

City of Woonsocket, RI

HOME

Investment Partnership Program Application

Rental Rehabilitation

(Non-profit organizations and other owners of tenant-occupied affordable rental projects)

169 Main Street, PO Box B

Woonsocket, RI 02895

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401-766-9312 (Fax)

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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 Rental Rehab 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: construction contract, 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.

Rental Rehab Program

Application Checklist

Remember to:

- Sign and date your application & certification
- Include board resolution authorizing submission (if applicable)

For the Preliminary Review, attach:

- Legal description of the property
- Letters of funding commitment, proof of funds
- Title Report
- Evidence of site control (Deed)
- Current appraisal or assessment (if available)
- Evidence of Paid Taxes, Insurance, Mortgage Balance
- Evidence of zoning approval, if applicable
- Site location map (show the location and the surrounding area)
- Photographs of property
- Tenant selection policy
- Copies of Current Tenant Leases
- Narratives & Preliminary Estimates (use application spreadsheet format)
- Comprehensive Lead Inspection (by licensed environmental inspector)
- Environmental review documents (as required in application package) – final review will be prepared by City

For the Final Review, the following items are required:

- Performance bond or escrow amount for gap funding (if necessary)
- Professional services contract(s), if executed
- Final financial projections
- Detailed construction specifications (fees apply)
 - Construction specifications must be prepared by a licensed architect or engineer; **OR**
 - City Construction Supervisor to prepare specifications

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

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PROGRAM SUMMARY

Financial Assistance

The City of Woonsocket will offer **up to \$15,000 per unit, up to \$60,000 maximum per project**, to owners (investors and nonprofit agencies) proposing to rehab affordable rental units. Affordability is determined by tenant income and rent limits.

Form of Assistance

Assistance will be in the form of a deferred, no-interest loan payable upon sale or transfer of property.

Match

Owners must be willing and able to provide a **25% financial match** of total rehab contract cost.

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). If a current appraisal is unavailable, the City's current tax assessment may be used. Appraisals must be completed by a State of RI-licensed appraiser. Desk-top appraisals (defined as a no drive-by or site visit) are not acceptable.

Processing Fee

Owners must pay an application processing / loan underwriting fee equal to 3% of the total amount of City HOME assistance. A portion of the 3%, \$150.00, is due upon notification of preliminary application approval and is nonrefundable. The balance of the 3% fee is due at the time of loan closing.

Specifications

Specifications will be prepared by the City Construction Supervisor (or the City designee) at a cost to the owner of \$150 per unit (subject to change) due upon preliminary application approval.

Alternatively, owners may have specs prepared by a licensed architect or engineer. All architect or engineer-prepared specifications must be reviewed and approved by the City Construction Supervisor. The cost to the owner for the City review of architect or engineer-prepared specifications is \$150 (subject to change).

Contract Management - Project Inspection Fee

A \$500 contract management and work inspection fee will be added to the deferred loan.

Owner Gap Contribution

If project rehab costs exceed the HOME maximum assistance of \$60,000, plus the 25% match, the owner must be willing and able to finance the gap. Proof of willingness and ability to contribute may include a deposit of cash to a restricted escrow account and/or a performance bond.

Financing Example

Example: 4 unit building where all units and tenants are eligible to become “Home Assisted.”	Sources	Costs
Total Rehab Costs		\$100,000.00
25% Match of Rehab Contract Amount by Owner	\$25,000.00	
HOME Assistance	\$60,000.00	
Gap (Owner’s Escrow or Performance Bond)	\$15,000.00	
	\$100,000.00	\$100,000.00
Owner Loan Processing Fee \$ 1,800.00 (3% x \$60,000) payable at loan closing		

Due from owner prior to closing:

25% Match	\$25,000
3% Processing	\$ 1,800
Gap	\$15,000
Specs	\$ 600
Total Due	\$42,400

Project Description

A description of the project must accompany the application. The clear and concise narrative should include the following:

1. Objectives and beneficiaries of the proposal
2. Current ownership, condition and zoning status of property(ies)
3. Current occupancy of property(ies)
4. Location of the property and its impact on surrounding neighborhood.
5. Describe housing developments or programs completed and those underway by owner.
6. Identify the staff and/or development team (include architects, engineers, consultants, property manager, etc.), as well as their qualifications and experience.
7. Describe if you have entered into a contract or have a proposed contract for professional services (i.e., consulting, architectural/ engineering), please attach a copy of the contract(s).
8. Spreadsheets in a format similar to those included in this application must accompany the application.

