



Dear Homeowner:

Thank you for your interest in the Monterey Rehabilitation Program for Grant year 2019. The Rehabilitation Program was funded by the Massachusetts Department of Housing and Community Development with Federal funds from HUD's Community Block Grant Program. The application was submitted by the Town of Monterey on behalf of the Towns of Monterey, Egremont and Sandisfield. Enclosed please find a copy of the following documents and being:

1. Program Guidelines
2. Required Income Documentation
3. Documentation Worksheet
4. Full Application
5. Affidavit/Conflict of Interest
6. 4506-T to be filled out and returned with the application
7. Required and Ineligible Housing Rehab items
8. Application and Rehabilitation Procedures

Community response to this program is always strong and we usually receive more "qualified" applicants than funds available. Therefore, we urge you to return the enclosed application and **all** supporting documentation as quickly as possible. Applications will be ranked according to severity of need, ensuring those who need the assistance most will be best served.

Feel free to call with any questions that you may have or visit our website at www.theresource.org regarding Monterey Housing Rehabilitation Loan Program applications, the Housing Rehabilitation Loan Program in general or The Resource Inc. We will be happy to spend some time with you. We can be reached at (413) 645-3448

Very truly yours,

Melissa Norton Vincent
Program Manager

Dawn Lemon
Assistant Program Manager

HOUSING REHABILITATION LOAN PROGRAM

Monterey, Egremont & Sandisfield Grant Year 2018 & 2019

Program Guidelines

The **RESOURCE INC. (TRI)** is a private, non-profit organization dedicated to providing solutions to the affordable housing and economic development issues facing the Towns of Monterey, Egremont and Sandisfield. TRI is currently accepting applications for the ***Housing Rehabilitation Loan Program***, funded through the Massachusetts Department of Housing and Community Development (DHCD). These funds are applied for through a competitive grant process initiated by both the town of Monterey. These guidelines are provided to those interested in a program overview. Deferred forgivable loans of up to \$40,000 at 0% interest are available to qualified applicants.

The Housing Rehabilitation Loan Program grant priorities are to:

- 1. Address the health and safety repairs in single-family, owner-occupied properties.**
- 2. Increase and maintain the supply of affordable, year-round rental housing.**

PROPERTY GUIDELINES: **Multi-Family and Single-Family Units.**

Owner Occupied Single-Family Homes

- A single-family property may be eligible for a rehabilitation loan based on the property owner's ability to meet grant income eligibility (low or moderate) guidelines. Please see the income eligibility chart to determine your eligibility according to household size.
- In some instances, single-family property owners may be required to provide a portion of the total rehabilitation costs. Funds beyond the portion provided by TRI are the sole responsibility of the property owner and must be verified prior to loan approval.
- The single-family property must be the property owner's (or direct heir, in the case of death prior to the end of the loan term) primary year-round residence. If at some point in the term of the loan the homeowner wishes to rent the property, it must be year-round to income-eligible tenants at a below-market rent rate. TRI must be notified prior to renting the property. Please refer to Multi-Family Rental Units.
- Program eligibility is also based on repairs needed to bring property to code and safety requirements.
- Rehabilitation costs incurred prior to acceptance into the Program will not be eligible for reimbursement (this includes the cost of Septic Plans and application/Permit fees that homeowners may have purchased or incurred prior to acceptance and application qualification)

Multi-Family Rental Units

- Multi-family properties with one or more rental unit(s) may be eligible for the Loan Program, based upon the income of the current Tenants residing in the property, the amount of rehabilitation required and availability of program funds.
- Multi-family property owners may be required to provide a portion of the total rehabilitation costs. Funds beyond the portion provided by TRI are the sole responsibility of the property owner and must be verified prior to loan approval.
- Units rehabilitated with program funds must be rented to year-round, income eligible tenants at an affordable rent level for a minimum of fifteen (15) years. The affordable rent levels will

be determined in accordance with the lower of HUD Fair Market or High Home Rent guidelines.

