



CITY OF WOONSOCKET, RHODE ISLAND

Safe at Home

(Repair cost assistance to Owner-Occupied Single-Family Homeowners)

PROGRAM INFORMATION & APPLICATION PACKAGE

THIS APPLICATION PACKAGE CONSISTS OF MULTIPLE PAGES AND INCLUDES A NUMBER OF FORMS, WHICH MUST BE COMPLETED AND RETURNED. IN ORDER TO EXPEDITE THE PROCESSING OF YOUR APPLICATION, PLEASE READ ALL PAGES CAREFULLY AND COMPLETE ALL FORMS CLEARLY AND ACCURATELY. 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).

APPLICATION PROCESS

Funded by the US Department of Housing & Urban Development (HUD) through the HOME Investment Partnership Program (HOME), the City of Woonsocket (the City) is administering Safe at Home. The goal of Safe at Home is to provide qualified Woonsocket homeowners with a loan of up to \$25,000 to assist with covering the cost of complying with RI State Property Maintenance Code, making code-related repairs and removing lead hazards. HOME is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act, as amended. Program regulations are at 24 CFR Part 92.

The no-interest loan will be partially forgiven (50%) and partially deferred (50%). Repayment of the deferred loan is made at the time of sale, exchange or transfer of title. The forgivable portion of the loan is forgiven after a predetermined amount of time in which the owner agrees to maintain the property as a principal residence. In case of loan default, the loan is recaptured according to the City's Recapture Policy.

Applicants who meet the necessary qualifications will receive their loan on a first-come, first-served basis. There are limited funds available, and the City reserves the right to expand or terminate the program depending on the availability of funds and/or market conditions. This application does not constitute a contract.

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 the 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.

Questions? For information regarding this application package, contact the Program Manager at 401-767-9243 / email: vvega@woonsocketri.org.

Applicant Prequalifying Worksheet – SIGNATURE REQUIRED

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 401-767-9243.

Note: Income limits as of April 2022. Subject to change.

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	\$54,150	<input type="checkbox"/> YES , INCOME IS HIGHER	<input type="checkbox"/> No , INCOME IS NOT HIGHER
<input type="checkbox"/> 2	\$61,900	<input type="checkbox"/> YES , INCOME IS HIGHER	<input type="checkbox"/> No , INCOME IS NOT HIGHER
<input type="checkbox"/> 3	\$69,650	<input type="checkbox"/> YES , INCOME IS HIGHER	<input type="checkbox"/> No , INCOME IS NOT HIGHER
<input type="checkbox"/> 4	\$77,350	<input type="checkbox"/> YES , INCOME IS HIGHER	<input type="checkbox"/> No , INCOME IS NOT HIGHER
<input type="checkbox"/> 5	\$83,550	<input type="checkbox"/> YES , INCOME IS HIGHER	<input type="checkbox"/> No , INCOME IS NOT HIGHER
<input type="checkbox"/> 6	\$89,750	<input type="checkbox"/> YES , INCOME IS HIGHER	<input type="checkbox"/> No , INCOME IS NOT HIGHER
<input type="checkbox"/> 7	\$95,950	<input type="checkbox"/> YES , INCOME IS HIGHER	<input type="checkbox"/> No , INCOME IS NOT HIGHER
<input type="checkbox"/> 8	\$102,150	<input type="checkbox"/> YES , INCOME IS HIGHER	<input type="checkbox"/> No , INCOME IS NOT HIGHER
→ WHAT HOME REPAIRS DO YOU THINK ARE NEEDED? THE SAFE AT HOME 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	

