERTY INFORMATION

Property Address: _____

| Name(s) on Deed of Property | Year Property Built |
|-----------------------------|---------------------|
| | |

What type of property is this?

Single Family

Multi-Family (# of units ____)

*If multi-family, please have completed tenant application included

LIST ALL DEBT AGAINST PROPERTY (For example: Mortgages, Judgements, Lines of Credit, Land Contracts, etc.)

| Name of Lender | Loan Number | Original Amount | Balance Due | Type of Loan |
|----------------|-------------|-----------------|-------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Name of Insurance Co: _____

Insurance Policy Number: _____

Name and Phone Number of Agent: _____

APPLICANT/OWNER INFORMATION

| Applicant | | | Co-Applicant | | |
|----------------------|-----|-----|----------------------|-----|-----|
| Name | DOB | Age | Name | DOB | Age |
| Mailing Address | | | Mailing Address | | |
| Daytime Phone Number | | | Daytime Phone Number | | |
| Email Address | | | Email Address | | |

ACKNOWLEDGEMENTS

For Lead Paint/Code Inspections

I/We _____ acknowledge that there will be a code and lead paint inspection that will be performed on my/our property located at _____.

If I/we do not choose to go through with the loan, I/we must correct these violations that are on these inspection reports in a reasonable time.

I/We hereby acknowledge the following inspections:

Full Lead Compliance

Code

Signature of Applicant

Signature of Co-Applicant

In order to assure compliance with the conflict-of-interest regulations governing the federal Community Development Block Grant (CDBG) program, set forth at 24 C.F.R. 570.611, and the conflict of interest law (Chapter 268A of the Massachusetts general Laws) the following Certification must be completed and signed by any person applying for any grant or loan or other assistance to businesses, individuals, or other private entities, supported in whole or part by CDBG funding, or funding under any programs sponsored by the Commonwealth of Massachusetts.

CONFLICT OF INTEREST CERTIFICATION

I certify that my answers to the following questions are true to the best of my knowledge and belief and I 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, officer, or elected or appointed official of any Agency (including the City of Malden or Malden Redevelopment Authority) receiving CDBG funds directly or indirectly from the City or the Authority?

Yes

No

If you answered “No” to question #1, you need not answer the remaining questions.

2. What is the name of the Agency with which you are, or have been, associated and what is, or was, your title?

Agency _____

Title _____

3. Do you presently exercise, or have you in the last twelve months exercised, any functions or responsibilities with respect to CDBG activities?

Yes

No

4. Are you presently, or have been in the last twelve months, in a position to participate in a decision making process or to gain inside information with regard to CDBG activities?

Yes

No

5. If you answered “Yes” to either question #3 or #4, are there any factors which you believed might justify an exception to the conflict-of-interest provision? If yes, please explain:

Yes

No

Signature

Date

BORROWER'S CERTIFICATION AND AUTHORIZATION

The undersigned certify the following:

- 1) I/We have applied for a mortgage loan from Malden Redevelopment Authority (lender). In applying for the loan I/We completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.
- 2) I/We understand and agree that Malden Redevelopment Authority (lender) reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
- 3) I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

Authorization to Release Information

To Whom It May Concern:

- 1) I/We have applied for a mortgage loan from Malden Redevelopment Authority (lender). As part of the application process, Malden Redevelopment Authority (lender) may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
- 2) I/We authorize you to provide to Malden Redevelopment Authority (lender), and to any investor to whom Malden Redevelopment Authority (lender) may sell my mortgage, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
- 3) Malden Redevelopment Authority (lender) or any investor that purchases the mortgage may address this authorization to any party named in the loan application.
- 4) A copy of this authorization may be accepted as an original.
- 5) Your prompt reply to Malden Redevelopment Authority (lender) or the investor that purchased the mortgage is appreciated.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if V.A.); by 12 USC, Section 1701 et. Seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. Seq., or 7 USC, 1921 et. Seq. (if USDA/FmHA).

(Borrower's Signature)

(Social Security Number)

The Malden Redevelopment Authority Housing Rehab Program
Grievance Policy/Dispute Resolution & Procedure

The MRA Program staff will be responsible for handling any initial grievance with a goal of resolving any issues between the Contractor and the Homeowner.