- To be determined "income eligible", tenants must provide documentation of their annual income. (Please refer to the Income Eligibility Chart on page 3 of this document) Tenant income information is documented to insure those benefiting from the Housing Rehabilitation Loan Program are within the low and moderate-income range. Forms to verify tenant income will be provided by TRI.
- **NOTE: Tenant income eligibility is an important component of the Housing Rehabilitation Loan Program. If tenants do not supply the proper information, it may jeopardize the property owner's ability to receive a Housing Rehabilitation Program Loan.**
- The Town of Oak Bluffs
- and Edgartown will perform annual audits, including verification of tenants and rents for the fifteen-year duration of the loan. If the property owner is in non-compliance, TRI will work with the property owner to address the non-compliance. If no resolution is met, the loan will be considered in default.
- It is the responsibility of the property owner(s) to contact TRI to request tenant income documentation packets for prospective tenants. Once the completed information is returned to TRI, a determination of tenant eligibility will be made.
- Tenant selection beyond income eligibility is the sole responsibility of the property owner(s).

THE HOUSING REHABILITATION LOAN:

- The rehabilitation funds for owner-occupied single-family homes and rental properties operate as a **0% Deferred Forgivable Loan**.
- The **0% Deferred Forgivable Loan** will be forgiven at a rate of 1/15th per year provided the property owner(s) are not in any way in default. On the 15th anniversary of the loan date the **entire loan** will be forgiven, and the recorded mortgage discharged.
- Loans are secured by a property lien (Mortgage) for the term of the loan, recorded at the Dukes County Registry of Deeds/ Registry District of the Land Court.
- Loan closing costs are included in the Mortgage and Promissory Note amounts. Loan closing costs may include, but are not limited to, title searches and Berkshire County Registry of Deeds recording fees. Typical closing costs average between \$250 and \$450.
- A key aspect of this program is the ability to "leverage" funds to supplement the Housing Rehabilitation Loan Program the Pittsfield Co-Op Bank offers up to \$50,000 for loans at more competitive rates than otherwise offered. Other possible sources of leveraged funds include: property owner contribution, DOE's Weatherization Program, the "HEARTWAP" heating assistance program, Energy programs all offered through Berkshire Community Action, and the USDA Section 504 loan/grant program *Lack of available dollars or credit will not preclude participation in this Program.*
- If the property is sold or transferred before the loan term restriction has expired or if there is a default by the Borrower, the remaining portion of the loan must be repaid.

PROPERTY REPAIRS:

- Repairs include bringing the property into alignment with State, Federal and local building and safety codes. Other general property repairs, specifically those classified as 'health and safety issues such as the presence of lead paint, must be addressed with loan funds.
- This is a "Moderate Rehab Program. Please refer to the attachment labeled "Required and Ineligible Housing Rehabilitation Items" for a more specific breakdown of the types of rehabilitation allowed.
- Types of eligible rehabilitation work performed include, but are not limited to: roof replacement, Failed Septic System replacement, heating system replacement, electrical and plumbing upgrades based upon code requirements and ingress/egress improvements.;

- Please refer to "Required and Ineligible Housing Rehabilitation Items" attached hereto for a more specific breakdown

PROGRAM TECHNICAL ASSISTANCE:

- The Housing Rehabilitation Loan Program provides the services of a construction consultant who inspects the property and provides specifications and estimates for the repair. Once a project is under construction, the consultant, and the TRI Program Manager, or their designee will inspect the ongoing work through the completion of the construction.

GRANT PRIORITIES:

- Once accepted into the Program, each unit in which an income eligible tenant or homeowner resides will be inspected and ranked against the other applications in process, according to critical code violations. In an emergency (e.g. failed heating system in winter or failed Septic system constituting a health hazard), the eligible applicant will become a priority so that critical violation(s) can be corrected. These steps will assure that the Program will address the neediest properties.
- On occasion, the Housing Rehabilitation Loan Program must reject applications despite the presence of eligible work. Reasons for ineligibility may include: lack of program funds; property repairs more than program budget; ineligible repairs, required rehab exceeds program limitations, property title issues; ineligible tenants; or other factors that suggest the borrower may be unable to comply with the terms of the conditions of the program.

