

# TOWN OF WEYMOUTH



## HOUSING REHABILITATION LOAN PROGRAM INVESTOR OWNED RENTAL PROPERTY 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 Investor Owned Property 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. (781) 682-3639, or e-mail: [Jkudcey@weymouth.ma.us](mailto:Jkudcey@weymouth.ma.us)*

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

MAILING ADDRESS: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_, Weymouth MA 021\_\_\_\_\_

SOCIAL SECURITY/EIN NUMBER \_\_\_\_\_

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

E-mail: \_\_\_\_\_

**A. 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.***

Number of bedrooms per unit: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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 include abatement as required)*

5. Do you have Homeowner's insurance? ☐ Yes ☐ No

*Please provide Copy of Insurance Policy and Agent Name and Address:*

Insurance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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. Have you previously received Community Development Block Grant (CDBG) assistance for this property? ☐ Yes ☐ No

8. Conflict of Interest Determination:

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

**B. OWNER FINANCIAL INFORMATION**

1. Are you currently in default on any loans? ☐ Yes ☐ No
2. Are there any judgments, liens or attachments against you? ☐ Yes ☐ No
3. Have you had property foreclosed upon in the past seven years? ☐ Yes ☐ No

If a "yes" response to questions 1 – 3 Please explain:

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**C. ASSET INFORMATION (Provide documentation for each checking account)**

TYPE	CASH VALUE	ACCOUNT NUMBER	BANK/INSTITUTION NAME

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

TYPE	CREDITOR	MONTHLY PAYMENT
Mortgage Original Amount _____ Current Balance _____		
Second Mortgage/Line of Credit/Lien Original Amount _____ Current Balance _____		

## INVESTOR PROPERTY PROFIT AND LOSS STATEMENT

Property

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

### INCOME:

#### Monthly

#### Yearly

Rental Income Unit #1	\$ _____	\$ _____
Unit #2	\$ _____	\$ _____
Unit #3	\$ _____	\$ _____
Unit #4	\$ _____	\$ _____

<b>Subtotal Rental Income</b>	<b>\$ _____</b>	<b>\$ _____</b>
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Other Income:

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

<b>TOTAL INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>
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### EXPENSES:

#### Monthly

#### Yearly

Mortgage P/I	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Property Management	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Legal	\$ _____	\$ _____
Marketing	\$ _____	\$ _____
Water	\$ _____	\$ _____
Sewer	\$ _____	\$ _____
Electric	\$ _____	\$ _____
Heat	\$ _____	\$ _____
Other Expense:	\$ _____	\$ _____

<b>TOTAL EXPENSES</b>	<b>\$ _____</b>	<b>\$ _____</b>
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<b>NET PROFIT</b>	<b>\$ _____</b>	<b>\$ _____</b>
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## E. 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:

- |  |  |
|--|--|
| <input type="checkbox"/> Septic System                   | <input type="checkbox"/> Siding              |
| <input type="checkbox"/> Plumbing                        | <input type="checkbox"/> Roof                |
| <input type="checkbox"/> Electrical                      | <input type="checkbox"/> Porch/Steps         |
| <input type="checkbox"/> Heating/Hot Water               | <input type="checkbox"/> Windows             |
| <input type="checkbox"/> Insulation                      | <input type="checkbox"/> Painting/De-leading |
| <input type="checkbox"/> Repair of Walls/Ceilings/Floors | <input type="checkbox"/> Foundation          |
| <input type="checkbox"/> 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 attest under the pains and penalties of perjury that all the information supplied on this application is correct. 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: If the house is located in a Flood Zone, flood insurance is required)
3. Bank Statement for 2 months
4. Verification of income/liabilities including if financials are not audited by outside source:
  - a. Rental income verification
  - b. Copies of bills

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

**TOWN OF MIDDLEBOROUGH**  
**Office of Economic & Community Development**

**RENTAL INFORMATION**

Property Owner Name/s: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

\_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Rental Unit #1:**

Name(s) of Tenant(s) \_\_\_\_\_

Name(s) of Tenant(s) \_\_\_\_\_

Name(s) of Tenant(s) \_\_\_\_\_

Tenant's Phone. No. \_\_\_\_\_ Apt. No. \_\_\_\_\_

Size of Household \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_

Monthly Rent Charges \$ \_\_\_\_\_ Utilities included? YES \_\_\_\_\_ NO \_\_\_\_\_

List Utilities Not Included: \_\_\_\_\_

Additional Rental Fee/s (i.e. storage, parking, pets, air conditioning, etc.)

Identify type & amount charged \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Does this unit have a Lease? YES \_\_\_\_\_ NO \_\_\_\_\_ Expiration Date of Lease \_\_\_\_\_

Handicapped Accessible Unit? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, Sensory \_\_\_\_\_ or Mobility H/P \_\_\_\_\_

**Rental Unit #2:**

Name(s) of Tenant(s) \_\_\_\_\_

Name(s) of Tenant(s) \_\_\_\_\_

Name(s) of Tenant(s) \_\_\_\_\_

Tenant's Phone. No. \_\_\_\_\_ Apt. No. \_\_\_\_\_

Size of Household \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_

Monthly Rent Charges \$ \_\_\_\_\_ Utilities included? YES \_\_\_\_\_ NO \_\_\_\_\_

List Utilities Not Included: \_\_\_\_\_

Additional Rental Fee/s (i.e. storage, parking, pets, air conditioning, etc.)

Identify type & amount charged \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Does this unit have a Lease? YES \_\_\_\_\_ NO \_\_\_\_\_ Expiration Date of Lease \_\_\_\_\_

Handicapped Accessible Unit? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, Sensory \_\_\_\_\_ or Mobility H/P \_\_\_\_\_

**Rental Unit #3:**

Name(s) of Tenant(s) \_\_\_\_\_

Name(s) of Tenant(s) \_\_\_\_\_

Name(s) of Tenant(s) \_\_\_\_\_

Tenant's Phone. No. \_\_\_\_\_ Apt. No. \_\_\_\_\_

Size of Household \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_

Monthly Rent Charges \$ \_\_\_\_\_ Utilities included? YES \_\_\_\_\_ NO \_\_\_\_\_

List Utilities Not Included: \_\_\_\_\_

Additional Rental Fee/s (i.e. storage, parking, pets, air conditioning, etc.)

Identify type &amp; amount charged \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Does this unit have a Lease? YES \_\_\_\_\_ NO \_\_\_\_\_ Expiration Date of Lease \_\_\_\_\_

Handicapped Accessible Unit? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, Sensory \_\_\_\_\_ or Mobility H/P \_\_\_\_\_

**Rental Unit #4:**

Name(s) of Tenant(s) \_\_\_\_\_

Name(s) of Tenant(s) \_\_\_\_\_

Name(s) of Tenant(s) \_\_\_\_\_

Tenant's Phone. No. \_\_\_\_\_ Apt. No. \_\_\_\_\_

Size of Household \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_

Monthly Rent Charges \$ \_\_\_\_\_ Utilities included? YES \_\_\_\_\_ NO \_\_\_\_\_

List Utilities Not Included: \_\_\_\_\_

Additional Rental Fee/s (i.e. storage, parking, pets, air conditioning, etc.)

Identify type &amp; amount charged \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Does this unit have a Lease? YES \_\_\_\_\_ NO \_\_\_\_\_ Expiration Date of Lease \_\_\_\_\_

Handicapped Accessible Unit? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, Sensory \_\_\_\_\_ or Mobility H/P \_\_\_\_\_