

City of Woonsocket, RI

Safe at Home

(Repair cost assistance to owner-occupied multi-family properties)

HOME Investment Partnership Program Application

City of Woonsocket
Department of Planning and Development
169 Main Street, PO Box B
Woonsocket, RI 02895
401-767-9228
401-766-9312 (Fax)
sdicolella@woonsocketri.org
www.ci.woonsocket.ri.us

In order to be considered, applications must be complete and required documents attached. Application review will be a 2-step process: 1) preliminary review for program eligibility; and 2) final review for project worthiness (positive cost/benefit and achievable timeline).

The HOME Safe at Home Program is funded through the US Department of Housing & Urban Development HOME Investment Partnership Program created by the National Affordable Housing Act of 1990.

In the administration of all City programs, the City of Woonsocket makes every effort to ensure non-discriminatory treatment, outreach and access to program resources. This applies to contracting, as well as to marketing and selection of program participants.

Please let us know if your program participation requires specific accommodations for a disability, or if you need an interpreter and/or other auxiliary aid for effective communication.

This application and related documents do not constitute a contract. Before a project is started, the following legal documents will be executed: rehabilitation agreement, mortgage, loan agreement, and note.

This document supersedes all prior versions of the Woonsocket Home Repair Assistance application. Any and all changes made to the application package are effective immediately regardless of the version submitted.

Safe at Home Program Application Checklist

Remember to:

- Sign and date your application

For Review, attach:

- Owner Prequalifying Worksheet
- Copy of owner's driver's license or state ID
- Tenant Prequalifying Worksheet (if applicable)
- Verification of owner income
- Verification of tenant income (if applicable)
- Copies of Leases
- Copies of Tenant Selection Plan
- Evidence of site control (Deed with Legal Description)
- Current appraisal (if available)
- Copy of insurance certificate (homeowner & flood (if in flood plain))
- Evidence of Paid Taxes, Insurance, Mortgage Balance
- Site location map (show the location and the surrounding area)
- Copies of current leases (if applicable)

For properties with 5 or more units:

- HUD Form 935.2 and written Affirmative Marketing Plan

For properties requiring relocation:

- Relocation plan that includes household and unit size with current gross rent, and copies of GIN sent to tenants.

Project closeout will require a CERTIFICATION OF LEAD SAFE STATUS

City of Woonsocket Safe at HOME Repair Cost Assistance

PROGRAM SUMMARY

Financial Assistance

For purposes of code-related repairs and lead hazard remediation, the City of Woonsocket will offer a loan in an amount:

Up to **\$15,000 per unit (\$60,000 maximum)**, to owners of owner-occupied affordable rental properties
Affordability is determined by occupant income and rent limits.

Loan Structure

Financial assistance will be in the form of a no-interest 50% forgivable and 50% deferred loan.

The deferred portion of the loan is repayable when there is a sale, change, or transfer of title.

The forgivable portion of the loan is forgiven after the affordability period expires. The affordability period is the period of time to which the owner agrees to maintain affordable units. (See Monitoring Section).

Equity

Equity to cover the deferred loan amount is required. A current (not more than one year old) certified appraisal (limited scope with drive-by or full appraisal) may be used to calculate value (appraised property value less current mortgage balance). A valid appraisal or the current tax assessed value, whichever is higher, may be used. Appraisals must be completed by a State of RI licensed appraiser. Desk-top appraisals (defined as no drive-by or site visit) are not acceptable.

Processing & Underwriting Fee

Owners must pay an application fee of \$150.00, which is due upon notification of preliminary application approval and is nonrefundable.

Owner Gap Contribution

If project rehab costs exceed the HOME maximum assistance of \$60,000 for rental properties the owner must be willing and able to finance the gap. Proof of willingness and ability may include a restricted escrow account and/or other security device.

Title Report

A title report, which will be provided by the Program, is required to validate ownership and determine liens.

Site Control

Applicant must provide Deed/Title with the application.

City of Woonsocket Safe at HOME Repair Cost Assistance

Income Eligibility

See EXHIBIT A for income limits.

Owners are required to provide valid documentation of their income and tenant income. The Program will determine income eligibility based on annual Adjusted Gross Income.

Households must qualify as low income at the time of occupancy or when HOME funds are invested, whichever is later. Proof of income must be current and no more than 6 months old.

Rental Rate Qualification

See EXHIBIT B for HOME Program Rent Limits.

Rent amounts shown include all utilities. If the tenant pays some or all utilities, you must subtract the corresponding utility amounts in Exhibit C from the Rent amount (found in Exhibit A).

Owners are required to provide a copy of rental agreements or leases with their application. Rent amounts cannot exceed the Program Rent Rates established by HUD.

Utility Allowances for Rental Units

See EXHIBIT C for Utility Allowances.

Calculate monthly dollar allowances according to number of bedrooms in each unit. All HOME rent limits are gross rents. If utilities are not included in rent, the owner must deduct the utilities allowance from the rent amounts in Exhibit B and calculate maximum rent allowed.

Affordability Terms for Rental Units

The term of required affordability is determined by the number of **assisted** units, as well as the amount of assistance. A mortgage lien will enforce this provision. Affordability

- \$1000-\$14,999 per unit = 5 years affordability
- \$15,000-\$40,000 per unit = 10 years affordability
- More than \$40,000 per unit = 15 years
- New construction = 20 years of affordability

Taxes, Water & Sewer

Owners must be current on all taxes, water/sewer usage, and sewer assessment. Properties cannot be involved in a foreclosure proceeding.

Insurance

Mortgage execution is contingent upon proof of paid insurance with the City as a named insured.

Inspections

- Comprehensive Lead Inspection (CLI) by a state-licensed environmental lead inspector required prior to project start date. The City Program will arrange for the lead inspection.
- Certification of Lead Safe Clearance (CLSC) – required upon project completion.
- Housing Quality Standards and Visual Assessment (HQS-VS) – The City Construction Supervisor will conduct HQS-VS prior to project start.
- Site Inspections – The City Construction Supervisor will conduct random site inspections to approve requests for payment.
- Annual Inspections – Throughout the Affordability Period, and to meet HUD monitoring requirements, the City will conduct an inspection of a random number of rental units. Inspections will focus on code-related items and lead-based paint hazards.
- Environmental Review – Level of review is based on scope of repairs and changes in unit use or density.