Income Eligibility Chart
(80% of Area Median Income -2019)
Berkshire County - MA

<u>Household Size</u>	<u>Maximum Income Limits</u>
1	\$47,850
2	\$54,650
3	\$61,500
4	\$68,300
5	\$73,800
6	\$79,250
7	\$84,700
8	\$90,200

**Single-family property owners cannot exceed income limits.
Tenants residing in units cannot exceed income limits.**

QUESTIONS?

Please feel free to call **Melissa Vincent**, Program Manager for The Resource Inc at 508-696-3285, or **Dawn Lemon** Program Assistant at (413) 645-3448

HOUSING REHAB LOAN PROGRAM HOMEOWNER DOCUMENTATION CHECK LIST

REQUIRED INCOME DOCUMENTATION

- | | |
|--|---|
| <input type="checkbox"/> Completed application | <input type="checkbox"/> Interest |
| <input type="checkbox"/> 8 Weeks of Pay stubs or letter | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Unemployment-Monetary Determination/Weekly deposits | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Veteran's Benefits/Current Year Letter | <input type="checkbox"/> Worker's Comp. |
| <input type="checkbox"/> Social Security/Current Year Benefit Letter | <input type="checkbox"/> Non-Income |
| <input type="checkbox"/> Pension (2Mo.s Statements or 1099 if no statements) | <input type="checkbox"/> Other Income (Explain) |
| <input type="checkbox"/> Child Support (Divorce Decree) | |
| <input type="checkbox"/> Bank Statements – Checking & Savings (2Mo.s Recent Statements, all pages) | |
| <input type="checkbox"/> Investment Account Statements (2Mo.s Recent Statements, all pages) | |
| <input type="checkbox"/> IRAs & 401Ks Account Statements (2Mo.s Recent Statements, all pages) | |

REQUIRED SUPPORTING DOCUMENTATION

- Copy of the property Deed
- 2 most recent years 1040 IRS TAX RETURNS signed & filed.
- 2 most recent years SELF-EMPLOYED – Schedule C 2 most recent years INCOME FROM RENTAL – Schedule E
- 2 most recent years IRS TAX RETURN TRANSCRIPTS. Forward to TRI upon receipt (see instructions)
- Copy of First two pages of Mortgage
- Copy of First two pages of Home Equity
- Copy of Entire Reverse Mortgage Doc.
- Copy of most recent Loan Statement of a Reverse Mortgage
- PROOF OF PAID PROPERTY & FLOOD INSURANCE (PROOF FROM INS. CO.)
- PROOF OF PAID REAL ESTATE TAXES (PRINT OUT FROM THE TOWN REQUIRED)
- Complete copy of Trust Documents – If applicable
- Complete copy of Condo Documents – If applicable

****** PLEASE NOTE W-2'S, 1099'S, YEARLY SUMMARIES UPON REQUEST ONLY**

REQUIRED INCOME DOCUMENTATION

In addition to general household information, complete, accurate and up-to-date income documentation is required of all applicants. This requires applicants to collect copies of several forms, statements and notices. Some important reminders to help with your collection of required documents.

