

Application File #: \_\_\_\_\_

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

**CITY OF CHELSEA**



**CDBG HOUSING REHABILITATION PROGRAM**

Administered by Chelsea Restoration Corporation (CRC)

**APPLICATION (INVESTOR-OWNER)**

Applicant Name (as it appears on deed): \_\_\_\_\_

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

Co Applicant's Name and Address: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

**Property Information**

Property Address to be rehabilitated: \_\_\_\_\_

Number of Residential Units in the Property: \_\_\_\_\_

Year Property was Built \_\_\_\_\_ Property Insurance? (Attach) \_\_\_\_\_ Flood Insurance (attach)? \_\_\_\_\_

**Conflict of Interest:**

Are you (or anyone in your household) a municipal employee or locally appointed official?	Yes	No
Do you (or anyone in your household) work as a consultant or agent to the community?	Yes	No
Do you (or anyone in your household) work for another agency that administers CDBG funds for the community?	Yes	No

If so, what is your/their position? \_\_\_\_\_ Department: \_\_\_\_\_

How did you hear about the CDBG Housing Rehabilitation Program?  
\_\_\_\_\_  
\_\_\_\_\_

**Note to Housing Rehab Staff:** If there may be a potential conflict of interest, please describe it and attach a resolution, if any.  
**Have you ever received funding from the City of Chelsea?** Yes No

(If yes, please call the CRC Housing Rehabilitation Specialist before continuing application @ 617-889-2277)

*Please complete the following table for all tenants in the property to be rehabilitated.*

	Current Tenant(s) Name(s)	Apt #	Household Size (# Residents)	Phone Number	Elderly/Disabled/Handicapped
1					
2					
3					
4					

(Use Additional Sheets if necessary)

**Please complete the following table for all apartments.**

	Occupied/Vacant	# of Rooms	# of Bedrooms	Subsidized (Y/N)	Current Monthly Rent	Children under 6 (Y/N)	List Utilities Included
1							
2							
3							
4							

(Use Additional Sheets if necessary)

**Please provide information about expenses for the property that is the subject of this application.**

Liability	Monthly Payment	Account Number	Lender or Bank
Mortgage	\$		
Second Mortgage	\$		
Home Improvement Loans (if different from 2 <sup>nd</sup> Mortgage)	\$		
Property Insurance	\$		
Property Taxes	\$		
Water & Sewer	\$		
Owner-Supplied Utilities	\$		
Maintenance	\$		
<b>TOTAL PROPERTY EXPENSES</b>	\$		

**Have you ever claimed bankruptcy?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_ Has it been discharged? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

**Please list all rent from the property in the past 12 months.**

	Apartment 1	Apartment 2	Apartment 3	Apartment 4
Total Rent collected in the last 12 months				

**If the rent on any unit has changed in the last 18 months, please list changes below.**

Apartment	Old Rent	New Rent	Terms of Rent
#1			
#2			
#3			
#4			

**Please place a check mark next to each repair you feel is needed:**

<input type="checkbox"/>	Steps, stairs	<input type="checkbox"/>	Roof	<input type="checkbox"/>	Foundation
<input type="checkbox"/>	Hallways	<input type="checkbox"/>	Windows	<input type="checkbox"/>	Siding/clapboards
<input type="checkbox"/>	Porches	<input type="checkbox"/>	Gutters/Drains	<input type="checkbox"/>	Masonry
<input type="checkbox"/>	Ceilings	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Chimneys
<input type="checkbox"/>	Doors	<input type="checkbox"/>	Heating	<input type="checkbox"/>	Paint
<input type="checkbox"/>	Walls	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Lead Paint Abatement

**Briefly describe any other work you would like to accomplish with the CDBG Housing Rehabilitation Loan.**

---



---



---



---



---



---



---



---

**If there is any additional information you would like to be considered in the evaluation of this application, please write below:**

---



---



---



---



---



---



---



---

**Please provide the following as part of this application:**

\_\_\_ PROPERTY INSURANCE (most current)

\_\_\_ FLOOD INSURANCE (IF APPLICABLE) (most current)

\_\_\_ LEASES WITH EXISTING TENANTS

\_\_\_ RENT RECEIPTS (3 months)

\_\_\_ LEAD PAINT INSPECTION REPORT(S) FOR EACH UNIT IN THE BUILDING

\_\_\_ PAID WATER AND SEWER INVOICES (PROPERTY OWNER'S) (most current)

\_\_\_ MORTGAGE STATEMENT (most current)

\_\_\_ PAID PROPERTY TAX BILL (most current)

\_\_\_ ATTACHMENT 1 – TENANT INFORMATION

\_\_\_ TENANT AFFIDAVIT

\_\_\_ OTHER OWNER OR TENANT INFORMATION AND DOCUMENTATION AS REQUESTED BY  
HOUSING REHABILITATION PROGRAM STAFF TO DETERMINE ELIGIBILITY FOR THE PROGRAM