APPLICATION – Safe at Home Repair Cost Assistance Program – SIGNATURE REQUIRED

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"/>		
Name of Insurer		Agent Name		Agent Address		Insurance Value \$	
1st Mortgage Holder		Current Balance \$		2nd 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	
				B=Black/African American		BW=Black/African American & White	
Please note: the information on ethnicity, race, and age is collected for statistical purposes only and has no bearing on eligibility.				A=Asian/Pacific Islander		AI=American Indian/Alaskan Native	
				I-AW=American Indian/ Alaskan Native & White		N=Native Hawaiian/Other Pacific Islander	
Provide information on all household members -		Race *	Hispanic ? Y or N	DOB	Social Sec#	Employer Name	Employer Address
Last name, first name							
		<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				
		<input type="checkbox"/> Y <input type="checkbox"/> N	<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 months of 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.							
Signed:					Date:		
Signed:					Date:		

ANTICIPATED INCOME FORM – (SIGNATURE REQUIRED) – READ THE FOLLOWING INSTRUCTIONS.

City of Woonsocket SAFE AT HOME Repair Cost Assistance Application Package (OO/SF)

CITY OF WOONSOCKET PROGRAM INCOME ELIGIBILITY *PLEASE READ THIS SECTION PRIOR TO COMPLETING FORM*

●Enter the household income expected to be received during the next 12 months. **All household members must be included.** Obtain and attach written documentation of all anticipated income. Income documentation cannot be more than 6 months old. Submit 2 months of paystubs, 1040 tax return, benefit award letters. If no income, indicate zero in all column fields & sign as certification of no income. Each household member must complete a separate column and sign/date. Thank you.

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 for Armed Forces member					
20. Deductible part 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. Educator expenses					
26. Certain business expenses of reservists, performing artists, fee based gov't. officials					
27. Student loan interest deduction					
25. Subtotal (lines 17-24)					
26. Subtract line 25 from line 16. This is Adjusted Gross Income as defined by the Internal Revenue Service (IRS) Form 1040 series for individual Federal annual income tax reporting purposes					

Your signature on this City of Woonsocket (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 any connected third party concerning your eligibility and continued participation in this Program.

City of Woonsocket SAFE AT HOME Repair Cost Assistance Application Package (OO/SF)

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

City of Woonsocket SAFE AT HOME Repair Cost Assistance Application Package (OO/SF)

Form 4506 (Rev. September 2013) Department of the Treasury Internal Revenue Service	Request for Copy of Tax Return ► Request may be rejected if the form is incomplete or illegible.	OMB No. 1545-0429
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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 quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

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.

Caution. If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

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 \$50 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, ITIN, or EIN and "Form 4506 request" on your check or money order.	
a Cost for each return	\$
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 ☐

Caution. Do not sign this form unless all applicable lines have been completed.

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, at least one spouse 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 the signature date.

	Phone number of taxpayer on line 1a or 2a
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Sign Here	Signature (see instructions)	Date	
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 41721E **Form 4506** (Rev. 9-2013)

Access the most recent version of Form 4506 here: <https://www.irs.gov/pub/irs-pdf/f4506.pdf>

APPLICANT INFORMATION RELEASE FORM – SIGNATURE REQUIRED

PURPOSE: Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the City of Woonsocket to obtain information from a third party, relative to your eligibility and/or participation in the **City of Woonsocket Safe at HOME Program**.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Inquiries may be made about the following items
Income (all sources)
Assets (all sources)
Child Care Expense
Handicap Assistance Expense (if applicable)
Medical Expense (if applicable)
Other (list) – use additional sheet, if necessary
Dependent Deduction ___ Full-Time Student ___ Handicap/Disabled Family Member ___ Minor Children

AUTHORIZATION: I authorize the City of Woonsocket and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the Applicant in this process.

