

TOWN OF WEYMOUTH



HOUSING REHABILITATION LOAN PROGRAM INVESTOR OWNED RENTAL PROPERTY APPLICATION 2019

Robert L. Hedlund
Mayor



Jane Kudcey
Housing Coordinator, Planning and
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Town of Weymouth Housing Rehabilitation Program

Weymouth Planning and Community Development Department
75 Middle St., 3rd Floor • Weymouth, MA 02189

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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

NAME OF OWNER(s): _____

MAILING ADDRESS: _____

PROPERTY ADDRESS: _____, Weymouth MA 021_____

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.

3. Number of bedrooms per unit: _____, _____, _____, _____

4. 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:

C. ASSET INFORMATION (Provide documentation for each)

TYPE	CASH VALUE	ACCOUNT NUMBER	BANK/INSTITUTION NAME
Checking Account(s)			

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 _____		

E. INVESTOR PROPERTY PROFIT AND LOSS STATEMENT

Property

Address: _____

INCOME:

Monthly

Yearly

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

Subtotal Rental Income	\$ _____	\$ _____
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Other Income:

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

TOTAL INCOME	\$ _____	\$ _____
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EXPENSES:

Monthly

Yearly

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

TOTAL EXPENSES	\$ _____	\$ _____
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NET PROFIT	\$ _____	\$ _____
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F. 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.

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, 3rd 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 & 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 & 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 _____