



# Neighborhood Improvement Program

## Application Packet

Mailed: \_\_\_\_\_

**Please Return Application By:** \_\_\_\_\_

Funded by the City of Holyoke Office for Community Development with funds from the United States Department of Housing and Urban Development



Thank you for your interest in the Neighborhood Improvement Program!

If you need assistance completing the application or have any questions, please contact

OneHolyoke CDC

(413) 533-7101

or

Holyoke Office for Community Development

(413) 322-5610

Submit your completed application and supporting documents to:

OneHolyoke CDC  
70 Lyman Street  
Holyoke MA 01040

## Income Limits

To be eligible for the Neighborhood Improvement Program, your household income must meet HUD requirements. Your eligibility is based upon the number of people living in your house and the total household income.

Here are the 2021 Income Limits. To be eligible for NIP, your income must be below the amounts shown.

Number of People in Household	Maximum Income
1	\$47,150
2	\$53,850
3	\$60,600
4	\$67,300
5	\$72,700
6	\$78,100
7	\$83,500
8	\$88,850

6/21



## FUNDING OPTIONS

Please indicate which funding option you are requesting by placing your initials at Option A or Option B.

**Option A** \_\_\_\_\_

"No Strings Approach" Up to \$7500.00. You must contribute 25% of project costs from your own funds.

**Option B** \_\_\_\_\_

"Homeowner Lien" Up to \$10,000.00. A declining balance loan will be made and a lien placed on your home. No payments will be due unless you sell, transfer, or refinance (cash-out) your home in the next five years. Each year, 1/5 of the balance of the loan is forgiven.

**PLEASE NOTE: If choosing Option B the homeowner is responsible for the \$205.00 recording fee. Check made payable to Registry of Deeds and submitted to OneHolyoke CDC.**

## HOUSEHOLD INFORMATION

Number of People in the Owner's Household: \_\_\_\_\_

Total Household Income: \$\_\_\_\_\_

Count all persons living in your household, regardless of relation and including yourself. All residents must be counted and listed below for eligibility determination.

Name	Age (Years)	Head of Household	Co-Head of Household	Disabled	Full Time Student Over the Age of 18
		√	√	√	√

## INCOME INFORMATION

Income includes all money flowing into the household from all persons over 18 years old, plus benefits received on behalf of minor children. Such things as wages, self-employment wages, Temporary Assistance for Needy Families (TANF), alimony, Social Security Benefits, Pensions, Child Support, regular gifts from friends or family, money earned from providing services, property rental income, and interest from bank accounts or investments must be disclosed.

All income and assets will require verification from the providing sources before eligibility will be granted. To help expedite the application review process please provide three months of documentation for each income/asset source listed. For example: three months of paycheck stubs, three months of bank statements for each account listed, social security payment documentation, child support court order, etc.

One year of federal tax returns must also be submitted for all household members.

Name	Monthly Income Amount Received	Income Source (Wages, Rental Income, Alimony, Child Support, SS, SSI)	Proof of Income Attached (3 months)

Use this space to provide any other information about your household income

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## ASSEST INFORMATION

You are required to report information about assets. Assets include such things as other real estate properties owned by member of the household, checking and savings accounts, investment accounts, vintage automobiles, money earned from the sale of items or investment accounts or assets disposed for less than the market value within the past two years, and items purchased for investment value like stamps, coins, firearms, paintings, collectibles or antiques.

Name	Type of Asset (Savings, Investment, Property, Personal Property, etc.)	Asset Value

# DECLARATION

Applicant    Co-Applicant

Yes    No    Yes    No

- |  |       |       |       |       |
|--|-------|-------|-------|-------|
| 1. Are there any outstanding judgments against you?  | _____ | _____ | _____ | _____ |
| 2. Have you been declared bankrupt within the past 7 years?  | _____ | _____ | _____ | _____ |
| 3. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?   | _____ | _____ | _____ | _____ |
| 4. Are you a party to a lawsuit?   | _____ | _____ | _____ | _____ |
| 5. Have you directly or indirectly been obligated on any loan that resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?   | _____ | _____ | _____ | _____ |
| 6. Are you presently delinquent or in default of any Federal debt or any other loan, mortgage financial obligation, bond, or loan guarantee? If 'yes, give details as described in preceding question. | _____ | _____ | _____ | _____ |
| 7. Are you obligated to pay alimony, child support, or separate maintenance?   | _____ | _____ | _____ | _____ |
| 8. Is any part of the down payment borrowed?   | _____ | _____ | _____ | _____ |
| 9. Are you a co-maker or endorser on a note?   | _____ | _____ | _____ | _____ |
| 10. Are you a U.S. citizen?  | _____ | _____ | _____ | _____ |
| 11. Are you a permanent resident alien?  | _____ | _____ | _____ | _____ |
| 12. Do you intend to occupy the property as your primary residence?  | _____ | _____ | _____ | _____ |
| 13. Are you or any household member an employee, agent, consultant or elected official of the City of Holyoke or OneHolyoke CDC?   | _____ | _____ | _____ | _____ |
| 14. Have you received any notices from the City of Holyoke Board of Health or Building Commission of code or other violations within the last 12 months?   | _____ | _____ | _____ | _____ |
| 15. Do you have a reverse mortgage on your home?   | _____ | _____ | _____ | _____ |
| 16. Do you or anyone else hold a life estate in your home?   | _____ | _____ | _____ | _____ |



## MULTI-UNIT PROPERTIES

Please complete this section only if your property has more than one housing unit. Additional information is required.

