

# TOWN OF WEYMOUTH



## HOUSING REHABILITATION LOAN PROGRAM OWNER-OCCUPIED APPLICATION 2023

**Robert L. Hedlund**  
Mayor



**Jane Kudcey**  
Housing Coordinator, Planning and  
Community Development Department

### **Town of Weymouth Housing Rehabilitation Program**

Weymouth Planning and Community Development Department  
75 Middle St., 3<sup>rd</sup> Floor • Weymouth, MA 02189  
Telephone (781) 682-3639  
[jkudcey@weymouth.ma.us](mailto:jkudcey@weymouth.ma.us)

**TOWN OF WEYMOUTH**  
**HOUSING REHABILITATION PROGRAM**  
**Confidential Homeowner Full Application**

*Please complete all questions on this application. If the information does not apply to you, enter N/A. If you need assistance in completing the application or need additional forms, please contact Jane Kudcey, Housing Coordinator at the Dept. of Planning and Community Development. Phone: (781) 682-3639, or e-mail: [Jkudcey@weymouth.ma.us](mailto:Jkudcey@weymouth.ma.us)*

NAME OF OWNER(s): \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(If different than above)

TELEPHONE: (home) \_\_\_\_\_ (work) \_\_\_\_\_

(cell) \_\_\_\_\_ E-mail: \_\_\_\_\_

**A. APPLICANT DATA:**

1. Is this property your principal residence? ☐ Yes ☐ No

2. How many housing units in this property? \_\_\_\_\_ NOTE: *If this is a multifamily property, please complete the Rental Unit Information form. Tenants must complete a separate Tenant Information Form. Rental income must be included in property owner's income calculation.*

3. For all household members, including yourself, please complete the following information:  
(Attach additional sheet if necessary.)

Name	Social Security Number	Date of Birth	Handicapped ( Yes or No)	Female head of Household ( Yes or No)
(1)				
(2)				
(3)				
(4)				
(5)				

4. Ethnic Background: (HUD/DHCD statistical reporting requirements)

*Note: Minority group data is obtained for statistical purposes only. Data will be not be considered by any local or federal official in determining borrower eligibility.*

If you choose not to provide this info., please check here \_\_\_\_\_ and sign below.

Applicant: \_\_\_\_\_ Co Applicant: \_\_\_\_\_

Please write in the number of household members of each ethnicity:

White	<input type="text"/>	American Indian / Alaskan Native and White	<input type="text"/>
Black /African American	<input type="text"/>	Asian and White	<input type="text"/>
Hispanic	<input type="text"/>	Black / African American and White	<input type="text"/>
Asian	<input type="text"/>	American Indian/ Alaskan Native and Black / African American	<input type="text"/>
American Indian / Alaskan Native	<input type="text"/>	Other	<input type="text"/>
Native Hawaiian/ Other Pacific Islander	<input type="text"/>		

5. Conflict of Interest Determination:

- Are you or any member of your household a municipal employee?  
(Check one) \_\_\_\_ Yes \_\_\_\_ No
- Are you or any member of your household appointed or elected to any local offices or committees? (Check one) \_\_\_\_ Yes \_\_\_\_ No
- Are you or any member of your household employed as a consultant or agent to the community?  
(Check one) \_\_\_\_ Yes \_\_\_\_ No
- Are you or any member of your household employed by an agency that administers Community Development Block Grants in Weymouth or another community? (Check one) \_\_\_\_ Yes \_\_\_\_ No
- If yes to any question above, what is your position: \_\_\_\_\_  
Department: \_\_\_\_\_