The Executive Director will be responsible for overseeing the investigation of any grievance or serious complaint lodged against the Contractor or Homeowner.

Grievances should be submitted to the Community Development Director in writing. Individuals interested in filing a grievance may contact the CD Director for assistance in doing so.

The CD Director has ten (10) business days to investigate the grievance and respond in writing to the party filing the grievance. The CD Director will gather all facts and information to the best of his or her ability. Persons named in the grievance shall be interviewed. The Executive Director will be notified of any grievance.

The CD Director will initiate a file that includes the original grievance, a report of findings, and a copy of the determination and notification. The outcome of the grievance will also be documented.

If the person or group filing the grievance does not agree with the outcome, an appeal may be filed with the Executive Director.

Assistance is provided, if necessary, to facilitate any individual in participating in this grievance process.

I have read and understand the grievance policy and procedure.

Signed: _____

Date: _____

Witness: _____

Protection of Occupants' Belongings and Worksite Preparation for Projects with Lead Hazard Reduction Activities

Instructions: Check all activities to be performed to protect occupants' belongings and prepare the worksite. This document will be issued to all occupants and followed up during rehab process by MRA staff in order to maintain occupant protection and safe work practices.

Whether or not temporary relocation of occupants is required before and during lead hazard reduction activities, the worksite must be carefully prepared and occupants' belongings protected. Check all that apply.

- Occupants were appropriately notified that their belongings would be protected during the work and what, if anything, they would need to do to prepare for the project.
- Occupants' belongings in the containment area are to be relocated to a safe and secure area outside the containment area.
- Occupant's belongings are to be covered with an impermeable covering with all seams and edges taped or otherwise sealed.
- Worksite is to be prepared to prevent the release of leaded dust, and contain lead-based paint chips and other debris from hazard reduction activities until they are safely removed.

Practices that minimize the spread of leaded dust, paint chips, soil and debris are to be used during worksite preparation.

*A warning sign is to be posted at the following (check all that apply):

- At each entry to a room where hazard reduction activities were conducted when occupants were present.
- At each main and secondary entryway to a building from which the occupants had been relocated
- For an exterior hazard reduction work, where it was easily read 20 feet from the edge of the worksite. The warning sign was in: the occupants' primary language, another language (specify which language, and why occupants' primary language was not used).

Final clearance will be achieved before occupants' belongings are to be uncovered or returned to the unit.

Have you been provided the pamphlet, *Protect Your Family from Lead in Your Home*?

YES

NO

Applicant Signature

Date

OCCUPANT & INCOME FORM

Please list every person living in your unit (include yourself). If investor owned or vacant please fill N/A. The information below will be used to determine if households qualify for this program. This information will be kept confidential. If you do not provide this information, we will not be able to determine your eligibility for this program.

Proof of income for each working adult 18 years of age and older is required. Examples include, but are not limited to, most recent tax returns, 3 months of most recent pay stubs, wage records, employer verification (directly from employer, not the employee). Please indicate if a full-time student (Copy of Student ID Required).

ADDRESS: _____

UNIT # _____

Single Family:

Owner Occupied

Vacant

Multi Family:

Owner Occupied

Tenant Occupied

Vacant

NAME: _____

(Head of Household)

| Full Name | Disabled? (Evidence required) | Full Time Student? | DOB | Age | Race* | Ethnicity (Hispanic?) | Gross Income (Annual, before any deductions) |
|-----------|---|---|-----|-----|-------|---|--|
| | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |

*Race: W=White, B=Black, N=Native American or Alaskan Native, A=Asian or Pacific Islander, NH=Native Hawaiian/ other Pacific Islander, AW= Asian & White, AA=American Indian/Alaskan Native & White, BW= Black/African American & White, AAB= American Indian/ Alaskan Native & Black/African American, O=Other.

The above Race/national Origin information has been requested by the Department of Housing and Urban Development for monitoring purposes only. This information is provided in compliance with federal requirements and is subject to verification. I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provision of Title 18, United States Code, Section 1014.