Head of Household—Family Member #1 (Head of Household)		
Signature	Printed Name	Date
Other Adult Member of the Household—Family Member #2		
Signature	Printed Name	Date
OTHER ADULT MEMBER OF THE HOUSEHOLD—FAMILY MEMBER #3		
Signature	Printed Name	Date
OTHER ADULT MEMBER OF THE HOUSEHOLD—FAMILY MEMBER #4		
Signature	Printed Name	Date

APPLICANT SUBSIDY DISCLOSURE FORM – SIGNATURE REQUIRED

CERTIFICATION

Per HUD Regulations, 24 CFR 92.250(b), the City will obtain a formal certification from each applicant concerning the governmental assistance provided or to be provided to the project. If no such assistance is to be provided at the time of application or in the future, the applicant(s) will need to certify to that fact. The applicant must also certify that should other governmental assistance be sought in the future, the City will be notified promptly.

I (print name) _____ hereby certify as Borrower and Applicant that in the project being undertaken at

(address)

with the City of Woonsocket, RI as lender, no other governmental assistance is being provided or will be provided in the future to the project. If other governmental assistance is sought in the future, the City will be notified promptly.

SIGNED

DATE

WATCH OUT FOR LEAD BASED PAINT POISONING NOTIFICATION FORM – Page 1 of 2 pages (Signature Required)

TO: OWNERS AND TENANTS OF HOUSING CONSTRUCTED BEFORE 1978 (owners, please share this notice with your tenants)

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 poisoning are 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

WATCH OUT FOR LEAD BASED PAINT POISONING NOTIFICATION FORM – PAGE 2 OF 2 PAGES (SIGNATURE REQUIRED)

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 Home buyer 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 reviewed the notice entitled "Watch Out for Lead Paint Poisoning" and "Protect Your Family from Lead in Your Home" at the EPA website, and will share the notice with tenants.

https://www.epa.gov/sites/production/files/2014-02/documents/lead_in_your_home_brochure_land_b_w_508_easy_print_0.pdf

Print Full Name

Date

Signature

Print Full Name

Date

Signature

**APPLICANT CERTIFICATION OF PROGRAM UNDERSTANDING AND NO CONFLICT OF INTEREST –
SIGNATURE REQUIRED**

I have reviewed all parts of the SAFE AT HOME application package and understand the application requirements and eligibility criteria.

I certify that no payment, bonus, commission or fee was given or taken for the purpose of obtaining the City or its agent's approval or concurrence in connection with the procurement of this Loan.

I also certify that neither I, nor anyone with whom I have family or business ties, is an employee, agent, consultant, officer, or elected official or appointed official of the participating jurisdiction, State recipient, or subrecipient which are receiving HOME funds, who exercise or have exercised any functions or responsibilities with respect to activities assisted with HOME funds or are in a position to participate in a decision-making process or gain inside information with regard to these activities.

I hereby apply for a loan from the City of Woonsocket. I agree to comply with all terms and conditions related to the loan. I understand the submission of false or misleading information may result in the rejection of this application. I have also read and understand the warning statement at the bottom of this page.

Applicant Signature	Date
Co-Applicant Signature	Date

APPLICANT ELIGIBILITY AND APPLICATION INSTRUCTIONS

Eligibility Criteria

1. Applicant must be 18 years of age or older.
2. Applicant must meet income eligibility for his/her household size as determined by HUD (included in the application package).
3. Ownership must be evidenced by deed and title report.
4. Real property, after rehab, must not exceed HUD's Homeownership value limits for Providence County (included in the application package).
5. Applicants must occupy the home as their primary and principal residence for the "period of affordability" determined by the amount of assistance.
6. Rehab must result in all HUD and City Program required lead safety and housing condition and quality standards being met (UPCS definitions) and, if not exempt, an appropriate lead safe certification must be secured.
7. Eligible properties must be zoned for residential use only.
8. An Environmental Review must show that the proposed rehab has no environmental adverse impact.
9. The loan must be used for rehab purposes only.
10. Applicant must show sufficient home equity to secure the deferred loan amount.
11. Applicant must be current on all taxes, water/sewer usage, and sewer assessment. Properties cannot be involved in a foreclosure proceeding or listed for sale.
12. Loan execution is contingent upon proof of paid insurance with the City as a named insured.
13. If project costs exceed the HOME maximum of \$25,000 for a single-family home, 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.