**B. HOUSEHOLD INCOME DATA:**

**Employment:**

**Applicant's Occupation:** \_\_\_\_\_

Employer's Name \_\_\_\_\_ Years with Company \_\_\_\_\_

Employer's address \_\_\_\_\_

Employer's Telephone Number \_\_\_\_\_ E-mail: \_\_\_\_\_

**Co – Applicant's Occupation:** \_\_\_\_\_

Employer's Name \_\_\_\_\_ Years with Company \_\_\_\_\_

Employer's address \_\_\_\_\_

Employer's Telephone Number \_\_\_\_\_ E-mail: \_\_\_\_\_

**Other Family Member Occupation:** \_\_\_\_\_

Employer's Name \_\_\_\_\_ Years with Company \_\_\_\_\_

Employer's address \_\_\_\_\_

Employer's Telephone Number \_\_\_\_\_ E-mail: \_\_\_\_\_

**Other Family Member Occupation:** \_\_\_\_\_

Employer's Name \_\_\_\_\_ Years with Company \_\_\_\_\_

Employer's address \_\_\_\_\_

Employer's Telephone Number \_\_\_\_\_ E-mail: \_\_\_\_\_

*Copy and attach additional sheet if necessary.*

*If any household members have been at company less than 2 years, please complete:*

**Applicant Name:** \_\_\_\_\_

Previous Employer's Name \_\_\_\_\_ Years with Company \_\_\_\_\_

Employer's address \_\_\_\_\_

Employer's Telephone Number \_\_\_\_\_ E-mail: \_\_\_\_\_

For each household member over the age of 18, please list the **gross amount** (before taxes) each expects to receive from all sources during the next twelve months. ***Please include all sources of income from: Wages, social security, disability, pensions, unemployment insurance, rental income, interest and dividends, annuities, AFDC, child support, alimony, and other.***

Documentation is required for all income sources. Please include:

- 8 weeks of pay stubs that indicate gross wages. If pay stubs are not available, please request an Employer Verification Form from the Planning and Community Development, to be completed by the employer. ***W-2 and 1099 forms are not accepted as income documentation. If pay stubs do not include gross amount, a Verification of Employment Form must be completed by the employer. Contact the Housing Coordinator in the Planning Department if this form is required.***
- A letter from Social Security indicating gross Social Security Income.
- A copy of most recent year's federal tax return and all schedules for informational purposes only. If self-employed, please submit an IRS certified copy or IRS AGI letter of the past years' Federal tax return. This information is obtained by completing an IRS form 4506. Please contact the Planning and Community Development Department for a copy of this form to be submitted to the IRS.

**INCOME TABLE:**

NAME	SOURCE(S)	GROSS INCOME
(1)		
(2)		
(3)		
(4)		

*(Attach additional sheet if necessary)*

If the sources or amounts of your household's income are different now than they were over the past 12 months, please describe: \_\_\_\_\_

**C. ASSET INFORMATION (Provide bank statement for at least 2 months plus documentation for any other asset listed)**

TYPE	CASH VALUE	ANNUAL INCOME FROM ASSET	BANK/INSTITUTION NAME
Checking Account(s)			
Savings Account(s)			
Stocks			
Other Assets (describe)			

**D. PROPERTY EXPENSE INFORMATION (Provide documentation for each)**

TYPE	CREDITOR	MONTHLY PAYMENT
Mortgage Original Amount_____		
Current Balance_____		
Second Mortgage/Line of Credit/Lien Original Amount_____		
Current Balance_____		
Property Tax (annual)_____		
Fuel Oil (estimated monthly cost)		
Gas (estimated monthly cost)		
Electric (estimated monthly cost)		
Property Insurance* Required*		
Flood Insurance, if house is located in a flood zone		
Water/Sewer		
Other		
Other		
Other		

**E. OTHER PERSONAL DEBT INFORMATION (car loans, charge cards, medical expenses, provide documentation for each.)**

[illegible]

## F. PROPERTY DATA:

1. Is this property: ☐ A single family home? ☐ A multi-family dwelling?
2. If multi-family: Number of Units: \_\_\_\_\_ Number of occupied units: \_\_\_\_\_