	Unit Address (example 46A Main Street)	# Of Bedrooms	Monthly Rent	Rent includes Utilities (yes or no)	Household Size	Occupancy Owner/Renter/Vacant
Unit 1						
Unit 2						
Unit 3						
Unit 4						

### 2 -Unit Additional Documentation

In a two-unit structure, the owner-occupant must be a low-moderate income household. Please have the tenants of the rental unit complete and sign a Client Intake Form. No additional documentation is required from the tenant.

### 3-Unit or More Additional Documentation

If a structure contains three or more units, at least 51 percent of the units must be occupied by low or moderate income residents. Please have the tenants of all rental units complete and sign a Client Intake Form. Please provide supporting income and asset documentation for the household of at least one rental unit. The documentation must be similar to that required of the owner occupant as described above.

If tenants refuse to provide source documentation or to complete and sign a Client Intake Form, assistance may not be provided.

### ADDITIONAL NOTES:

(you may enter additional information here that you may feel is necessary to your application)

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**ACKNOWLEDGEMENT AND AGREEMENT; NON-DISCRIMINATION STATEMENT**

I/we \_\_\_\_\_ (print names) hereby certify that I/we will not discriminate on the basis of Race, Color, Creed, National Origin or any other protected class in the rental or lease or use or occupancy of the property that is being rehabilitated with United States Department of Housing and Urban Development funds.

The undersigned specifically acknowledge(s) and agree(s) that (1) the grant requested by this application will be secured by a declining balance mortgage on the property described herein if the grant totals greater than \$7,500 up to \$10,000.00 or more to ensure that the applicant retains ownership of the property for at least five years after work is completed, that the balance of the mortgage will decline by 1/5 each year following completion of the funded work and that the mortgage requires no payments unless the property is sold, transferred or refinanced with cash out within five years of work completion; (2) the property will not be used for any illegal or prohibited purpose or use; (3) all statements made in this application are made for the purpose of obtaining the grant indicated herein; (4) verification or re-verification of any information contained in the application may be made at any time by the OneHolyoke CDC, the City of Holyoke, the United States Department of Housing and Urban Development, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by OneHolyoke CDC, even if the grant is not approved; (5) OneHolyoke CDC, the City of Holyoke, the United States Department of Housing and Urban Development, its agents, successors and assigns will rely on the information contained in the application and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to closing; (7) administration of the grant may be transferred to the City of Holyoke Office for Community Development without notice to me; (8) OneHolyoke CDC, the City of Holyoke, the United States Department of Housing and Urban Development, their agents, successors and assigns make no representations or warranties, express or implied, to the Borrower(s) regarding the proper, the condition of the property, or the value of the property or the workmanship of the selected contractor; (9) the property will be the primary residence of the signatories for the term of the loan requested by this application.

I/we certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application, may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to OneHolyoke CDC, the City of Holyoke, the United States Department of Housing and Urban Development, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application. Furthermore, I/we understand that assistance granted to my household based on fraudulent information must be reimbursed in whole to the City of Holyoke and/or the United States Department of Housing and Urban Development.

I/we certify that this application has been completed to the best of knowledge with complete and accurate information.

I/we have received a copy of the Neighborhood Improvement Program Guidelines.

Head of Household/Applicant:



\_\_\_\_\_

Co-Head of Household/Applicant:



\_\_\_\_\_

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

## APPLICATION CHECKLIST

The following is a list of information needed to determine income-eligibility for Program assistance. Please provide all applicable information with your completed application. All household members must provide all income documentation. Thank you.

### Applicant Information

### Other Attachments

\_\_\_\_\_ Copy of Deed to your home

\_\_\_\_\_ Two contractor bids with License #

\_\_\_\_\_ Client Intake Form (Owner & Tenant)

\_\_\_\_\_ Tenant Information (if multi-unit)

\_\_\_\_\_ Fire Dept. Certification

\_\_\_\_\_ Signed Rights Statement

\_\_\_\_\_ Homeowner's Insurance Policy

\_\_\_\_\_ Contractor Insurance Binder

### Income Tax Documentation:

\_\_\_\_\_ Copies of one most recent year of signed, filed, income tax returns (both MA and IRS) documents (1040, 1098, All schedules) including W-2 forms and 1099 statements for all adult household members. Include all schedules and forms that are part of your original return please.

\_\_\_\_\_ If self-employed, include year-to-date Profit and Loss statements (1 complete year) and last four (4) quarterly tax payment documents. Self-employed applicants must have filed Federal Income tax documents annually to apply.

### Financial Institution Account Information:

\_\_\_\_\_ Copies of three (3) months of information (All checking, savings, IRA, etc.)

\_\_\_\_\_ Copies of interest/dividend income of over \$100.00/annually

\_\_\_\_\_ Copies of stock statements for previous three (3) months

**Verification of Income:**

\_\_\_\_\_ Payroll Stubs (12 most consecutive weeks)

\_\_\_\_\_ Alimony

\_\_\_\_\_ Child Support

\_\_\_\_\_ Social Security (annual benefit statement)

\_\_\_\_\_ Pension Statement

\_\_\_\_\_ Social Security Disability Insurance

\_\_\_\_\_ Unemployment

\_\_\_\_\_ Government Assistance (this includes any benefit awards for housing subsidies)

\_\_\_\_\_ Other (identify) \_\_\_\_\_

\_\_\_\_\_ Life Insurance Policies (identify policy and type) \_\_\_\_\_

\_\_\_\_\_ Full Time Student Status (if you have children over 18 that are full time students you must provide notice form school of their full-time student status)

\_\_\_\_\_ Please provide proof of identification (copy of driver's license, passport, birth certificate, etc.)

***All income/assets will be verified. You may provide any additional information if you feel it is applicable to you and your household. OneHolyoke CDC and/or the City of Holyoke may request additional information if necessary to make a determination of eligibility.***



