

For Office Use	
Date:	
Received by:	

**CITY OF CHELSEA**  
**CDBG HOUSING REHABILITATION PROGRAM**  
Administered by Chelsea Restoration Corporation (CRC)

**OWNER-OCCUPANT APPLICATION**

**1. Applicant Information**

Name of Owner(s):			
Owner Co-applicant:			
Address :			
Daytime Phone :		Cell Phone :	
Email Address:			
Number of dwelling units in the Building:			
Dwelling unit(s) to be rehabilitated:	Unit 1 <input type="checkbox"/> Unit 2 <input type="checkbox"/> Unit 3 <input type="checkbox"/> Unit 4 <input type="checkbox"/> Common Areas <input type="checkbox"/> Exterior <input type="checkbox"/>		

**Conflict of Interest:**

	Yes	No
Are you (or anyone in your household) a municipal employee or locally appointed official?	<input type="checkbox"/>	<input type="checkbox"/>
Do you (or anyone in your household) currently work as a consultant or agent to the community?	<input type="checkbox"/>	<input type="checkbox"/>
Do you (or anyone in your household) currently work for another agency that administers CDBG funds for the community?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is your current title position?		
In what agency or department?		

How did you hear about the CDBG Housing Rehabilitation Program?				
Newspaper <input type="checkbox"/>	Brochure <input type="checkbox"/>	Local Access Channel <input type="checkbox"/>	City's website <input type="checkbox"/>	Non-Profit Agency <input type="checkbox"/>
Other <input type="checkbox"/>	Please describe:			

Have you ever received funding from the City of Chelsea?      Yes  No

**Note to Housing Rehab Staff:** If there may be a potential conflict of interest, please describe it and attach a resolution, if any.

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## 2. Household Composition Information

Below please provide information for **EVERY PERSON** who lives with you in your home, including yourself, your spouse (if any), children – even young children – other relatives who live with you, and/or unrelated people who live there. This is considered your “**HOUSEHOLD**.” Do not include any child or other person who does not live in your house. If children are not of working age, simply list their names, ages and Social Security numbers. Attach a separate sheet if you need more room.

Name	Date of Birth	Social Security Number	Race / Ethnic Group – use chart below	Disabled?
			Race	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Ethnicity	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

### ETHNICITY/RACE DATA

If you choose, you may use the following options to identify yourself and your household members by ethnicity or race. You are not required to provide this information, and it will not affect the evaluation of your application. This information will remain confidential.

Ethnic Categories	Racial Categories
Hispanic or Latino Not-Hispanic or Latino	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other

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### 3. Household Income Information

Please list all sources of income for the last 12 months for each member of the household over 18 years of age. Use Supplement 2 on page 8 to help determine potential sources of income.

Name	Source of Income	Gross Annual Income

Below please provide the following information about your "household" assets.

Type of Asset	Total Value	Financial Institution
Checking Account	\$	
Other Checking Account	\$	
Savings Account	\$	
Stocks and Bonds	\$	

Do you own other real estate besides the property that is the subject of this application?

Yes  No  if so, list below

Type of Real Asset	Total Value
Other Real Estate (first property)	\$
Other Real Estate (second property)	\$

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

Liability	Monthly Payment	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</b>	\$	

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Please list all personal liabilities, including any credit cards, mortgages, loans, tax, utility arrearages owed by any member of your household.

Type	Creditor	Debt Amount	Current Balance	Monthly Payment	# of Months Remaining
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
<b>Totals</b>					

Have you ever claimed bankruptcy? Yes  No

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

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

If your home contains more than one dwelling unit, please fill out the occupancy section below. If a unit is vacant, write "vacant" in the column labeled "Tenant's Name". For some properties, tenants must also be income eligible in order to receive assistance from the CDBG Housing Rehabilitation Program. If tenant income information is needed, Chelsea Restoration will notify each of your tenants' head of household to fill out a form.