Financial Information

Financial information in the format of the attached spreadsheets must accompany the application. The spreadsheets should include the following:

- A Detailed Construction Estimate
- Development Sources
- Development Uses
- Operating Budget
- Detailed Preliminary Budget

Site Control

Evidence of site control must accompany the application.

- A copy of the Deed.
- A current Title Report
-

Title Report

A title report must be less than 30 days old to be accepted.

Income and Rental Rate Criteria

Prior to final approval, owners are required to provide valid documentation of tenant income status and rental rates. *A Tenant Information Form* (TIF) for each assisted unit must be submitted for final approval. The TIF is **not needed with initial submission of this application.**

Tenants of HOME-assisted units must be at or less than 60% area median income. For properties with 5 or more units, 20% of HOME-assisted units must be occupied by tenants at or less than 50% area median income.

Income Limits

Effective December 2012

HOUSEHOLD	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
30% AMI	15,100	17,250	19,400	21,550	23,300	25,000	26,750	28,450
Very Low 50%	25,200	28,800	32,400	35,950	38,850	41,750	44,600	47,500
60% AMI	30,240	34,560	38,880	43,140	46,620	50,100	53,520	57,000
LOW INCOME	40,250	46,000	51,750	57,500	62,100	66,700	71,300	75,900

Rent Limits

Effective November 16, 2011

For properties with 4 or fewer HOME-assisted units, total tenant costs must be at or less than the High Home Rent. For properties with five or fewer Home-assisted units, the total tenant cost of 20% of the HOME-assisted units must be more or less than the Low Home Rent (the total tenant cost of the remainder of Home-assisted units must be at or less than the High Home Rent).

Rent amounts shown **INCLUDE all utilities**. If tenant pays any utilities, you must subtract those tenant-paid utility amounts (see Utility Allowances below) from the Program rent limit shown to determine maximum rental rate allowed.

	Eff.	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
LOW HOME RENT LIMIT	662	709	851	983	1096	1210	1323
HIGH HOME RENT LIMIT	762	849	977	1168	1349	1491	1614

Monitoring

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

Utility Allowances

Calculate monthly dollar allowances according to number of bedrooms in each unit. Add monthly utility allowance to rent to determine gross rent. All HOME rent limits are gross rents.

UTILITY	0 bdrm	1-bdrm	2-bdrm	3-bdrm	4-bdrm	5-bdrm
HEATING						
Natural gas	51	67	87	108	128	146
Oil	105	138	179	224	264	302
Electric	42	55	72	89	106	121
Bottle gas	138	182	237	296	349	400
COOKING						
Natural gas	8	10	14	17	21	23
Electric	7	9	11	14	18	19
Bottle gas	22	28	38	47	58	62
WATER HEATING						
Natural gas	10	13	17	22	27	29
Oil	19	24	33	40	50	54
Electric	11	14	19	24	29	32
Bottle gas	28	36	48	59	73	79
All Other ELECTRIC						
	24	30	41	50	62	67
Water	33	38	44	51	55	60
Other (specify)						
Effective 8/2008						

Affordability Terms

A condition of the loan is that the owner, for a specified number of years: 1) rent to tenants who meet the above income limits; and 2) keep the total cost of the HOME-assisted units at or below the above rental limits. The specified number of years is referred to as the “affordability period.”

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.

- \$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) Owners must obtain a CLI by a state-licensed environmental lead inspector for the preliminary review of the application.
- Certification of Lead Safe Clearance (CLSC) – a CLSC must be completed upon project completion in order to produce a Lead Safe Certificate. A \$130 per unit fee will be added to the deferred loan for the CLSC. The contractor will schedule the lead inspector when project is at clearance status.
- Housing Quality Standards and Visual Assessment (HQS-VS) – The City Construction Supervisor will conduct a HQS-VS prior to project start.
- Site Inspections – Curing the project, the City Construction Supervisor will conduct random site inspections to approve requests for payment.
- Labor Standards & Other Contract Conditions – The City Construction Supervisor, or City designee, will conduct site inspections for labor standards compliance (for projects of 12 or more units), as well as other contract issues.
- Annual Inspections – On an annual basis, and to meet HUD monitoring requirements, the City will conduct an inspection of a random number of units. Inspection 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 and will be completed by the City staff.

