

# RESIDENTIAL LOAN APPLICATION

MALDEN REDEVELOPMENT AUTHORITY

176 Pearl Street, Malden MA 02148

Tel #: (781) 397-1940 Fax #: (781) 397-0273

Please complete all items on this application. If the information does not apply to you, please write in "none". If you need assistance in completing the application, please call this office.

Borrower			Co-Borrower		
Name		Age	Name		Age
Mailing Address			Mailing Address		
Email Address			Email Address		
Social Security No. - -	Home Phone ( )	Business Phone ( )	Social Security No. - -	Home Phone ( )	Business Phone ( )
Dependents other than listed by Co-borrower			Dependents other than listed by Borrower		
No.	Ages		No.	Ages	
Monthly Social Security: \$			Monthly Social Security; \$		
Other Income: \$			Other Income: \$		

## PROPERTY INFORMATION

Property Address \_\_\_\_\_ Number of Apts \_\_\_\_\_

Name & Address of Bank (Mortgagee) \_\_\_\_\_

Original Mortgage Amount \_\_\_\_\_ Unpaid Balance \_\_\_\_\_

Monthly Payment: Principal & Interest Only \_\_\_\_\_

F. H. A. Insured Mortgage? Yes \_\_\_\_\_ No \_\_\_\_\_ Sect. 8 Project Based Mortgage? Yes \_\_\_\_\_ No \_\_\_\_\_

Mortgage Account Number \_\_\_\_\_

Total Monthly Rental Income \_\_\_\_\_

Do you have a second (2<sup>nd</sup>) mortgage on above property? \_\_\_\_\_

Do you have a Home Equity Line of Credit on above property? \_\_\_\_\_

If yes, name & address of Bank and/or Mortgagee \_\_\_\_\_

Account Number \_\_\_\_\_

**Are there any children 6 years old or under that may spend at least 6 hours a week in your unit or your tenants?** Yes \_\_\_\_\_ No \_\_\_\_\_

## OTHER REAL ESTATE

Address of Property \_\_\_\_\_ Number of Apts \_\_\_\_\_

Name & address of Bank (Mortgagee) \_\_\_\_\_

Original Mortgage Amount \_\_\_\_\_

Monthly Payment: Principal & Interest Only \_\_\_\_\_

Mortgage Account Number \_\_\_\_\_

Income from Property \_\_\_\_\_

**EMPLOYMENT**

<b>Borrower</b>		<b>Co-Borrower</b>	
Occupation	Monthly Salary	Occupation	Monthly Salary
Employer's Name & Address	No. of years	Employer's Name & Address	No. of years
Previous Occupation	Monthly Salary	Previous Occupation	Monthly Salary
Previous Employer's Name & Address	No. of years	Previous Employer's Name & Address	No. of years

**PRESENT MONTHLY HOUSING EXPENSES:**

Fire Insurance _____	Oil _____
Real Estate Taxes _____	Gas _____
Water _____	Electricity _____

Heat & Utilities (monthly):

**ASSETS**

**Savings Account**

Name & Address of Bank \_\_\_\_\_

Account Number \_\_\_\_\_ Approximate Balance \_\_\_\_\_

**Checking Account**

Name & Address of Bank \_\_\_\_\_

Account Number \_\_\_\_\_ Approximate Balance \_\_\_\_\_

Other Assets \_\_\_\_\_

**LIABILITIES**

Installment, Credit Accounts or Loan (Home Improvement, Auto, Personal)

**Creditors**

- Name \_\_\_\_\_ Balance \_\_\_\_\_  
 Monthly Payment \_\_\_\_\_ Account #: \_\_\_\_\_
- Name \_\_\_\_\_ Balance \_\_\_\_\_  
 Monthly Payment \_\_\_\_\_ Account #: \_\_\_\_\_
- Name \_\_\_\_\_ Balance \_\_\_\_\_  
 Monthly Payment \_\_\_\_\_ Account #: \_\_\_\_\_
- Name \_\_\_\_\_ Balance \_\_\_\_\_  
 Monthly Payment \_\_\_\_\_ Account #: \_\_\_\_\_

## OCCUPANTS & INCOME FORM

**Please list every person living in your unit (include yourself)**

The information below will be used to determine if your landlord qualifies for this program. This information will be kept confidential. If you do not provide this information, you may cause the de-leading of this property to be delayed or rejected.