Mandatory Rehab Areas

All Minimum Housing Code Violations and Lead-Based Paint Hazards must be corrected according to federal regulations. These regulations control how the work is to be performed and who is allowed to perform the work.

Work Specifications and Contract Management

Work specifications and a preliminary estimate will be prepared by the City Construction Supervisor and reviewed by the owner prior to bid solicitation.

Contractor Selection

After the procurement and assessment of sealed bids, the lowest qualified bidders will be selected to perform the work

Federal procurement standards must be applied in the selection of contractors. Bids must be comparable. Contract provisions must meet federal requirements (24 CFR 85.36). The City will prepare all legal documents.

All contractors must be City-certified, licensed and registered by the State of RI. All contractors must provide evidence of liability insurance coverage and worker's compensation coverage (if required by RI Law) in order to be allowed to participate in the Program.

Building Permits for all permitted work must be obtained by the contractor prior to commencement of work.

Additional licenses and certifications may be required by the City in accordance with RI General Law, RI Contractors' Registration Board, HUD's Regulation on Controlling Lead-Based Paint Hazards, and the City of Woonsocket's Building Department.

Change Orders (COs) & Contingency Items

No contingency line item is permitted in the scope of work. If a necessary item was not identified prior to contract, and/or a change of scope is needed to complete the job, such changes will be considered on a case-by-case basis.

If a rental project is at the cap of \$15,000 per unit, no CO-federal financing will be approved. If a rental project is less than \$60,000, COs (up to the cap of \$15,000 PU) may be approved and will be added to the Deferred Loan amount and Rehabilitation Contract. If a financial gap between the total cost and maximum allowable exists, for whatever reason, it will be the owner's responsibility.

Relocation

The Certified Lead Contractor will determine and certify, with the owner, the need for relocation. If your proposal involves relocation you must customize and send the HUD General Information Notice (GIN) to tenants at the same time that you submit this application. Include a copy of the GIN with your application. For more information on relocation, visit:

<http://www.hud.gov/offices/adm/hudclips/handbooks/cpdh/1378.0/index.cfm>

Monitoring of Rental Units for Affordability & Safety

During the term of affordability, the owner must lease units only to those applicants at or below the area median income established in their agreement and at the rent amount limited by HUD. Property inspections will be scheduled to determine if the property continues to meet property standards. The City will monitor for compliance annually. A separate monitory compliance information package will be provided upon contract execution.

Applicant Release and Authorization Form

I hereby authorize the City of Woonsocket, Rhode Island, and the City's credit bureau contractor to use any and all application information to make inquiry of and request information from any individuals, banks, present and former employers, creditors, landlords, credit bureaus, and any other entities that may possess information concerning me or that may be custodian of records relating to me, in connection with my credit application. I also authorize the above-described sources to release all information requested, including salary data and I hereby release those sources from any liability for doing so.

Applicant's Name:		
Please Print		
Co-Applicant's Name:		
Please Print		
Current Address:		
City:	State:	Zip
Applicant's Signature:		Date:
Co-Applicant's Signature:		Date:

SAFE AT HOME REPAIR COST ASSISTANCE PROGRAM EQUAL HOUSING OPPORTUNITY

O w n e r P r e q u a l i f y i n g W o r k s h e e t

NOTE: (IF APPROVED, THE PERCENTAGE OF FEDERAL REPAIR ASSISTANCE IS RESTRICTED TO THE PERCENTAGE OF UNITS MEETING HUD'S RENT LIMITS)

Information is needed to determine if you meet the preliminary criteria for the Safe at Home Repair Cost Assistance Program. If you have questions, please call the program manager at 401-767-9228. **Include information for all vacant and leased units.**

Note: A Tenant Prequalifying Worksheet is required for **EACH** occupied rental unit. All information is considered confidential.

Funding provided by the US Department HUD Offices of Community Planning & Development

NAMES OF ALL PROPERTY OWNERS AS IDENTIFIED ON DEED			
OWNER MAILING ADDRESS		→ HOME PHONE #	
		→ OFFICE PHONE #	
		→ EMAIL ADDRESS	
SUBJECT PROPERTY ADDRESS		→ DO YOU RESIDE AT THE SUBJECT PROPERTY ADDRESS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		→ TAX OR APPRAISAL VALUE	\$
→ BUILT PRIOR TO 1978?	<input type="checkbox"/> Yes <input type="checkbox"/> No	→ MORTGAGE BALANCE	\$
IF YOU RESIDE IN THE SUBJECT PROPERTY, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	IS THE TOTAL GROSS ANNUAL HOUSEHOLD INCOME HIGHER THAN THE AMOUNT LISTED NEXT TO THE HOUSEHOLD SIZE? <input checked="" type="checkbox"/> CHECK YES OR NO		
<input type="checkbox"/> 1 PERSON	\$40,450	<input type="checkbox"/> YES, INCOME IS HIGHER	<input type="checkbox"/> NO, INCOME IS NOT HIGHER
<input type="checkbox"/> 2	\$46,200	<input type="checkbox"/> YES, INCOME IS HIGHER	<input type="checkbox"/> NO, INCOME IS NOT HIGHER
<input type="checkbox"/> 3	\$52,000	<input type="checkbox"/> YES, INCOME IS HIGHER	<input type="checkbox"/> NO, INCOME IS NOT HIGHER
<input type="checkbox"/> 4	\$57,750	<input type="checkbox"/> YES, INCOME IS HIGHER	<input type="checkbox"/> NO, INCOME IS NOT HIGHER
<input type="checkbox"/> 5	\$62,400	<input type="checkbox"/> YES, INCOME IS HIGHER	<input type="checkbox"/> NO, INCOME IS NOT HIGHER
<input type="checkbox"/> 6	\$67,000	<input type="checkbox"/> YES, INCOME IS HIGHER	<input type="checkbox"/> NO, INCOME IS NOT HIGHER
<input type="checkbox"/> 7	\$71,650	<input type="checkbox"/> YES, INCOME IS HIGHER	<input type="checkbox"/> NO, INCOME IS NOT HIGHER
<input type="checkbox"/> 8	\$76,250	<input type="checkbox"/> YES, INCOME IS HIGHER	<input type="checkbox"/> NO, INCOME IS NOT HIGHER
→ WHAT HOME REPAIRS DO YOU THINK ARE NEEDED? THE HEALTHY HOMES REPAIR COST ASSISTANCE PROGRAM COVERS CODE-RELATED AND LEAD HAZARD REPAIRS.			
I HEREBY CERTIFY THAT THE INFORMATION ON THIS FORM IS CORRECT AND AUTHORIZE THE EXAMINATION OF SOURCE DOCUMENTATION AND OTHER RESOURCES TO VALIDATE THIS CLAIM.			
→ SIGNATURE		→ DATE	
→ SIGNATURE		→ DATE	
WARNING: TITLE 18, SECTION 1001 OF THE US CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE US GOVERNMENT.			