*If this is a multifamily property, please complete the Rental Unit Information form. Tenants must complete a separate Tenant Information Form. Rental income must be included in property owner's income calculation.*

Name(s) & Address of Tenant(s): \_\_\_\_\_

Name(s) & Address of Tenant(s): \_\_\_\_\_

Name(s) & Address of Tenant(s): \_\_\_\_\_

Name(s) & Address of Tenant(s): \_\_\_\_\_

3. Age of structure? \_\_\_\_\_ years
4. If built before 1978, has your house been de-leaded? ☐ Yes ☐ No  
*(If yes, please provide documentation of de-leading, if no, a lead inspection will be made of the house with the cost to be included in the total project cost. The scope of work will late abatement as required)*
5. Do you have Homeowner's insurance? ☐ Yes ☐ No  
*Please provide Copy of Insurance Policy and Agent Name and Address:*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Is this property in a flood zone? ☐ Yes ☐ No  
*If Yes, Please provide a copy of the Flood Insurance Policy and Agent Name and Address:*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Number of bedrooms in your property: \_\_\_\_\_  
Number of bedrooms in rental units (if applicable): \_\_\_\_\_
8. Have you previously received Community Development Block Grant (CDBG) assistance for this property? ☐ Yes ☐ No

## G. REHABILITATION DATA:

1. Please check the items for which you are interested in receiving housing rehabilitation assistance. This listing is preliminary and for informational purposes only:

☐ Septic System

☐ Siding

☐ Plumbing

☐ Roof

☐ Electrical

☐ Porch/Steps

☐ Heating/Hot Water

☐ Windows

☐ Insulation

☐ Painting

☐ Repair of Walls/Ceilings/Floors

☐ Foundation

☐ Other (specify) \_\_\_\_\_

2. Please describe any situations, which might be considered emergency conditions, such as a failed heating system, a leaking roof or a request for accommodations for a handicapped household member.

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I/We hereby certify that all of the above statements are true, accurate, and complete to the best of my/our knowledge and belief. I/We hereby consent to the verification of any information given in this application, and understand that the information herein is confidential and will be used only to determine eligibility for the Weymouth Housing Rehabilitation Program.

I/We further certify that that the property is not subject to any outstanding property taxes, water, sewer charges, or municipal liens of any nature. I/We certify that the property is not subject to, or encumbered by, any outstanding state or federal tax liens, foreclosure actions or bankruptcy proceedings of any kind, and that I/We personally remain in good standing with the Town of Weymouth Tax Collector and the holder(s) of any promissory notes secured by the property.

I/We understand that falsification of any information to the Town may result in termination of the application. **(Note: All owners of record on the property deed must sign and date below).**

Signature(s): \_\_\_\_\_

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

\_\_\_\_\_

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



The following information must be submitted in order to process your application.

1. Latest Federal Tax Form #1040
2. Verification of home ownership including:
  - a. Copy of Property Deed
  - b. Mortgage/lien documentation including current balance
  - c. Property tax payment receipts
  - d. Insurance documentation (Note: Homeowners Insurance is required to participate in this program. If the house is located in a Flood Zone, flood insurance is required)
3. Verification of all income including:
  - a. Wages (Eight weeks of pay stubs indication gross income or employment verification form signed by employer)
  - b. Unemployment Income
  - c. Social Security (retirement etc.)
  - d. Transitional Assistance
  - e. Child Support
  - f. Alimony
  - g. Rental income
  - h. Dividend, interest income
4. Verification of assets including:
  - a. Bank Statements for 2 months
  - b. Stocks, retirement account balances
5. Verification of liabilities including:
  - a. Copies of utility bills
  - b. Credit card balances

**Please return in person or mail, with documentation  
addressed to:  
Jane Kudcey, Housing Coordinator  
Housing Rehabilitation Program  
Weymouth Department of Planning and Community Development  
75 Middle Street, 3<sup>rd</sup> Floor  
Weymouth, MA 02189**