- ❖ *Please remember that **ALL HOUSEHOLD** income must be included. Additional documentation may be required for income and assets after TRI performs the initial review. However, the initial review cannot be completed without the documentation called for below and on the Tenant Application Checklist.*
- ❖ **DO NOT SEND ORIGINALS.**
- ❖ *Some documentation requires notarization. Notaries can be found at most local banks and Town offices. Call ahead for an appointment or for the hours notary services are available.*

In order to be eligible for the program, **RETURN A COMPLETED APPLICATION plus the following valid confirmations:**

EMPLOYMENT INCOME

For any members of your household 18 years or older, who work for someone else, you need to provide the following:

1. **Current** pay stubs for all working members of the household 18 years or older*. Pay stubs for **8 CONSECUTIVE WEEKS** are required (**4 stubs if paid bi-weekly**). If you do not have paystubs then a notarized payroll letter on your employers letterhead listing the last consecutive 8 weeks of gross pay or 4 if bi-weekly will suffice
2. *If a member of your household is **18 YEARS OLD OR OLDER** and enrolled as a **FULL-TIME STUDENT** **A LETTER FROM THE REGISTRA'S OFFICE STATING SUCH IS REQUIRED. IF OVER 18 and NOT** currently working, a **NOTARIZED STATEMENT** stating such is needed. This also pertains to Applicant and Co-Applicant.

SELF EMPLOYMENT INCOME

For anyone in your household 18 years or older who is self-employed, you must provide the following:

1. Copies of your IRS Tax Form 1040 including all Schedules for the years **2017 and 2018** if this is after **April 15, 2020 please provide 2018 and 2019** The requirement is **two years of timely FILED tax returns..** If you are self employed tax returns without Schedule C attached will not be accepted.
2. You will need to fill out IRS for 4506 T attached in this packet for TRI-The Resource Inc to receive computer printouts of your federal income tax return transcripts for the years of the tax returns that you are **supplying** Even if you did not file taxes, we will need to request the federal income tax return transcript (it will state that the IRS has nothing on file). The transcript will be mailed to our address within 10 days. This is **REQUIRED** for income verification.
3. If either the Applicant or Co-Applicant is self-employed and does not file taxes, a **NOTARIZED STATEMENT** reflecting your earnings and the expenses for the years **2018 & 2019 will be required.** This statement must include dates and addresses of jobs, and the amounts paid.

CHILD SUPPORT

If you have children and do **NOT** receive child support, you must provide a **NOTARIZED STATEMENT** to that effect. Otherwise, you must provide a Child Support Order and a Copy of the Divorce Decree.

OTHER INCOME

Verification of all other household income: Benefit statements for Public Assistance, VA, Unemployment, Social Security, SSI, disability and a verification letter from each pension/investment income source stating the amount and frequency of benefits.

ALL APPLICANTS

1. Submit statements for **past two months** for **ALL CHECKING, SAVINGS and INVESTMENT** including **IRA's, 401k's Pension and CD** accounts.
2. We will need to send a Request for Transcript form (IRS form 4506T) to the IRS Office as well as receiving copies from you of the two most current filed tax returns for now **2017 and 2018** if after April 15,2020 please provide 2018 and 2019. A copy of form 4506T is included in this packet. Please fill this out and **return the signed 4506T form to our office with your application.** Even if you did not file taxes, we will need to **request the federal income tax return transcript** (it will state that the IRS has nothing on file). The transcript will be mailed to our address within 10 days. If you did not file, you will also need a notarized statement stating so that your income is below the Federal filing threshold. The statement is available from the TRI office.

**Monterey, Egremont and Sandisfield
Housing Rehabilitation Program Application 2019-2020
The Resource Inc.**

Applicant Information

Last Name	First	Middle	Home Phone	
Present Street Address	City/Town	State	Zip	No. of Years _____ Own _____ Rent _____
Mailing Address		State	Zip	Email: _____
Married _____ Unmarried _____ Separated _____ Divorced _____	No. Dependents (living at home) _____	Ages _____		
Employment Information Employer Name & Address			Self Employed? Yes _____ No _____	
Type of Business	Business Tel.No.	Position/Title	Years with company	
<i>if at current company less than 2 years</i>		Tel. No.	Years with Company _____	
Previous Employer Name & Address				

