

Malden Redevelopment Authority

Government Center

17 Pleasant Street • Malden, MA 02148 • (781) 324-5720 • Fax (781) 322-3734
Healthy Homes/Rehab Office

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

OWNER OCCUPANT APPLICATION

LEAD HAZARD CONTROL/HEALTHY HOMES PROGRAM

The Malden Redevelopment Authority administers a loan program which provides financial assistance to owners of single and multi-family properties to remediate lead-based paint hazards. Funding is provided by the U.S. Department of Housing and Urban Development's Office of Lead Hazard Control and Healthy Homes. The program is available to owner occupants and investor owners.

The MRA will provide up to \$9,650 per dwelling unit to perform lead hazard control work. A zero percent deferred loan forgivable after three years will be offered to owners of one to four-unit properties (owner occupied and investor owners). Owners seeking assistance for multi-family properties with five or more units will receive a zero percent, deferred loan with 75% of the loan amount forgivable after three years. The remaining 25% will be amortized at zero percent over a 10-year repayment period.

Owners participating in the lead hazard control program are also eligible to receive additional funding to replace lead water service pipes.

In order to receive financial assistance, Owner Occupied Occupants or Tenants of Investor Owned properties must meet the national objective of HUD and qualify as a Low to Moderate Income Household based on the area median income for the current fiscal year. In addition, properties receiving assistance must comply with the Fair Market Rents established by HUD.

Please complete all items on the enclosed application. If the information does not apply to you, please write in "N/A". Failure to fill out the entire application and submit the required documentation could delay the approval process and result in a rejection of your application. If an application is denied, the applicant will receive a letter from this office explaining the reasons for denial and the process for reapplying if circumstances change.

Applications are subject to credit approval. By completing this application, you authorize the MRA to request a full credit report from one of the three major credit bureaus. If you need assistance in completing the application, please call this office at 781-397-1940.

Please include the following documents with your application:

Owner Occupied

Property Deed
Most recent real estate tax bill
Homeowner's Insurance Policy
Most recent mortgage statement
Complete 2019 Form 1040 Federal Income Tax Return
Last 3 paystubs for all working occupants (last 30 days)
Birth certificates for children under 6
Copies of all owner's driver's licenses
Tenant applications (if applicable)

If your property is located in a Flood Hazard Area of Malden, you will be required, according to the National Flood Insurance Act of 1968, to purchase flood insurance from your insurance company.

All applications will be date-stamped when received and determined to be complete, and applications will be processed in the order in which they are received and in accordance with established priorities.

Income Limits

Households applying for financial assistance through the MRA’s Lead Hazard Control/Healthy Homes Program must have a combined income of less than 80% of the Area Median Income for Malden. The following is a summary of the 2020 Fiscal Year Area Median Income.

FY 2020 Income Limit Area	Median Income	FY 2020 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Malden, MA	\$119,000	Extremely Low Income Limits	\$26,850	\$30,700	\$34,550	\$38,350	\$41,450	\$44,500	\$47,600	\$50,650
		Very Low (50%) Income Limits	\$44,800	\$51,200	\$57,600	\$63,950	\$69,100	\$74,200	\$79,300	\$84,450
		Low (80%) Income Limits	\$67,400	\$77,000	\$86,650	\$96,250	\$103,950	\$111,650	\$119,350	\$127,050
City of Malden, Effective April 1, 2020										

The monthly rent in rental units cannot exceed the following amounts for the duration of the three-year forgivable loan.

City of Malden, FY 2020 Fair Market Rents by Unit Bedrooms					
Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
Final FY 2020 FMR	\$1,715	\$1,900	\$2,311	\$2,880	\$3,131
HUD Metro FMR Area, effective April 15, 2020					

It is important to note that if your lead hazard control loan is approved by the Malden Redevelopment Authority, the loan must be secured by a mortgage on your property.

If you need any assistance in completing the application or have any questions regarding the above, please feel free to contact the MRA Rehab Office at (781) 397-1940.

**MALDEN REDEVELOPMENT AUTHORITY
LEAD HAZARD CONTROL/HEALTHY HOMES PROGRAM
OWNER OCCUPANT APPLICATION**

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 (2nd) mortgage on above property? Yes ___ No ___

Do you have a Home Equity Line of Credit on above property? Yes ___ No ___

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

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

Borrower		Co-Borrower	
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

1. Name _____ Balance _____

Monthly Payment _____ Account #: _____

2. Name _____ Balance _____

Monthly Payment _____ Account #: _____

3. Name _____ Balance _____

Monthly Payment _____ Account #: _____

4. 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 you qualify for this program. This information will be kept confidential. If you do not provide this information, the application may be delayed or denied.

Proof of income for each working adult over 18 year of age is required. Please see the checklist on Page 1 of this application. Please indicate if any occupant is a full-time student (a copy of the Student ID is required). All occupants 18 years of age and older that do not work or did not have any income in 2019 must fill-out and sign the Zero Income Affidavit on the following page.