Unit	Owner	Tenant	Head of Household Name	Number of Occupants	Monthly Rent
1	<input type="checkbox"/>	<input type="checkbox"/>			\$
2	<input type="checkbox"/>	<input type="checkbox"/>			\$
3	<input type="checkbox"/>	<input type="checkbox"/>			\$
4	<input type="checkbox"/>	<input type="checkbox"/>			\$

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#### 4. Anticipated Repairs and building information

Please place a check mark next to each repair you feel is needed in your building's dwelling units:

	N/A	Unit # 1	Unit # 2	Unit # 3	Unit # 4
Steps, stairs	<input type="checkbox"/>				
Hallways	<input type="checkbox"/>				
Roof	<input type="checkbox"/>				
Windows	<input type="checkbox"/>				
Foundation	<input type="checkbox"/>				
Siding/clapboards	<input type="checkbox"/>				
Porches	<input type="checkbox"/>				
Doors	<input type="checkbox"/>				
Ceilings	<input type="checkbox"/>				
Walls	<input type="checkbox"/>				
Gutters/Drains	<input type="checkbox"/>				
Electrical	<input type="checkbox"/>				
Heating	<input type="checkbox"/>				
Plumbing	<input type="checkbox"/>				
Masonry	<input type="checkbox"/>				
Chimneys	<input type="checkbox"/>				
Paint	<input type="checkbox"/>				
Lead Paint Abatement	<input type="checkbox"/>				
Other:	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

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

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

Do you currently have Letters of Final Deleading compliance for any of the units at the property?

Yes \_\_\_\_\_ No \_\_\_\_\_

(if yes, list for which units) Unit 1  Unit 2  Unit 3  Unit 4

Do you have a recent lead inspection report for any of the units at the property?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, list for which units) Unit 1  Unit 2  Unit 3  Unit 4

Are you currently under court order to de-lead any of the units at the property?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are certificates of habitability from the City of Chelsea's Department of Inspectional Services current for all residential rental units you own in the City of Chelsea?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, list for which units) Unit 1  Unit 2  Unit 3  Unit 4

Are there any outstanding or unpaid citations from the City of Chelsea's Department of Inspectional Services current for any residential rental unit you own in the City of Chelsea?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are all real estate taxes paid up? Yes \_\_\_\_\_ No \_\_\_\_\_

Are all water/sewer fees paid up? Yes \_\_\_\_\_ No \_\_\_\_\_

Are all trash collection fees paid up? Yes \_\_\_\_\_ No \_\_\_\_\_

If not currently up to date on payments, is there a payment plan established with the City of Chelsea?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much are your monthly payments? \_\_\_\_\_

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## SIGNATURES AND CERTIFICATIONS

This page must include the applicant and the co-applicant signature.

The property owner and all wage earners in the household 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.

The property owner(s) further certify:

- 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 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.

**Homeowner Signature** \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**Homeowner Signature** \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

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SUPPLEMENT 1: HOMEOWNER DOCUMENTS CHECKLIST

(The following documentation should be submitted along with the completed application)

- \_\_\_ PAY STUBS FOR THE LAST TWO (2) MONTHS
- \_\_\_ IF OTHER INCOME, VERIFICATION OF DISABILITY INCOME, SOCIAL SECURITY BENEFITS AND/OR UNEMPLOYMENT COMPENSATION
- \_\_\_ PROOF OF HOMEOWNER’S INSURANCE POLICY
- \_\_\_ MORTGAGE STATEMENT (most current)
- \_\_\_ COPY OF LEASES WITH EXISTING TENANTS
- \_\_\_ LEAD PAINT INSPECTION REPORT(S) FOR EACH UNIT IN THE BUILDING IF AVAILABLE
- \_\_\_ LAST TWO YEARS OF MOST RECENT FEDERAL TAX RETURNS
- \_\_\_ OTHER OWNER OR TENANT INFORMATION AND DOCUMENTATION AS REQUESTED BY HOUSING REHABILITATION PROGRAM STAFF TO DOCUMENT INCOME AND DETERMINE ELIGIBILITY FOR THE PROGRAM.

SUPPLEMENT: 2 SOURCES OF INCOME

When filling out the application, please consider including the sources of income listed below if apply to you. Income should be stated for all adults in the household age 18 or over. Income of full-time students should not be included. Please indicate 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)