Mandatory Rehab Areas

Owners must correct and maintain Minimum Housing Code standards and comply with HUD’s Regulation on Controlling Lead-Based Paint Hazards. These regulations control how the work is to be performed and who is allowed to perform the work.

Contractor Solicitation

Program administration will coordinate the solicitation of bids to qualified contractors via a sealed bid opening. By a pre-established deadline established by the Program, contractors are required to submit sealed bids in City-designated format to the City of Woonsocket for opening and review at a designated time and place.

Contractor Selection

All contractors must be City-qualified, licensed by the State of RI and 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. The lowest qualified bidder will be awarded the contract. Qualifications include (but are not limited to) cost of project, as well as willingness and ability to meet time requirements. Contractors may inquire with this office to become City-certified.

Federally disbarred contractors may not be considered

Federal procurement standards must be applied in the selection of contractors. Bids must be comparable, and copies of the bids must be submitted to the City for final bid review and approval. Contract provisions must meet federal requirements (24 CFR 85.36). The City will assist in the preparation of contracts. 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 budget. 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 the total project is at the cap of \$15,000 per unit, no CO-federal financing will be approved. If the project is less than \$60,000, COs (up to the cap of \$15,000 per unit), may be approved and added to the contract.

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>

Project Application Form

CERTIFICATION OF UNDERSTANDING

The undersigned certifies 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.

Applicant (property owner) (please print)

Authorized agent for applicant (please print)

➔ Authorized agent signature

Date

Contact Person for Applicant:

Address:

City/Town/State/Zip Code:

Phone: Fax:

e-mail address:

Tax ID #:

Form of organization: Non-Profit For Profit PHA CHDO Other (specify):

Full Address of Proposed Development:

Current owner of Subject Property:

of current units:

of proposed units:

of proposed **HOME** units

Plat #

Lot #

Census Tract & Block Group

Current Appraised Value

Date of Appraisal

(please submit a copy of appraisal, if done within last 6 months)

Consultation with City Staff Required for Completion

Activity	Expected Completion Date
Commitment of all funding (please list sources)	
Completion of design/engineering	
Bid Opening	
Construction/Rehab Start	
Construction/Rehab completion	
Full Occupancy	

For Environmental Review – please provide the following information

Item	Obtained	Needed	Not Needed	In Process	Expected Date
Zoning Approval					
DEM Wetlands					
DEM Remediation					
DEM Septic Approval					
HUD Flood Zone (submit FEMA Flood Map for every project address)		x*			
Historic Review		x*			
Tribal Review		x*			
Planning/Subdivision					
Comprehensive Lead Exam		x*			
Phase I Environmental Assessment					
Phase II Environmental Impact					
Market Study					
Work Permits		x*			
Plumbing					
Electrical					
Other					

***mandatory (other areas are project-specific)**

Rental Unit Table

Complete the table below for all HOME-Assisted rental units. Use the HOME rents listed earlier in this document. Use additional sheets, if necessary.

	# of Bed-rooms	Proposed rent (excluding utilities)	Monthly utilities (use Utility Allowance Sheet)	Will tenants pay own utilities? Yes / No	Gross Rent (rent & utilities) Note: HOME rents are gross rents and cannot be exceeded
Unit 1					
Unit 2					

Income Targeting Table

In the table below, list proposed number of HOME-assisted units by area median income. Use income limits listed earlier in this document. Place a number next to each income category.

Number of HOME Units for households at 0% to 30% of area median income:
Number of HOME Units for households at 31% to 50% of area median income:
Number of HOME Units for households at 51% to 60% of area median income:
Total HOME Units:

Relocation Table (consult with City staff for relocation requirements)

Does project involve relocation of tenants? Yes No
If yes, please attach your relocation plan.
How many existing units are currently occupied? #
Will current tenants be permanently displaced? Yes No
How many households will be permanently displaced? #
Estimated relocation costs for permanently displaced tenants: \$ x number of households = \$
Will current tenants be temporarily relocated? Yes No
How many households will be temporarily relocated? #
Estimated temporary relocation costs: \$ x number of households = \$