SAFE AT HOME REPAIR COST ASSISTANCE PROGRAM (OWNER PREQUALIFYING WORKSHEET FOR RENTAL PROPERTIES)					
HOW MANY UNITS ARE IN SUBJECT PROPERTY? CHECK ONE BOX					
1	2	3	4	5+	
IF YOU RESIDE AT THE SUBJECT ADDRESS, LIST THE NUMBER OF BEDROOMS IN YOUR UNIT ↓					
OWNER'S UNIT – # OF BEDROOMS →					
RENTAL UNITS LIST THE NUMBER # OF BEDROOMS IN EACH RENTAL UNIT ↓	IS THE RENTAL UNIT OCCUPIED (O) OR VACANT (V)? ↓	WHAT IS THE MONTHLY RENT? ↓	IS THERE AN ANNUAL LEASE? YES (Y) NO (N) ↓	IF ALL UTILITIES <u>ARE NOT</u> INCLUDED IN THE RENT, LIST TENANT-PAID UTILITIES ↓	
RENTAL UNIT 1	# <input type="checkbox"/> O <input type="checkbox"/> V	\$	<input type="checkbox"/> Y <input type="checkbox"/> N DATE LEASE EXPIRES	<input type="checkbox"/> HEAT: <i>GAS, ELEC., OIL?</i> CIRCLE ONE <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> COOKING: <i>GAS, ELEC., AND OIL?</i> CIRCLE ONE <input type="checkbox"/> WATER <input type="checkbox"/> WATER HTG: <i>GAS, ELEC., OIL?</i> CIRCLE ONE	
WHO OWNS THE APPLIANCES?		STOVE: <input type="checkbox"/> LANDLORD <input type="checkbox"/> TENANT		REFRIGERATOR: <input type="checkbox"/> LANDLORD <input type="checkbox"/> TENANT	
RENTAL UNIT 2	# <input type="checkbox"/> O <input type="checkbox"/> V	\$	<input type="checkbox"/> Y <input type="checkbox"/> N DATE LEASE EXPIRES	<input type="checkbox"/> HEAT: <i>GAS, ELEC., OIL?</i> CIRCLE ONE <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> COOKING: <i>GAS, ELEC., OIL?</i> CIRCLE ONE <input type="checkbox"/> WATER <input type="checkbox"/> WATER HTG: <i>GAS, ELEC., OIL?</i> CIRCLE ONE	
WHO OWNS THE APPLIANCES?		STOVE: <input type="checkbox"/> LANDLORD <input type="checkbox"/> TENANT		REFRIGERATOR: <input type="checkbox"/> LANDLORD <input type="checkbox"/> TENANT	
RENTAL UNIT 3	# <input type="checkbox"/> O <input type="checkbox"/> V	\$	<input type="checkbox"/> Y <input type="checkbox"/> N DATE LEASE EXPIRES	<input type="checkbox"/> HEAT: <i>GAS, ELEC., OIL?</i> CIRCLE ONE <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> COOKING: <i>GAS, ELEC., OIL?</i> CIRCLE ONE <input type="checkbox"/> WATER <input type="checkbox"/> WATER HTG: <i>GAS, ELEC., OIL?</i> CIRCLE ONE	
WHO OWNS THE APPLIANCES?		STOVE: <input type="checkbox"/> LANDLORD <input type="checkbox"/> TENANT		REFRIGERATOR: <input type="checkbox"/> LANDLORD <input type="checkbox"/> TENANT	
RENTAL UNIT 4	# <input type="checkbox"/> O <input type="checkbox"/> V	\$	<input type="checkbox"/> Y <input type="checkbox"/> N DATE LEASE EXPIRES	<input type="checkbox"/> HEAT: <i>GAS, ELEC., OIL?</i> CIRCLE ONE <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> COOKING: <i>GAS, ELEC., OIL?</i> CIRCLE ONE <input type="checkbox"/> WATER <input type="checkbox"/> WATER HTG: <i>GAS, ELEC., OIL?</i> CIRCLE ONE	
WHO OWNS THE APPLIANCES?		STOVE: <input type="checkbox"/> LANDLORD <input type="checkbox"/> TENANT		REFRIGERATOR: <input type="checkbox"/> LANDLORD <input type="checkbox"/> TENANT	
RENTAL UNIT 5	# <input type="checkbox"/> O <input type="checkbox"/> V	\$	<input type="checkbox"/> Y <input type="checkbox"/> N DATE LEASE EXPIRES	<input type="checkbox"/> HEAT: <i>GAS, ELEC., OIL?</i> CIRCLE ONE <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> COOKING: <i>GAS, ELEC., OIL?</i> CIRCLE ONE <input type="checkbox"/> WATER <input type="checkbox"/> WATER HTG: <i>GAS, ELEC., OIL?</i> CIRCLE ONE	
WHO OWNS THE APPLIANCES?		STOVE: <input type="checkbox"/> LANDLORD <input type="checkbox"/> TENANT		REFRIGERATOR: <input type="checkbox"/> LANDLORD <input type="checkbox"/> TENANT	
EQUAL HOUSING OPPORTUNITY					

*Safe at Home Repair Cost Assistance Program Application owner **eligibility***

The intent of the Safe at Home Program is to provide decent affordable housing to lower-income households. Safe at Home rental units may carry rent and occupancy restrictions for varying lengths of time depending upon the average amount of funds invested per unit. To help us determine program compliance, please complete this form and return it to the Department of Planning & Development, City Hall, 169 Main Street, Woonsocket, RI 02895. If you have questions please call the Program Manager, 401-767-9228 or e-mail at sdicolella@woonsocketri.org.