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

FOR OFFICE USE ONLY

Family Size: _____; # of Children Under 6 years: _____ Staff Initials _____
Income: _____; % of Median _____ Date _____

ZERO INCOME AFFIDAVIT

This page must be completed by each household member 18 years of age and older that does not work or did not have any income in 2019.

Household Member Name: _____

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 the 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.
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: _____

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:

- _____ American Indian or Alaskan Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or other Pacific Islander
- _____ White
- _____ Other
- _____ Hispanic or Latino

Sex: _____ Female _____ Male

Co- Borrower: _____ I do not wish to furnish this information

Race/National Origin:

- _____ American Indian or Alaskan Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or other Pacific Islander
- _____ White
- _____ Other
- _____ Hispanic or Latino

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.

Owner's Signature

Date

CONFLICT OF INTEREST CERTIFICATION

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.

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

Owner’s 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.

Borrower's Certification & Authorization

Certification

The undersigned certify the following:

- 1) I/We have applied for a mortgage loan from the 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 the 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 the 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).

Owner's Signature

Social Security Number

Date

ACKNOWLEDGEMENT FORM

For Lead Risk Assessments/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(s):

Full Lead Compliance Lead Safe Code

Please initial and check the above boxes. Also indicate what type of improvements you plan to do. Lead Hazard Control, _____.

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

Owner's Signature

Date

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:

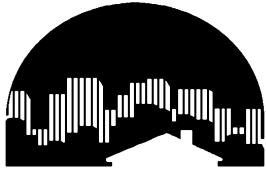
- Any peeling, chipping or flaking lead paint, plaster or putty;
- Intact lead paint, varnish, stain or putty on moveable interior or exterior parts of windows with sills five feet or less from the floor or ground and those surfaces that come in contact with moveable part;
- Intact lead paint, varnish 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 licensed lead paint 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.

Owner's Signature

Date



Malden Redevelopment Authority

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Lead Abatement/Rehab Office

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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 Hazard Control/Healthy Homes 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's Signature

Witness

Date

Date

FY 2020 FAIR MARKET RENT LIMITS

City of Malden, FY 2020 FMRs By Unit Bedrooms					
Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
Final FY 2020 FMR	\$1,715	\$1,900	\$2,311	\$2,880	\$3,131
HUD Metro FMR Area, effective April 15, 2020					

MALDEN REDEVELOPMENT AUTHORITY
Pre-Abatement Screening Data

Property Address: _____

Dear Property Owner/Tenant:

The Malden Redevelopment Authority's Lead Hazard Control/Healthy Homes Program recommends that all children under six years of age have their blood tested for lead regularly. If your children have not received a blood test in the past three months, please contact their primary health care provider, the Malden Board of Health (781-397-7049), or the Massachusetts Childhood Lead Poisoning Prevention Program (800-532-9571) to arrange for a test. **The Malden Board of Health provides free lead tests for households participating in our program.**

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.

_____ For religious and/or personal reasons, I choose **not to have** my child's blood lead level tested.

No one except the Malden Lead Hazard Control Program, the Massachusetts 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 MRA's Lead Hazard Control/Healthy Homes Program will give **priority**, based on the following blood lead levels. The **priority levels (from 1 to 4)** are:

- 1) Children with blood lead levels equal to or greater than 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) will receive immediate priority for lead hazard control services.
- 2) Children under six with blood lead levels between 0 and 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) will receive second priority for lead hazard control services.
- 3) Eligible properties without children are third priority.

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

Name of child under 6:	Birth Date	Priority Level (1-4)
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I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the MRA's Lead Hazard Control/Healthy Homes Program.

Parent/Legal Guardian Signature

Date

**MALDEN LEAD HAZARD CONTROL PROGRAM
VISITING CHILD VERIFICATION FORM**

The Malden Redevelopment Authority's Lead Hazard Control Program is specifically targeted towards dwelling units with children under six years old who may be exposed to lead hazards. **This includes visiting children.** Please complete this form if any child visits your apartment for a minimum of three hours per day on two separate days per week for a total of at least 60 hours per year. This form applies to visiting children, not permanent residents.

Address: _____

Please check one:

- 1) _____ I/We are pregnant and expecting a child.
- 2) _____ I/We do not have a child 6 or under who visits at least 6 hours a week
- 3) _____ I/We have a child 6 or under who visits at least 6 hours a week.

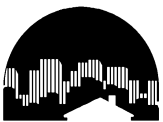
If you checked off the last answer please give a brief description of who visits the unit
(Examples: grandchild, niece/nephew, friend's child, someone you babysit).

Please note that your answers are confidential and will be used for the Malden Redevelopment Authority's records **only**.

Thank you for your cooperation.

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

Owner's Signature

Date

**Malden Redevelopment Authority
Lead Hazard Control/Healthy Homes Program
Dispute Resolution Agreement**

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 Program Manager 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 Program Manager in writing. Individuals interested in filing a grievance may contact the Program Manager for assistance in doing so.

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

The Program Manager will initiate a file that includes the original grievance, a report of findings, and a copy of the Program Manager'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 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.

Owner's Signature

Witness

Date

Date