Co-Applicant Information

Last Name	First	Middle	Home Phone	
Present Street Address	City/Town	State	Zip	No. of Years _____ Own _____ Rent _____
Married _____ Unmarried _____ Separated _____ Divorced _____	No. Dependents (living at home) _____	Ages _____		
Employment Information Employer Name & Address			Self Employed? Yes _____ No _____	
Type of Business	Bus. Tel. No.	Position/Title	Years with company	
<i>if at current company less than 2 years</i>		Tel. No.	Years with Company _____	
Previous Employer Name & Address				

Property Information

Street Location	Town of	State	Zip	Map No. _____ Lot No. _____
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ANNUAL INCOME

Source	Applicant	Co-Applicant	Other Household Member 18 or older	Total
Salary				
Overtime pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest and/or Dividends				
Net Rental Income				
Social Security, Pension Retirement Funds, ect. Received Periodically				
Unemployment Benefits				
Workers Compensation, etc.				
Alimony, Child Support				
Other(decribe)				
TOTALS	\$	\$	\$	\$

ASSETS

Type	Cash Value	Annual Income from Assets	Bank Name	Account Number
Checking Account(s)				
Savings Accounts(s)				
Credit Union Account(s)				
Stocks				
Life Insurance				
Other (describe)				
Home				
Estimated Value				
Mortgage Balance				
Other Real Estate				
Estimated Value				
Mortgage Balance				
TOTALS	\$	\$	\$	\$

County _____

Deed recorded on: Book _____ Page _____

Age of Home: _____ # of Bedrooms: _____

PROPERTY INFORMATION

Water &/or Sewer Betterments	\$ _____
Monthly average Electric Bill	\$ _____
Monthly average Gas Bill	\$ _____
Monthly Oil Bill	\$ _____
Quarterly Septic Bill	\$ _____
Quarterly Water Bill	\$ _____
Is your property located in a flood hazard area?	Yes _____ No _____
To your knowledge, is there any lead-base paint in your home?	Yes _____ No _____
Are you receiving fuel assistance?	Yes _____ No _____
Is your home connected to the town's	Water System? Yes _____ No _____
	Sewer System? Yes _____ No _____
Briefly describe repairs needed:	_____

Has your property been sited for any code violations within the past 12 months? Yes _____ No _____

Is your property legally zoned for its current intended use? Yes _____ No _____

Is your property listed as a Historical Property? Yes _____ No _____

Is your property located in a Wetlands Conservation Area? Yes _____ No _____

Income Eligibility Chart

<u>Income Limits</u>	
2019	
<u>Household Size</u>	Berkshire County
1	\$ 49,700
2	\$ 56,800
3	\$ 63,900
4	\$ 70,950
5	\$ 76,650
6	\$ 82,350
7	\$ 88,000
8	\$ 93,700

Please check as appropriate.

1) ABOVE INCOME CATEGORY – Available for property owners with rental units only. If your present gross income exceeds the HUD Income Limits for income eligible property owners (see the income eligibility chart above), you may declare yourself ABOVE INCOME. You may qualify for a loan to cover a match of the total rehabilitation costs.

If you wish to declare yourself ABOVE INCOME, please check the box below.

ABOVE INCOME

2) INCOME ELIGIBLE CATEGORY – Available for income eligible homeowners – or income eligible property owners with rental units. If your present gross income falls within the HUD Income Limit Guidelines (see the income eligibility chart above), you may qualify as an INCOME ELIGIBLE property owner, and receive rehabilitation funds. Additional income information must accompany this application.

Please check the box below and refer to the INCOME VERIFICATION REQUIREMENTS FOR ELIGIBLE PROPERTY OWNERS, and continue with the Employment Income Information.

INCOME ELIGIBLE

* Voluntary Information Requested

The information regarding race, natural origin, sex designation, marital status, disability status and veteran status on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against program or tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. While you are not required to furnish this information, you are encouraged to do so.

Please provide this information for each member of your household.