## SIGNATURES AND CERTIFICATIONS

This page must include your signature. The property owner(s) certify:

- That all information contained in this application and attachments is true and complete to the best of my/our knowledge;
- That I/we authorize the City of Chelsea and its Representative, Chelsea Restoration Corporation to verify all information provided herein, and authorize said agency to investigate this information
- That I/we understand that personal and financial information on file with the City of Chelsea and its Representative, Chelsea Restoration Corporation, is kept confidential to the extent allowed by law.
- That I/we, the owner(s) of the property, have read and understand the summary program description of the CDBG Housing Rehabilitation Program provided to me/us and that these terms and conditions are acceptable to me/us if I/we are eligible to receive CDBG Housing Rehabilitation Program financing.
- That additional terms and conditions related to the CDBG Housing Rehabilitation Program will apply to the financing and must be agreed to if I/we are to receive CDBG Housing Rehabilitation Program financing. These terms and conditions will be included in a package of loan documents which I/we will have the opportunity to review with an attorney of my/our choosing prior to receiving the CDBG Housing Rehabilitation Program financing.
- That I/we, as owners of the property to be rehabilitated, understand that if I/we receive a Deferred Payment Loan through the Chelsea Housing Rehabilitation Program, that we will be required to execute an Affordable Housing Restriction (AHR) which will be filed with the Suffolk Registry of Deeds and which will run with the land for a period of 15 years. The AHR will not be extinguished by the repayment of the loan nor by the transfer of the property to new owners. The AHR restricts the amount of rent that can be charged to tenants of the building and requires that when units become vacant that they be rented to tenants who meet then-current income eligibility requirements.
- That I/we are in good standing with the City and the property has no outstanding obligations to the City (e.g. property taxes, water/sewer, etc.) and any mortgages on this property are in good standing and are not in foreclosure, nor is the property affected by bankruptcy proceedings of any kind.
- That I/we agree the contractor shall be given full access to the property once construction is scheduled to begin, including both owner occupied and tenant occupied units for the duration of the project. I/we agree to make myself/ourselves available during normal business hours to meet and discuss my/our project with the contractor, program staff, or any other agent performing services at my property.
- That I/we, the owner(s) of the property, certify that no tenant has been or will be displaced or relocated without due cause for the purpose of participating in this program.

**Owner Signature** \_\_\_\_\_  
Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**Owner Signature** \_\_\_\_\_  
Printed Name \_\_\_\_\_

Date \_\_\_\_\_



**ATTACHMENT 2**  
**SOURCES OF INCOME**

Please include the sources of income listed below. Income should be stated for all adults in the household age 18 or over. Income of full-time students should not be included. Please note if an adult member in your household is a full-time student.

EMPLOYMENT INCOME (WAGES, OVERTIME, BONUS AND TIPS)

SELF-EMPLOYMENT INCOME (SOLE PROPRIETORSHIP, PARTNERSHIP, CORPORATION, INCOME FROM ODD JOBS)

UNEMPLOYMENT BENEFITS

SOCIAL SECURITY BENEFITS

AID TO FAMILIES WITH DEPENDENT CHILDREN

VETERAN'S ADMINISTRATION BENEFITS

RETIREMENT, PENSIONS, ETC.

WORKER'S COMPENSATION

ALIMONY/CHILD SUPPORT (PROVIDE COPY OF DIVORCE DECREE AND/COURT ORDERS)

INTEREST INCOME

INCOME FROM RENTAL PROPERTY (PROVIDE A COPY OF LEASE AND RENT CHECKS)

INCOME FROM BOARDERS

FUEL ASSISTANCE

MORTGAGE/RENTAL ASSISTANCE

DIVIDENDS

OTHER INCOME (AS APPLICABLE)

**ATTACHMENT 3:**  
**TENANTS DOCUMENTATION CHECKLIST**

(The following income documentation may be requested to verify tenant's income and to determine eligibility)

CREDIT CARD STATEMENTS (last statement)

CAR LOAN (last statement)

BANK LOANS (last statement)

MORTGAGE STATEMENT (most current)

VERIFICATION OF EMPLOYMENT

LAST TWO YEARS OF FEDERAL TAX RETURNS

PAY STUBS FOR THE LAST EIGHT (8) WEEKS AND IF APPLICABLE, VERIFICATION OF DISABILITY INCOME,

SOCIAL SECURITY BENEFITS AND/OR UNEMPLOYMENT COMPENSATION

IF SELF EMPLOYED; PROVIDE A PROFIT AND LOSS STATEMENT (year to date)

RENT PAYMENTS (3 months)

PAID WATER AND SEWER INVOICES