Name of Property Owner as identified on Deed			Home Phone #	Work Phone #	Email address			
Name of Property Co-Owner as identified on Deed			Home Phone #	Work Phone #	Email address			
Subject Property Address		Owner Mailing Address		<input type="checkbox"/> Single Family		# of bedrooms		
Owner-occupied? Y <input type="checkbox"/> N <input type="checkbox"/>	Commercial Use? Y <input type="checkbox"/> N <input type="checkbox"/>	Built prior to 1978? Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> 2-4 Units	# Vacant	# Occupied		
Rental property owners must complete a "Tenant Eligibility Form" for each unit					Leases? Y <input type="checkbox"/> N <input type="checkbox"/> (please attach copy for each unit)			
Name of Insurer		Agent Name		Agent Address		Insurance Value \$		
1st Mortgage Holder		Current Balance \$		2 nd Mortgage Holder or Home Equity Loan		Current Balance \$		
Are there other equity liens on the property? Y <input type="checkbox"/> N <input type="checkbox"/>		If yes, list current balance \$		Water/Sewer & Property Tax Bills Current? Y <input type="checkbox"/> N <input type="checkbox"/>		Are taxes or insurance escrowed? Y <input type="checkbox"/> N <input type="checkbox"/>		
When completing the section below, use the codes on the right for race.* Be sure to include each household member's race AND indicate if that person is Hispanic. Hispanic is not a race, but an ethnicity.				W=White	AW=Asian & White	A=Asian/Pacific Islander		
				B=Black/African American	BW=Black/African American & White	AI=American Indian/Alaskan Native		
Please note: the information on ethnicity, race, and age is collected for statistical purposes only and has no bearing on eligibility.				I-AW=American Indian/ Alaskan Native & White	N=Native Hawaiian/Other Pacific Islander	I-AB= American Indian/ Alaskan Native; & Black/African American		
Provide information on all household members -		Race*	Hispanic? Y or N	DOB	Social Sec#	Employer Name	Employer Address	Employer phone #
Last name, first name	<input type="checkbox"/> Y <input type="checkbox"/> N							
To verify income, please ATTACH the following documents: copies of current savings account statements or passbooks; Plus if employed, 2 current pay stubs; if unemployed, copies of tax returns (form 1040) for last 3 years and/or benefit letters; if self-employed, copies of tax returns for last 2 years and a year-to-date profit and loss statement.								
Certification and Authorization: The undersigned certify that the statements on this application are true, correct and complete. The City of Woonsocket is authorized to make inquiries and gather information that the City feels is necessary and reasonable concerning statements made on this application. It is understood that a false statement may result in the change of eligibility status. Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the US Government.								
Signed:					Date:			
Signed:					Date:			

SAFE AT HOME REPAIR COST ASSISTANCE PROGRAM
(TENANT PREQUALIFYING WORKSHEET FOR RENTAL PROPERTIES)

Your landlord is applying for assistance under the Safe at Home Repair Cost Assistance Program. The assistance is used to make **lead hazard and code-related repairs to the common areas and individual rental units**. To help determine if the owner meets preliminary criteria for the program, tenant information is required. Incomes and rental costs are important factors in determining how much assistance can be given. **WITHOUT THE INFORMATION, YOUR LANDLORD IS INELIGIBLE FOR ASSISTANCE**. Therefore, would you please provide information about your household? If you have questions, please call the Program Manager at 401-767-9228.

ALL INFORMATION IS CONSIDERED CONFIDENTIAL

Funding provided by the US Department HUD Offices of Healthy Homes Lead Hazard Control and Community Planning & Development

→ TENANT NAME(S) ON UNIT LEASE			
→ STREET ADDRESS		→ APT. #OR FLOOR	
→ TELEPHONE #	→ HAVE YOU SIGNED A YEAR'S LEASE? <input type="checkbox"/> Yes <input type="checkbox"/> No		→ WHEN DOES IT EXPIRE?
→ CHECK HOW MANY PEOPLE RESIDE IN YOUR HOUSEHOLD?	→ DIRECTLY ACROSS FROM THE HOUSEHOLD SIZE, INDICATE IN EACH COLUMN WHETHER YOUR GROSS HOUSEHOLD INCOME IS HIGHER OR LOWER THAN THE INCOME LISTED.		
	IS YOUR INCOME HIGHER OR LOWER THAN THE AMOUNT INDICATED BELOW? ↓	IS YOUR INCOME HIGHER OR LOWER THAN THE AMOUNT INDICATED BELOW? ↓	IS YOUR INCOME HIGHER OR LOWER THAN THE AMOUNT INDICATED BELOW? ↓
<input type="checkbox"/> 1 PERSON	\$25,300 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER	\$30,240 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER	\$40,250 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER
<input type="checkbox"/> 2	\$28,900 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER	\$34,560 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER	\$45,000 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER
<input type="checkbox"/> 3	\$32,500 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER	\$38,880 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER	\$51,750 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER
<input type="checkbox"/> 4	\$36,100 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER	\$43,140 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER	\$57,500 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER
<input type="checkbox"/> 5	\$39,000 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER	\$46,620 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER	\$62,100 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER
<input type="checkbox"/> 6	\$41,900 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER	\$50,100 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER	\$66,700 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER
<input type="checkbox"/> 7	\$44,800 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER	\$53,520 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER	\$71,300 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER
<input type="checkbox"/> 8	\$47,700 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER	\$57,000 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER	\$75,900 <input type="checkbox"/> HIGHER <input type="checkbox"/> LOWER