Ethnic Category:		Hispanic _____	Non Hispanic _____
Race: White _____ Black/African American _____ Asian _____ Asian and White _____ American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____ American Indian/Alaskan Native and White _____ Black/African American and White _____ American Indian/Native Alaskan and Black/African American _____ Other (Multi-Racial) _____			
Sex:		Male _____	Female _____
Check if applicable: U.S. Veteran _____		Female Head of Household _____	
Elderly (over 60) _____		Disabled _____	

Ethnic Category:		Hispanic _____	Non Hispanic _____
Race: White _____ Black/African American _____ Asian _____ Asian and White _____ American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____ American Indian/Alaskan Native and White _____ Black/African American and White _____ American Indian/Native Alaskan and Black/African American _____ Other (Multi-Racial) _____			
Sex:		Male _____	Female _____
Check if applicable: U.S. Veteran _____		Female Head of Household _____	
Elderly (over 60) _____		Disabled _____	

Ethnic Category:		Hispanic _____	Non Hispanic _____
Race: White _____ Black/African American _____ Asian _____ Asian and White _____ American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____ American Indian/Alaskan Native and White _____ Black/African American and White _____ American Indian/Native Alaskan and Black/African American _____ Other (Multi-Racial) _____			
Sex:		Male _____	Female _____
Check if applicable: U.S. Veteran _____		Female Head of Household _____	
Elderly (over 60) _____		Disabled _____	

*** Voluntary Information Requested**
(continued)

Ethnic Category: Hispanic _____ Non Hispanic _____

Race: White _____ Black/African American _____ Asian _____ Asian and White _____
American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____
American Indian/Alaskan Native and White _____ Black/African American and White _____
American Indian/Native Alaskan and Black/African American _____ Other (Multi-Racial) _____

Sex: Male _____ Female _____

Check if applicable: U.S. Veteran _____ Female Head of Household _____

Elderly (over 60) _____ Disabled _____

Ethnic Category: Hispanic _____ Non Hispanic _____

Race: White _____ Black/African American _____ Asian _____ Asian and White _____
American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____
American Indian/Alaskan Native and White _____ Black/African American and White _____
American Indian/Native Alaskan and Black/African American _____ Other (Multi-Racial) _____

Sex: Male _____ Female _____

Check if applicable: U.S. Veteran _____ Female Head of Household _____

Elderly (over 60) _____ Disabled _____

Ethnic Category: Hispanic _____ Non Hispanic _____

Race: White _____ Black/African American _____ Asian _____ Asian and White _____
American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____
American Indian/Alaskan Native and White _____ Black/African American and White _____
American Indian/Native Alaskan and Black/African American _____ Other (Multi-Racial) _____

Sex: Male _____ Female _____

Check if applicable: U.S. Veteran _____ Female Head of Household _____

Elderly (over 60) _____ Disabled _____

**TRI Principal Borrower and Co-Borrower(s) Acceptance of the
CDBG Housing Rehabilitation Loan Program Terms**

Please initial on all lines

- I/We, the applicant(s), understand the information provided on this application will be utilized by TRI Housing Rehabilitation Loan Program to determine income eligibility for a housing rehabilitation.
- I/We understand that loan funds are limited, and will be distributed to those projects that reflect the grant guidelines and goals.
- I/We understand that additional information including, but not limited to, verification of employment, income, tax statements and credit information are required by Federal and State regulations, and I/We will provide such information required.
- In reference to multi-family dwelling unit, I/We understand that rental units rehabilitated under this program must be rendered to income eligible tenants for a period of fifteen (15) years at rental rates determined in accordance with the lower of HUD Fair Market Rent Guidelines or High Home Rent guidelines.
- If the property is transferred (whether by gift, law, sale or any other type or transfer) and the current owner does not keep a "Life Estate" in the property, or if I/ We fail to abide by the Program Agreement, the full amount of the loan will become due and payable immediately. Property that is inherited by a direct heir is not subject to this clause.