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

NAME: \_\_\_\_\_  
(Head of Household)

First	Last	Age	Date of Birth	Sex	Race (optional)	Gross Income (Indicate if yearly, monthly or weekly)

Race: W=White, B=Black, H/L=Hispanic/Latino, N=Native American or Alaskan Native, A=Asian or Pacific Islander, O=Other. The above Race/national Origin information has been requested by the Department of Housing and Urban Development for monitoring purposes only. You are not required to furnish this information. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. This information is provided in compliance with federal requirements and is subject to verification.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

<b>FOR OFFICE USE ONLY</b>		
Family Size: _____;	# of Children Under 6 years: _____	Staff Initials_
Income: _____;	% of Median _____	Date _____

**Information For Government Monitoring Purposes**

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

**Borrower:** \_\_\_\_\_ I do not wish to furnish this information

Race/National Origin:

- \_\_\_\_\_ White \_\_\_\_\_ Asian
- \_\_\_\_\_ Black/ African American \_\_\_\_\_ American Indian/Alaskan Native
- \_\_\_\_\_ Native Hawaiian/ other Pacific Islander \_\_\_\_\_ Asian & White
- \_\_\_\_\_ American Indian/Alaskan Native & White
- \_\_\_\_\_ Black/African American & White
- \_\_\_\_\_ American Indian/ Alaskan Native & Black/African American
- \_\_\_\_\_ Other/Multi Racial

Sex \_\_\_\_\_ Female \_\_\_\_\_ Male

**Co- Borrower:** \_\_\_\_\_ I do not wish to furnish this information

Race/National Origin:

- \_\_\_\_\_ White \_\_\_\_\_ Asian
- \_\_\_\_\_ Black/ African American \_\_\_\_\_ American Indian/Alaskan Native
- \_\_\_\_\_ Native Hawaiian/ other Pacific Islander \_\_\_\_\_ Asian & White
- \_\_\_\_\_ American Indian/Alaskan Native & White
- \_\_\_\_\_ Black/African American & White
- \_\_\_\_\_ American Indian/ Alaskan Native & Black/African American
- \_\_\_\_\_ Other/Multi Racial

Sex \_\_\_\_\_ Female \_\_\_\_\_ Male

**AGREEMENT:**

The undersigned applies for the loan indicated in this application to be secured by a mortgage on the property described herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and are made for the purpose of obtaining the loan. Verification may be obtained from any source named in this application.

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.

\_\_\_\_\_  
Borrower’s signature

\_\_\_\_\_  
Co-Borrower’s signature

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**

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

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

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

The general rule is that no persons who exercise or have exercised any functions or responsibilities with respect to CDBG/HOME activities assisted under this part, or who are in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG/HOME-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG/HOME-assisted activity, or with respect to the proceeds of the CDBG/HOME-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter. Immediate family member” is defined to mean a spouse, parent, brother or sister, or child of that person, or an individual to whom that person stands in loco parentis; or any other person living in the household of that person and related to that person by blood or marriage.

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## Borrower's Certification & Authorization

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### Certification

***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).

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(Borrower's Signature)

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(Social Security Number)

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(Borrower's Signature)

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(Social Security Number)



**Malden Redevelopment Authority**

Government Center

200 Pleasant Street • Malden, MA 02148 • (781) 324-5720 • Fax (781) 322-3734

Lead Abatement/Rehab Office

176 Pearl Street, • Malden, MA 02148 • (781) 397-1940 • Fax (781) 397-0273

**FREQUENTLY ASKED QUESTIONS  
ABOUT THE HOME IMPROVEMENT LOAN PROGRAM**

**Who is eligible?**

Because the program is funded with federal funds, preference is given to low and moderate income homeowners who meet the income limits outlined below.

To be eligible for a loan at the lowest rate of interest, gross family income \* must not exceed the following limits:

<u>Family Size</u>	<u>Income Limits</u>
1	\$51,150.00
2	\$58,450.00
3	\$65,750.00
4	\$73,050.00
5	\$78,900.00
6	\$84,750.00
7	\$90,600.00
8	\$96,450.00

(These rates established by the Federal Government are subject to changes.)

\* *Gross family income is defined as the total of all wages, pensions, interest, rents, social security dividends, disability, welfare or any monetary benefits received by all family member or permanent residents of the housing unit.*

\*\**Annual income as defined in 24 CFR 5.609, referred to as "Part 5 annual income".*

**How much can I borrow to correct code violations?**

You can borrow up to:

<b>Dwelling Size</b>	<b>Code</b>	(Homeowners have up to 15 years to repay the loan)
Single Family	\$25,000.	
Two Family	\$35,000.	
Three /Four Family	\$40,000.	

# ACKNOWLEDGEMENT FORM

## For Lead Paint/Code Inspections

I/We \_\_\_\_\_ acknowledge the fact that any code or lead paint inspections that will be performed on my/our property located at \_\_\_\_\_ realize that 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 request the following inspection:

Full Lead Compliance       Lead Safe       Code

*Please initial and check the above boxes. Also indicate what type of improvements you plan to do.* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

For further understanding of the Lead Safe or Full Lead Compliance requirement, please read attached explanation: Lead Safe - Letter of Interim Control.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Property Owner



## **Lead Safe - Letter of Interim Control**

Lead Safe is the result of making surfaces intact, free from chipping, peeling, scaling and flaking paint. This can be done by a low risk deleader who has passed the basic test put out by Childhood Lead Paint Prevention Program (CLPPP).

A letter of interim control means a written statement, signed, dated and issued by a risk assessor, certifying that a dwelling unit and common areas are determined to be in compliance with, for the limited time allowed by Massachusetts General Law (MGL).