SAFE AT HOME REPAIR COST ASSISTANCE PROGRAM (TENANT PREQUALIFYING WORKSHEET)

PAGE 2 OF 2

➔ WHO OWNS THE REFRIGERATOR IN THE UNIT?	<input type="checkbox"/> LANDLORD <input type="checkbox"/> TENANT
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➔ WHO OWNS THE STOVE IN THE UNIT?	<input type="checkbox"/> LANDLORD <input type="checkbox"/> TENANT
-----------------------------------	---

HOW MANY BEDROOMS ARE IN YOUR UNIT? ↓				
<input type="checkbox"/> 1 BEDROOM	\$791	<input type="checkbox"/> YES, RENT IS HIGHER	<input type="checkbox"/> NO, RENT IS LOWER	DO YOU PAY FOR ANY UTILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH ONES? CHECK <input checked="" type="checkbox"/> ALL THAT APPLY ↓ <input type="checkbox"/> HEAT CIRCLE TYPE OF HEAT: GAS ELECTRIC OIL <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> COOKING CIRCLE TYPE OF HEAT: GAS ELECTRIC OIL <input type="checkbox"/> WATER <input type="checkbox"/> WATER HEATING CIRCLE TYPE OF HEAT: GAS ELECTRIC OIL
<input type="checkbox"/> 2 BEDROOMS	\$945	<input type="checkbox"/> YES, RENT IS HIGHER	<input type="checkbox"/> NO, RENT IS LOWER	<input type="checkbox"/> HEAT CIRCLE TYPE OF HEAT: GAS ELECTRIC OIL <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> COOKING CIRCLE TYPE OF HEAT: GAS ELECTRIC OIL <input type="checkbox"/> WATER <input type="checkbox"/> WATER HEATING CIRCLE TYPE OF HEAT: GAS ELECTRIC OIL
<input type="checkbox"/> 3 BEDROOMS	\$1137	<input type="checkbox"/> YES, RENT IS HIGHER	<input type="checkbox"/> NO, RENT IS LOWER	<input type="checkbox"/> HEAT CIRCLE TYPE OF HEAT: GAS ELECTRIC OIL <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> COOKING CIRCLE TYPE OF HEAT: GAS ELECTRIC OIL <input type="checkbox"/> WATER <input type="checkbox"/> WATER HEATING CIRCLE TYPE OF HEAT: GAS ELECTRIC OIL
<input type="checkbox"/> 4 BEDROOMS	\$1361	<input type="checkbox"/> YES, RENT IS HIGHER	<input type="checkbox"/> NO, RENT IS LOWER	<input type="checkbox"/> HEAT CIRCLE TYPE OF HEAT: GAS ELECTRIC OIL <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> COOKING CIRCLE TYPE OF HEAT: GAS ELECTRIC OIL <input type="checkbox"/> WATER <input type="checkbox"/> WATER HEATING CIRCLE TYPE OF HEAT: GAS ELECTRIC OIL

WARNING: TITLE 18, SECTION 1001 OF THE US CODE states that if a person is guilty of knowingly and willingly making false or fraudulent statements to any department of the US Government, it is a felony and he/she shall be fined under this title or imprisoned not more than 5 years, or both.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS CORRECT AND AUTHORIZE THE EXAMINATION OF SOURCE DOCUMENTATION AND OTHER RESOURCES TO VALIDATE THIS CLAIM.

➔ SIGNATURE	➔ DATE
-------------	--------

➔ SIGNATURE	➔ DATE
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EQUAL HOUSING OPPORTUNITY

Safe at Home Repair Cost Assistance Program *(tenant eligibility)*

Your landlord is applying for assistance under the Safe at Home Repair Cost Assistance Program. The assistance helps cover the cost of lead **hazard and code-related repairs to the common areas and individual rental units**. To help determine if the owner meets criteria for the program, tenant information is required. Incomes and rent are important factors in determining the amount of assistance. **WITHOUT THE INFORMATION, THE LANDLORD IS INELIGIBLE FOR ASSISTANCE.** **Therefore, would you please complete this form and return it WITH THE REQUESTED DOCUMENTS** to the Department of Planning & Development, City Hall, 169 Main Street, Woonsocket, RI 02895? If you have questions please call the Program Manager, 401-767-9228 or e-mail at sdicolella@woonsocketri.org.

A SEPARATE FORM IS REQUIRED FOR EACH RENTAL UNIT. IF UNIT IS VACANT PLEASE INDICATE "VACANT" UNDER "HEAD OF HOUSEHOLD"							
HEAD OF TENANT HOUSEHOLD				HOME PHONE #		WORK PHONE #	
STREET ADDRESS						APT. # OR FLOOR #	
PROVIDE THE FOLLOWING INFORMATION ON ALL INDIVIDUALS, INCLUDING HEAD OF HOUSEHOLD, WHO WILL RESIDE IN THE RENTAL UNIT:			*Please note: the information on ethnicity, race, and age is collected for statistical purposes only and has no bearing on eligibility. "Hispanic" describes an ethnicity, not a race. For race use codes listed in green boxes below.				
LAST NAME, FIRST NAME	RACE*	HISPANIC? Y OR N	BIRTH DATE	SOCIAL Sec#	EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER TELEPHONE #
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
W =White	N =Native Hawaiian/Other Pacific Islander		I-AW =American Indian/ Alaskan Native & White				
B =Black/African American	BW =Black/African American & White		I-AB =American Indian/ Alaskan Native; & Black/African American				
A =Asian/Pacific Islander	AW =Asian & White						
TO VERIFY INCOME, PLEASE ATTACH THE FOLLOWING DOCUMENTS: COPIES OF CURRENT SAVINGS ACCOUNT STATEMENTS OR PASSBOOKS; AND – IF EMPLOYED , ATTACH 2 CURRENT PAYSTUBS; IF PAY FLUCTUATES DUE TO OVERTIME OR OTHER CIRCUMSTANCES, ATTACH COPIES OF YOUR TAX RETURNS FOR THE PAST THREE YEARS IF UNEMPLOYED , ATTACH COPIES OF TAX RETURNS (FORM 1040) FOR LAST 3 YEARS AND/OR BENEFIT LETTERS; IF SELF-EMPLOYED , ATTACH COPIES OF TAX RETURNS FOR LAST 2 YEARS AND A YEAR-TO-DATE PROFIT AND LOSS STATEMENT.							
HAVE YOU RECEIVED A LEAD HAZARD INFORMATION PAMPHLET? <input type="checkbox"/> YES <input type="checkbox"/> NO							
<i>Certification and Authorization: The undersigned certify that the statements in this application are true, correct and complete. The City of Woonsocket is authorized to make inquiries and gather information that the City feels is necessary and reasonable concerning statements made on this application. It is understood that a false statement may result in the change of eligibility status. Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the US Government.</i>							
Sign				Date			
Sign				Date			