The following **MUST** accompany your signed and dated application:

- 8 current consecutive weeks of pay stubs, or 4 Bi-Weekly from all household members
- A copy of the current homeowner's insurance policy
- Copy of current property deed
- Signed copy of your most recent two years Federal tax returns (1040 or 1040EZ Submitted to the IRS)
- Copy of your most recent paid property tax invoice
- A copy of the first page of any outstanding mortgage of home equity loan
- Bank statements of the past two consecutive months for all checking & savings accounts and Financial Statements
- IRS Verification for the two most recent years can be obtained by requesting your tax transcripts (instructions attached)

 The applicant certifies that all information furnished in support of this application given for the purpose of obtaining financial assistance under the TRI Housing Rehabilitation Loan Program is true and complete to the best of the applicant's knowledge and belief. Verification may be obtained from any sources identified herein. Willful misrepresentation of the information provided herein may be grounds for the denial of participation in the TRI Housing Rehabilitation Loan Program. If a Deferred Payment Loan has already been awarded and a misstatement is discovered, the amount of the Deferred Payment Loan shall be due and payable immediately to TRI.

 Furthermore, the applicant understands that by applying for a Deferred Payment Loan under the TRI Housing Rehabilitation Loan Program, that he or she is agreeing to have the property inspected by a representative of the TRI Housing Rehabilitation Loan Program. He or she also understands that such inspection may disclose code violations, requirements for lead paint (inspection and/or removal if home is built prior to 1978) and /or other requirements, which may result in additional costs or expenses beyond those, which may be included in the TRI Housing Rehabilitation Loan Program.

Principal Borrower

Date

Co-Borrower (If Applicable)

Date

Please return completed application to:
Melissa Vincent, Program Manager, TRI-The Resource Inc
291 Main Street Great Barrington MA 01230 Email: dawn@theresource.org

**Community Development Block Grant (CDBG) Program
AFFIDAVIT REGARDING CONFLICT OF INTEREST**

I (we) the undersigned, being duly sworn, do certify that, to the best of my (our) knowledge:

I (we) have not granted any gratuitous funds of financially benefitted any related party of the Town of _____ CDBG Program or an organization under contract to manage a CDBG grant and are not related to any employee or officer of an organization under contract to manage a CDBG program or the Commonwealth of Massachusetts or of the U.S. Department of Housing and Urban Development (HUD) who has a decision making or monitoring relationship with CDBG program.

I (we) understand the following citation from 24 CFR Part 570.611 (b) and to the best of my (our) knowledge none of the following situations or relationships applies to me (us):

24 CFR Part 570.611 (b) Conflicts prohibit. No persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to activities assisted with CDBG funds or who are in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

24 CFR Part 570.611 (c) Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official to the recipient, or of any designated public agencies, or of subrecipients that are receiving CDBG funds.

All covered person in paragraph (c) who do not violate paragraph (b) must first obtain a waiver from the U.S. Department of HUD before receiving CDBG assistance.

APPLICANT SIGNATURE(S):

**TOWN OF MONTERREY and THE RESOURCE INC.
HOUSING REHAB PROGRAM**

Applicant Credit Check Release Form

In consideration for applying for this Housing Rehabilitation Loan, I, Applicant, do represent all information in this application to be true and accurate and that The Resource Inc. may rely on this information when investigating and accepting this application. Applicant hereby authorizes the The Resource Inc. to make independent investigations to determine my credit and financial standing. Applicant authorizes any person, or credit-checking agency having any information on him/her to release all such information to The Resource Inc. or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, The Resource Inc., or agents, and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

Applicant Name (Print) _____

Applicant Signature _____

Social Security# _____ Date of Birth _____

Other Name(s) you have used _____ Date _____

Co-Applicant Credit Check Release Form

In consideration for applying for this Housing Rehabilitation Loan, I, Co-Applicant, do represent all information in this application to be true and accurate and that The Resource Inc. may rely on this information when investigating and accepting this application. Co-Applicant hereby authorizes The Resource Inc. to make independent investigations to determine my credit and financial standing. Co-Applicant authorizes any person, or credit-checking agency having any information on him/her to release all such information to The Resource Inc. or their agents or credit checking agencies. Co-Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, The Resource Inc., or agents, and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