Interim control is a set of temporary measures that property owners can take to correct urgent lead hazards, especially peeling or chipping lead paint and lead dust, and protect occupants from lead poisoning until the home is fully deleaded. The original letter of interim control is good for one year. The property owner can have the home reinspected before the end of that year, and if all conditions are met, the home can be recertified for another year.

### **Full Compliance**

To achieve full compliance, owners of residences built before 1978 must have the following conditions corrected:

- Any peeling, chipping or flaking lead paint, plaster or putty;
- Intact lead paint, varnish, stain or putty on moveable interior or exterior parts of windows with sills five feet or less from the floor or ground and those surfaces that come in contact with moveable part;
- Intact lead paint, varnish or stain on “accessible mouthable surfaces.” These surfaces generally include woodwork, such as doors, door jambs, stairs and stair rails, window casings, etc.

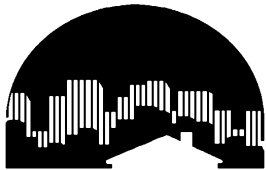
A letter of Full Compliance means a written statement, signed, dated and issued by a lead inspector certifying that the dwelling unit and common areas fulfill the requirements of MGL.

I/We \_\_\_\_\_ have read and understand the difference in the two (2) Lead Programs offered by the Malden Redevelopment Authority.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Property Owner



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I/We hereby acknowledge receipt of the information concerning the rental restrictions required when using Community Development Block Grant funds and or Lead abatement funds for rehabilitation of the property located at \_\_\_\_\_.

This information includes:

- A. Income Level / Family
- B. Fair Market Rental / # of Bedrooms
- C. Outreach to Low to Moderate Income Families
- D. Emphasis to rent to families with children six (6) years and under.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date

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**FY 2016 FAIR MARKET RENT LIMIT**

EFFICIENCY	1-BR	2-BR	3-BR	4-BR	
	\$1,056	\$1,261	\$1,567	\$1,945	\$2,148

CITY OF MALDEN/MALDEN REDEVELOPMENT AUTHORITY

Pre-Abatement Screening Data

Property: \_\_\_\_\_

Dear Property Owner/Tenant

The city of Malden Lead Abatement Program recommends that all children under six years of age have their blood levels tested regularly. If your children have not received a blood test in the past three months, you should contact their primary health care provider, the local Board of Health, the state Childhood Lead Poisoning Prevention Program (1-800-532-9571), or Hallmark Health Care, to arrange for a test. (Malden Redevelopment Authority will reimburse for the blood test).

Please check one of the following boxes – the one which best describes your children.

\_\_\_\_\_ My children under six (6) **have** had their blood lead levels tested in the past **three (3) months**. I have included their priority levels below.

\_\_\_\_\_ My children under six (6) **have not** had their blood lead levels tested in the past **three (3) months**. I will have them tested and give you the priority levels when I receive them. I understand that no lead abatement activity can begin without the child(ren) being pre-screened.

\_\_\_\_\_ For religious and/or personal reasons, I choose **not to have** my child’s blood lead levels tested.

No one except the Malden Lead Abatement Program personnel, DPH, and your child’s medical care provider will have access to the information we collect. The law protects the confidentiality of any medical information.

The City of Malden Lead Abatement Program will give **priority**, based on blood lead levels, in abating lead paint hazards. The **priority levels (from 1 to 4)** are:

- 1) Priorities with children under six who have lead poisoned (greater than 19 mcg/dl) blood levels will receive abatement services first.
- 2) Properties with children under six who have elevated (15-19 mcg/dl) blood levels are second priority.
- 3) Properties that have children under six residing in them are third priority.
- 4) Properties that are eligible and want lead abatement are forth priority.

Please tell us about each of your children – describe their priority levels:


Name of child under 6:	Birth Date	Priority Level (1-4)
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the City of Malden Lead Abatement Program.


\_\_\_\_\_  
Parent/Legal Guardian Signature


\_\_\_\_\_  
Date


MALDEN REDEVELOPMENT AUTHORITY



**Protect  
Your  
Family  
From  
Lead In  
Your  
Home**

 United States  
Environmental  
Protection Agency

 United States  
Consumer Product  
Safety Commission

 United States  
Department of Housing  
and Urban Development

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

YES

NO

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Homeowner's Signature

**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 Director of Neighborhood Revitalization 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 Director of Neighborhood Revitalization in writing. Individuals interested in filing a grievance may contact the Director of Neighborhood Revitalization for assistance in doing so.

The Director of Neighborhood Revitalization has ten (10) business days to investigate the grievance and respond in writing to the party filing the grievance. The Director of Neighborhood Revitalization 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, Assistant Executive Director and Community Development Block Grant Director will be notified of any grievance.

The Director of Neighborhood Revitalization will initiate a file that includes the original grievance, a report of findings, and a copy of the Director of Neighborhood Revitalization's 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 to 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: \_\_\_\_\_