ANNUAL MONITORING of Rental Units -- POLICY & PROCEDURE

It is the City policy to monitor program participants' compliance with loan and other program regulations and documents **annually**.

All recipients of federal funds are given this Monitoring Policy to read and are required to sign this statement acknowledging that they have read this procedure and understand it fully.

It will be recognized by all parties, that not adhering to the following requirements will constitute an act of default of the federal funds awarded.

The City's Program Manager will send a yearly anniversary letter to each program participant approximately one month before the Anniversary (the date loan agreements were executed). The purpose of this letter will be to remind participants of their responsibilities under the program. It will outline the information required by the Housing Division of the Planning and Development Department and as detailed in the loan documents.

Enclosed with the anniversary letter will be the HUD Program Income & Rent Limits and the Utility Allowance Chart. These charts help program participants assess whether they have met income and rent programmatic requirements.

If a program participant does not respond to the Program Manager's letter, within a month period, a **Final Notice** is sent to recipient stating that if information is not received within **thirty days**, the recipient will be in default of their agreement. The City Solicitor will be notified to take all necessary action for the full reimbursement of funds awarded.

My/Our signature(s) acknowledge that I/We have read and understand the above Policy.

Date

Date

CITY OF WOONSOCKET –TOWN CDBG – INCOME ELIGIBILITY

*****PLEASE READ THIS SECTION PRIOR TO COMPLETING FORM*****

Indicate what your household expects to make over the next 12 months that is currently verifiable in writing & attach INCOME DOCUMENTATION CANNOT BE MORE THAN 6 MOS. OLD. (Attach 4 paystubs, 1040 long form, benefit award letters.) **ALL HOUSEHOLD MEMBERS MUST BE REPRESENTED. IF NO INCOME, INDICATE 0 IN COLUMN FIELDS & SIGN AS CERTIFICATION OF NO INCOME.**

COMPUTING IRS 1040 SERIES ADJUSTED GROSS INCOME	Each household member completes a column. If no income, please indicate a 0 in appropriate field(s)				Subtotal (add a-d)
CLIENT NAME:	a.	b.	c.	d.	e.
1. Wages, salaries, tips					
2. Taxable interest					
3. Dividend income					
4. Taxable refunds/ credits/offsets of state/ local income taxes					
5. Alimony received					
6. Business income (or loss)					
7. Capital gain (or loss)					
8. Other gains (or losses)					
9. Taxable amount of IRA distributions					
10. Taxable amount of pensions and annuities					
11. Rental real estate, royalties, partnerships, trusts, etc.					
12. Farm income (or loss)					
13. Unemployment compensation					
14. Taxable amount of Social Security benefits					
15. Other income					
16. Subtotal (lines 1-15)					
17. IRA deduction					
18. Medical savings account deduction					
19. Moving expenses					
20. One-half of self-employment tax					
21. Self-employed health insurance deduction					
22. Keogh and self-employed SEP and SIMPLE plans					
23. Penalty on early withdrawal of savings					
24. Paid alimony					
25. Subtotal (lines 17-24)					
26. Subtract line 25 from line 16. This is <i>Adjusted Gross Income</i>					

Your signature on this City of Woonsocket (HOME) SAFE at HOME Program form, and the signatures of each member of your household who is 18 years of age or older, certifies that all information presented above is complete and accurate. Signatures also authorize the City of Woonsocket to obtain information from a third party relative to your eligibility and continued participation in the (HOME) SAFE at HOME Program.

Head of Household (print name) a.	Head of Household Signature	Date
Other Adult Member of Household (print name) b.	Other Adult Member of Household Signature	Date
Other Adult Member of Household (print name) c.	Other Adult Member of Household Signature	Date
Other Adult Member of Household (print name) d.	Other Adult Member of Household Signature	Date

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990. **WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government**

CITY OF WOONSOCKET, RHODE ISLAND

DEPARTMENT OF PLANNING & DEVELOPMENT

Name _____ Social Security #: _____

Address _____

A City of Woonsocket property owner has applied for or participates in the HOME Program. Federal Regulations require the City to verify income of the Owner or Tenant household for each unit or assisted unit on the property.

We ask for your cooperation in supplying this information for the above-named applicant / occupant. This information will be used only to determine the eligibility status and level of benefit of the household.

Instructions to Occupant/Owner/Tenant: Please indicate your Source of Income, (for example: Employer name, Unemployment or Workers Compensation, Social Security, etc.) so that we may contact to verify income:

Employer/Agency Name: _____ **Contact #:** _____

RELEASE: I hereby authorize the release of the requested information.

Signature (Owner, Household Member or **Tenant**) _____

Date _____

Instructions to Employer, Agency Income Provider: Please check the appropriate box and provide the income/expense information and return to Healthy Homes Program Manager per instruction below.