Co-Applicant Name (Print) _____

Co-Applicant Signature _____

Social Security# _____ Date of Birth _____

Other Name(s) you have used _____ Date _____

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. TRI-The Resource Inc P.O. Box 4548, Vineyard Haven MA 02568 (508) 696-3285	

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

		Phone number of taxpayer on line 1a or 2a
▶ Signature (see instructions)	Date	
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)		
▶ Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

CAUTION. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note. If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P. O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party—Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.;** **Preparing the form, 12 min.;** and **Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Monterey
Housing Rehabilitation Program

REQUIRED AND INELIGIBLE HOUSING REHABILITATION ITEMS

This is a Moderate Rehabilitation Program. The Definition of Moderate Rehabilitation for a Housing Rehabilitation Program is as follows;

Upgrade to a decent, safe and sanitary condition to comply with Housing Quality Standards or other standards approved by HUD, from a condition below these standards. Improvements are of modest nature and other than routine maintenance. For our purposes, moderate rehab is limited to \$35,000.00 with an extra \$5,000.00 available if a septic System is in failure, lead paint is in need of remediation or energy efficiency is undertaken for a total Housing rehabilitation Program budget of \$40,000.00

First Priority of the program is to fix all Code violations

Second Priority to refurbish exterior items. This includes roofs, rain gutters, entry doors and walkways

Third Priority energy efficiency. This includes heating (and in some circumstances cooling) system replacement/upgrades, insulation, ceiling fans, weather stripping, water heater replacement, and low flow plumbing fixtures

Fourth Priority Interior improvements necessary to improve general living conditions for health and safety reasons, including repair of existing hardwood flooring, replacement of vinyl or tile flooring as necessary, replacement of formica with mid grade tile or Formica, replacement of hard wired inoperative lighting fixtures, etc.. All interior items would be budgeted at mid-grade quality only.

REQUIRED-But not limited to the following:

1. Minimum Housing Quality Standards and/or Code violations
2. Hazardous materials abatement as mandated by current state regulations
3. Hard Wired Smoke Detectors
4. Energy efficiency
5. Structural deficiencies
6. Roofing deficiencies

7. Plumbing deficiencies
8. Heating deficiencies
9. Electrical deficiencies
10. Insulation

INELIGIBLE- but not limited to the following

1. Reimbursement for materials or an Owners labor
2. Reimbursement for any work done outside of the Program
3. Room additions, extensions, cosmetic alterations and structural alterations unless necessary to correct code violations.
4. Purchase, installation or repair of furnishings
5. Demolition that does not improve existing structure or that removes architectural features that are an essential part of the buildings character.
6. Free standing masonry, walls and fences
7. Interior wood paneling
8. Bookcases, shelving or cabinets unless necessary to comply with minimum housing standard
9. Aluminum or vinyl siding unless existing and in need of repair or replacement/spot replacement
10. Barbecue Pits or outdoor/Indoor fireplaces
11. Bath houses-swimming pools-saunas-hot tubs
12. Burglar Alarms
15. Flower Boxes- greenhouses-greenhouse windows-picture windows- non heated space doors and windows.
16. TV Antennas, TV Cable
17. Parking lots, driveways, patios
18. Valances, cornice boards, drapes
19. Water Proofing
20. Garages, carports, garbage sheds

21. Sprayed on Textured ceilings unless already existing and in need of repair to meet minimum housing quality standard.

22. Materials, fixtures or equipment of a quality or grade exceeding that customarily used on properties of the same general type as the property to be rehabilitated

23. Materials, Fixtures or equipment of a type or architectural style that are not typical and are inappropriate for a building of the same general type as the property to be rehabilitated

If you have any questions please feel free to contact Melissa Vincent or Dawn Lemon at (413) 645-3448 or via email at melissa@theresource.org or dawn@theresource.org