SIGNATURE of Head of Household

DATE

Income and Assets Questionnaire

ADDRESS: _____ UNIT # _____

Household Member: _____

Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months. **(ONE QUESTIONNAIRE MUST BE FILLED OUT BY EACH WORKING ADULT 18 YEARS OF AGE AND OLDER)**

INCOME SOURCES:

| | Annual Amount: |
|--|----------------|
| <input type="checkbox"/> Employment; including wages, salary, overtime, commission, fees, tips, bonuses, and/or other compensation, even if self-employment. | _____ |
| <input type="checkbox"/> Cash Contributions of gifts including rent or utility payments from persons not living in home. | _____ |
| <input type="checkbox"/> Social Security, SSI, Unemployment, Disability Benefits, housing subsidy, i.e. Sec.8, or other Public Assistance; | |
| Identify: _____ | _____ |
| <input type="checkbox"/> Income from personal property i.e. interest, dividends, | _____ |
| <input type="checkbox"/> Alimony/Child Support | _____ |

ASSET SOURCES: (PLEASE ATTACH COPIES OF BANK STATEMENTS)

| | |
|--|----------------------------|
| <u><i>Savings Account</i></u> Name & Address of Bank | <u>Approximate Balance</u> |
| | |
| Account Number | |
| | |
| <u><i>Checking Account</i></u> Name & Address of Bank | <u>Approximate Balance</u> |
| | |
| Account Number | |
| | |
| <u><i>Other Property Income (List addresses and rental income)</i></u> | <u>Approximate Balance</u> |
| | |
| | |
| <u><i>Other Assets</i></u> (i.e. safe deposit box, investments, stocks, and bonds) | <u>Approximate Balance</u> |
| | |

***If you have no income or assets, please complete attached ‘zero income affidavit’ (MUST ATTACH TAX RETURNS)**

“I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

Signature _____ Date _____

Fair Market Rent Acknowledgement

I/We hereby acknowledge receipt of the information concerning the rental restrictions required when using Community Development Block Grant Funds for rehabilitation of the property located at:

This information includes:

1. Income Level/Family
2. Fair Market Rental/# of Bedrooms
3. Outreach to Low to Moderate Income Families
4. Emphasis to rent to families with children six (6) years and under

Owner

Date

Witnessed by

Date

Fiscal Year 2017 FAIR MARKET RENT LIMITS

| Efficiency | 1-BR | 2-BR | 3-BR | 4-BR |
|------------|---------|---------|---------|---------|
| | | | | |
| \$1,194 | \$1,372 | \$1,691 | \$2,116 | \$2,331 |



ZERO INCOME AFFIDAVIT

(To be completed by each household member 18 years of age and older who are claiming zero income from any source, if appropriate.)

Household Member Name: _____ Unit No. _____

Address: _____

I hereby certify that I do not individually receive income from any of the following sources:

1. Wages from employment (including commissions, tips, bonuses, fees, etc.)
2. Income from operation of a business
3. Rental income from real or personal property
4. Interest or dividends from assets
5. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
6. Unemployment or disability payments
7. Public assistance payments
8. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household
9. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.)
10. Any other source not named above

“I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

Signature _____ Date _____

MRA CHECKLIST

FOR OFFICE USE ONLY

Staff Member Name _____

Family Size: _____; # of Children Under 6 years: _____

Income: _____; % of Median _____

Application filled out completely? Staff Initials: _____

Proof of income documentation for ALL occupants? Staff Initials: _____

Verification of Mortgage? Staff Initials: _____

Quitclaim Deed/Certificate of Title? Staff Initials: _____

Property Insurance Policy? Staff Initials: _____

Current Real Estate Tax/Water Bill? Staff Initials: _____

1040 Federal Income tax returns (last 3 years)? Staff Initials: _____

Birth Certificates for children under 6 years of age? Staff Initials: _____

Environmental Review completed? Staff Initials: _____

Additional items below for Investor Owned Property

Completed Tenant Application for all units? Staff Initials: _____

Rental limits fully explained to property owner? Staff Initials: _____

GIN Notification Letter issued to each tenant? Staff Initials: _____

CDBG Director approval _____