<input type="checkbox"/> EMPLOYMENT	Current Annual Base Pay	\$
Any other guaranteed compensation not included above for commissions, bonuses, tips, etc.		\$
<input type="checkbox"/> Income (Annual Net) From Business		\$
<input type="checkbox"/> Social Security Benefits (Gross Monthly)		\$
<input type="checkbox"/> Pension And Annuities (Gross Monthly)		\$
<input type="checkbox"/> Veterans Administration Benefits (Gross Monthly)		\$
<input type="checkbox"/> Unemployment Benefits (Gross Weekly)		\$
<input type="checkbox"/> Public Assistance Income (Gross Monthly)		\$
<input type="checkbox"/> Alimony Or Separation Payments (Gross Monthly)		\$
<input type="checkbox"/> Other		\$
Will the above amount(s) change in the next 12 months? If yes, in what way?		<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF ORGANIZATION/agency		
ADDRESS		PHONE
AUTHORIZED REPRESENTATIVE NAME (please print)		
AUTHORIZED REPRESENTATIVE SIGNATURE		DATE

Your prompt return of the requested information will be appreciated. You may fax the information to 401-766-9312 or mail to the address at the bottom of this page, Attention HOME Program Manager, Woonsocket Planning Department.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

HOME RENTAL REHAB – LEASE PROVISIONS: To comply with 24 CFR 92.253, this exhibit serves as an amendment to the lease agreement now in effect for HOME-assisted rental units located at

92.253 Tenant and participant protections.

- (a) *Lease.* The lease between a tenant and an owner of rental housing assisted with HOME funds must be for not less than one year, unless by mutual agreement between the tenant and the owner.
- (b) **Prohibited lease terms.** The lease may not contain any of the following provisions:
 - (1) *Agreement to be sued.* Agreement by the tenant to be sued, to admit guilt or to a judgment in favor of the owner in a lawsuit brought in connection with the lease;
 - (2) *Treatment of property.* Agreement by the tenant that the owner may take, hold, or sell personal property of household members without notice to the tenant and a court decision on the rights of the parties. This prohibition, however, does not apply to an agreement by the tenant concerning disposition of personal property remaining in the housing unit after the tenant has moved out of the unit. The owner may dispose of this personal property in accordance with State law;
 - (3) *Excusing owner from responsibility.* Agreement by the tenant not to hold the owner or the owner's agents legally responsible for any action or failure to act, whether intentional or negligent;
 - (4) *Waiver of notice.* Agreement of the tenant that the owner may institute a lawsuit without notice to the tenant;
 - (5) *Waiver of legal proceedings.* Agreement by the tenant that the owner may evict the tenant or household members without instituting a civil court proceeding in which the tenant has the opportunity to present a defense, or before a court decision on the rights of the parties;
 - (6) *Waiver of a jury trial.* Agreement by the tenant to waive any right to a trial by jury;
 - (7) *Waiver of right to appeal court decision.* Agreement by the tenant to waive the tenant's right to appeal, or to otherwise challenge in court, a court decision in connection with the lease; and
 - (8) *Tenant chargeable with cost of legal actions regardless of outcome.* Agreement by the tenant to pay attorney's fees or other legal costs even if the tenant wins in a court proceeding by the owner against the tenant. The tenant, however, may be obligated to pay costs if the tenant loses.

IF ANY OF THE PROHIBITED PROVISIONS ARE CONTAINED WITHIN THE LEASE THEY ARE CONSIDERED VOID AND UNENFORCEABLE.

- (c) *Termination of tenancy.* An owner may not terminate the tenancy or refuse to renew the lease of a tenant of rental housing assisted with HOME funds except for serious or repeated violation of the terms and conditions of the lease; for violation of applicable Federal, State, or local law; for completion of the tenancy period for transitional housing; or for other good cause. To terminate or refuse to renew tenancy, the owner must serve written notice upon the tenant specifying the grounds for the action at least 30 days before the termination of tenancy.
- (d) **Rent may not exceed the applicable HOME Investment Partnership Program rent limit in effect at the time the lease was signed.**
- (e) Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

The presence of known lead-based paint and/or lead-based paint hazards in the dwelling have been disclosed to the lessees. Lessees have received a federally approved pamphlet on lead poisoning prevention.

A COPY OF THIS AMENDMENT HAS BEEN GIVEN TO THE TENANT OF THE RENTAL UNIT CITED ABOVE.

I HEREBY CERTIFY THAT THE INFORMATION ON THIS FORM IS CORRECT AND AUTHORIZE THE EXAMINATION OF SOURCE DOCUMENTATION AND OTHER RESOURCES TO VALIDATE THIS CLAIM.

PROPERTY OWNER (PRINT NAME)

PROPERTY OWNER SIGNATURE

DATE

WARNING: TITLE 18, SECTION 1001 OF THE US CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE US GOVERNMENT.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
OFFICE OF COMMUNITY PLANNING AND DEVELOPMENT
WATCH OUT FOR LEAD BASED PAINT POISONING
NOTIFICATION

TO: OWNERS AND TENANTS OF HOUSING CONSTRUCTED BEFORE 1978

If a property was constructed before 1978, there is a possibility it contains lead-based paint.

PLEASE READ THE FOLLOWING INFORMATION CONCERNING LEAD PAINT POISONING.

Sources of Lead Based Paint

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, windowsills and doorframes. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lampposts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, windowsills or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles containing lead, they may get these particles on their hands, put their hands into their mouths, and ingest a dangerous amount of lead.

Hazards of Lead-Based Paint

Lead poisoning is dangerous--especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death.

Symptoms of Lead-Based Paint Poisoning

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomachaches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times though, there are no symptoms at all. Because there are no symptoms does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

Advisability and Availability of Blood Lead Level Screening

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood lead level, you should immediately notify the Community Development or other agency to which you or your landlord is applying for rehabilitation assistance so the necessary steps can be taken to test your unit for lead based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate that hazard.