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

FINANCIAL SPREADSHEETS

SOURCES (fill in all those that apply)	Amount	Terms	Committed? Yes/No
HOME - City:		\$15,000 per unit (\$60,000 maximum)	
Building Homes Rhode Island			
NSP (Neighborhood Stabilization Program)			
HUD 811			
HUD 202			
McKinney (Supportive Housing Program) Funds			
CDBG - municipality:			
Lead - RIH or Municipality:			
Thresholds			
Weatherization			
Special Needs Rental Production Program (SNRP)			
Self Help Homeownership Program (SHOP)			
Affordable Housing Program (FHLB)			
Tax Credits			
Federal Historic Tax Credits			
State Historic Tax Credits			
Targeted Loan			
Rhode Island Housing First Mortgage			
Other Permanent Financing			
Indicate Lender:			
Construction Financing			
Indicate Lender:			
Private Foundations			
Sales Proceeds			
Other:			
TOTAL	\$		

The <u>Sources</u> Columns should correspond with those listed on the Sources page of the Development Proforma.						
	Indicate Source					
	here:	here:	here:	here:	here:	
						Amount
Site Acquisition						
Hard Costs						
Site Preparation						
Infrastructure (roads, utilities)						
Demolition/Lead Abatement						
Construction (Includes cost breakdown)						
Landscaping						
Environmental Remediation						
Total Hard Costs:						
Soft Costs						
Permits/Surveys						
Appraisal/Market Study						
Environmental Reports						
Architectural Fees						
Engineering						
Construction Manager						
Legal Costs						
Title/Recording						
Insurance during construction						
Utilities during construction						
Taxes during construction						
Financing Fees						
Accounting						
Marketing and Lease-Up						
Consultant						
Developer Fee						
Relocation (consult with City staff)						
Reserves						
Total Soft Costs:						
Total Development Costs:						

1	<u>Annual Income</u>	<u>Budget</u>	<u>Notes</u>
2	Total number of units		
3	Total Annual Rent (from Rent Worksheet)		
4	Less Vacancy Rate of 5%		If a higher vacancy rate will be calculated, please justify.
5	NOP/Other Operating Subsidy		
6	Laundry income, etc.		
7	TOTAL Annual Income		
8			
9			
10	Annual Operating Expenses		
11	Utilities (including sewer, water)		
12	Maintenance		
13	Taxes		
14	Insurance		
15	Reserves & Capital Expenditures		
16	Property Management		Management fees should be about 6 - 7 % of Gross Rent if professionally managed.
17	Supportive Services		
18	Other		
19	Total Operating Expenses		
20			
21			
22	Annual Cash Flow		
23	TOTAL Annual Income		
24	TOTAL Operating Expenses		
25	Net Operating Income (NOI)		Total Annual Income less Total Operating Expenses
26			
27	NOI (from line 25)		
28	Monthly Mortgage Payment		
29	Annual Debt Service		Monthly mortgage X 12
30	Cash Flow		NOI minus Annual Debt Service
31			
32	Debt Coverage Ratio (NOI divided by annual debt service)		NOI divided by Annual Debt Service
33			
34	Total Operating Cost per unit (line 19 divided by line 2)		Divide Total Operating Expenses by the number of units.

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	\$25,200 <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	\$28,800 <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	\$32,400 <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	\$35,950 <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	\$38,850 <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	\$41,750 <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	\$44,600 <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	\$47,500 <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
--	---

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

HOW MANY BEDROOMS ARE IN YOUR UNIT? ↓		IS YOUR MONTHLY RENT HIGHER THAN THE AMOUNT LISTED BELOW? IF LOWER, LIST AMOUNT ↓	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"/> 1 BEDROOM	\$849	<input type="checkbox"/> YES, RENT IS HIGHER <hr/> <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"/> 2 BEDROOMS	\$977	<input type="checkbox"/> YES, RENT IS HIGHER <hr/> <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	\$1168	<input type="checkbox"/> YES, RENT IS HIGHER <hr/> <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	\$1349	<input type="checkbox"/> YES, RENT IS HIGHER <hr/> <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
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➔ 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					
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			

INCOME ELIGIBILITY FORM

*****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**

INCOME VERIFICATION BY THIRD PARTY

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in what way?		
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 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