Precautions to Take to Prevent Lead-Based Paint Poisoning

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at your walls, ceilings, doorframes and windowsills. Are there places where the paint is peeling, flaking, chipping, or powdering? If so, there are some things you can do immediately to protect your child:

- (a) Cover all furniture and appliances;
- (b) Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork, window wells and ceilings;
- (c) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. DO NOT BURN THEM.
- (d) Do not leave paint chips on the floor or in window wells. Damp mop floors and windowsills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important; and
- (e) Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

Homeowner Maintenance and Treatment of Lead-Based Paint Hazards

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be corrected immediately. Before repainting,

All surfaces that are peeling, cracking, chipping or loose should be thoroughly cleaned by scraping or brushing the loose paint from the surface, then repainted with two (2) coats of non-lead-based paint. Instead of scraping and repainting, the surface may be covered with other material such as wallboard, gypsum or paneling. Beware that when lead-based paint is removed by scraping or sanding, a dust is created, which may be hazardous. The dust can enter the body either by breathing or swallowing it. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premises. SIMPLY PAINTING OVER DEFECTIVE LEAD-BASED PAINT SURFACES DOES NOT ELIMINATE THE HAZARD. REMEMBER THAT YOU CAN AS AN ADULT PLAY A MAJOR ROLE IN THE PREVENTION OF LEAD POISONING. YOUR ACTIONS AND AWARENESS ABOUT THE LEAD PROBLEM CAN MAKE A BIG DIFFERENCE.

Tenant and Homebuyer Responsibilities

You should immediately notify the management office or the agency through which you are purchasing your home if the unit has flaking, chipping, powdering or peeling paint, water leaks from plumbing, or a defective roof. You should cooperate with that office's effort to repair the unit.

I have received a copy of the Notice entitled "Watch Out for Lead Paint Poisoning."

Date

Print Full Name

Signature

Request for Copy of Tax Return

OMB No. 1545-0429

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

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can call 1-800-829-1040 to order a transcript.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	

4 Previous address shown on the last return filed if different from line 3

5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax return.

CITY OF WOONSOCKET, PLANNING DEPARTMENT, 169 MAIN STREET, PO BOX B, WOONSOCKET, RI 02895 (PH) 401-762-6400.

Caution. If the tax return is being mailed to a third party, ensure that you have filled in line 6 and line 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

6 Tax return requested. Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ _____

Note. If the copies must be certified for court or administrative proceedings, check here

7 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 eight years or periods, you must attach another Form 4506.

8 Fee. There is a \$57 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.	
a Cost for each return	\$ 57.00
b Number of returns requested on line 7	
c Total cost. Multiply line 8a by line 8b	\$

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here

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 return requested. If the request applies to a joint return, either husband or wife 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 on behalf of the taxpayer. **Note.** For tax returns being sent to a third party, this form must be received within 120 days of signature date.

	Telephone 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

General Instructions

Section references are to the Internal Revenue Code.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate a third party to receive the tax return. See line 5.

How long will it take? It may take up to 60 calendar days for us to process your request.

Tip. Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Automated transcript request. You can call 1-800-829-1040 to order a transcript through the automated self-help system. Follow prompts for "questions about your tax account" to order a tax return transcript.

Where to file. Attach payment and mail Form 4506 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 returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:	Mail to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, 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	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999

Chart for all other returns

If you lived in or your business was in:	Mail to the "Internal Revenue Service" at:
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, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
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, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250

Specific Instructions

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

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected.

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

Corporations. Generally, Form 4506 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 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

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 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

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 return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. 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, and the District of Columbia 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 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 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 simpler, we would be happy to hear from you. You can write to Internal Revenue Service, Tax Products Coordinating Committee, SE:W-CAR:MP:T:T:SP, 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.

EXHIBIT A

**Income Limits for Owners and Tenants of Affordable Rental Units
Effective December 2012**

	HOUSEHOLD	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
TENANT Income Limits	Very Low 50% (used for properties with <u>5</u> or more units)	25,300	28,900	32,500	36,100	39,000	41,900	44,800	47,700
	60% AMI (used for properties with <u>4</u> or fewer units)	30,360	34,680	39,000	43,320	46,800	50,280	53,760	57,240
OWNER Income Limits	LOW INCOME 80% area median income	40,450	46,200	52,000	57,750	62,400	67,000	71,650	76,250
US DEPT. OF HUD, 1/22/14									

EXHIBIT B

Home Program Rent Limits

**Rent Amounts Include All Utilities
Effective April 2013**

	Eff.	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
LOW HOME RENT LIMIT(used for properties with 5 or more units)	632	677	812	938	1047	1156	1263
HIGH HOME RENT LIMIT (used for properties with 4 or fewer units)	704	791	945	1137	1361	1491	1614

EXHIBIT C

Home Program Utility Allowance

Allowances for Tenant-Furnished Utilities and Other Services

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 4/30/2014)

See Public Reporting Statement and Instructions on back

Locality		Unit Type		Date (mm/dd/yyyy)			
Woonsocket Housing Authority		Apartment/Multi-family/Walk-up		01/01/2013			
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	24	28	32	35	39	43
	b. Bottle Gas	63	72	81	93	102	111
	c. Oil	51	63	71	79	87	95
	d. Electric	22	35	49	63	77	90
Cooking	a. Natural Gas	5	6	9	10	13	14
	b. Bottle Gas	12	15	24	27	33	36
	c. Oil						
	d. Electric	7	10	13	16	18	21
Other Electric		21	31	40	50	60	70
Air Conditioning		2	4	5	7	9	11
Water Heating	a. Natural Gas	9	14	19	23	28	33
	b. Bottle Gas	24	36	48	60	72	84
	c. Oil	20	32	44	55	67	79
	d. Electric	15	23	31	39	47	55
Water							
Sewer							
Trash Collection							
Range/Microwave		12	12	12	12	12	12
Refrigerator		13	13	13	13	13	13
Other- Monthly Electric/Gas Fees		14	14	14	14	14	14

Actual Family Allowances To be used by the family to compute allowance.
Complete below for the actual unit rented.

Name of Family	Utility or Service	per month cost
	Heating	\$
	Cooking	
	Other Electric	
	Air Conditioning	
	Water Heating	
	Water	
	Sewer	
	Trash Collection	
	Range/Microwave	
	Refrigerator	
	Other	
Total	\$	

Name of Family _____

Address of Unit _____

Number of Bedrooms _____

form HUD-52667 (12/97)

Previous editions are obsolete

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ref. Handbook 7420.8