INSTRUCTIONS

For Step 1, the preliminary review, complete, and submit the following forms, which are found in this application package:

- ☐ Owner Prequalifying Worksheet
- ☐ Copy of driver's license (if license is unavailable, provide a picture ID)

After you are notified of your preliminary approval, proceed to Step 2

For Step 2, the final review, **collect and submit the following documents**

- ☐ Application
- ☐ Anticipated Household Income Form (project what you will make over next 12 mos. based on what you make and can verify now, add additional projected income if any that you can document.
- ☐ Income verification (check stubs, tax returns, benefit award letters, other documentation) for all household members

Copy of previous year's tax return (IRS Form 1040 and Form 4506) and **two (2) months of current pay stubs** and verification for any other source of income for applicant/co-applicant and any family member 18 years or older. If an applicant/co-applicant did not file a previous year's tax return, they must submit a letter stating why there was no tax return filed for the previous year, as well as an original letter from current employer, on company letterhead, stating expected rate of pay and expected number of scheduled hours for the upcoming year

- ☐ Information Release Form
- ☐ Current Mortgage Statement
- ☐ Subsidy Disclosure Form
- ☐ Watch Out For Lead Based Paint Poisoning Notification Form
- ☐ Certification of Program Understanding and No Conflict of Interest
- ☐ Evidence of site control (deed with legal description)
- ☐ Real estate appraisal (if available)
- ☐ Copy of insurance certificate (home owner & flood – if in flood plain). City to be listed as mortgagee on policy.
- ☐ Copy of owner's ID (license, state ID, passport)

PROGRAM-RELATED POLICIES

Equal Housing Opportunity Policy

The City of Woonsocket HOME Program is funded through the US Dept. of Housing & Urban Development Home Investment Partnership Program. 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.

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 community.

Flood Insurance Policy

HOME-assisted property owners are mandated to purchase and maintain flood insurance for structures located within the Special Flood Hazard Area (designated with the letter "A" or "V" on the flood map) and submit policy documentation, as requested.

Property Standards Policy

Project considered complete when all lead safety and housing quality standards (lead and UPCS definitions) are met and a lead safe ("Acceptable Clearance") certification achieved.

Visual Assessment and HQS inspection will be completed by the City on all homes for health and safety concerns and for Lead Based Paint hazards for homes built prior to 1978.

Refinancing / Subordination Policy

The City of Woonsocket is not legally required to agree to subordinate its mortgage to any new financing position. However, the City will consider the subordination of its mortgage(s) for refinancing proposals that adhere to the policy guidelines as detailed in the Subordination Application, available from the City of Woonsocket. The City will subordinate TO A SECOND POSITION ONLY.

Recapture Policy

If the loan falls into default or the assisted owner elects to sell prior to the expiration of the affordability period, the entire amount of HOME assistance becomes due. The forgivable loan is forgiven in one lump sum upon the expiration of the affordability period.

However, the owner elects to sell and there are no net proceeds from the sale, or the net proceeds are insufficient to repay the HOME investment due, 24 CFR Part 92 Interim Rule revised 92.254 and clarifies that recaptures are limited to the amount of net proceeds (sale price minus loan repayment (other than HOME funds) and any closing costs).

In the event of an uncured default, the City may, at its option and within the limits of the law, seek and obtain a personal judgment for all amounts payable under the Note. This right shall be in addition to any other remedies available to the City.

Conflict of Interest Policy

No payment, bonus, commission or fee will be given or taken for the purpose of obtaining the City or its agent's approval or concurrence in connection with the procurement of this Loan.

No persons described in paragraph below titled "Persons Covered" who exercise or have exercised any functions or responsibilities with respect to activities assisted with HOME funds or who are in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from a HOME-assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the participating jurisdiction, State recipient, or subrecipient which are receiving HOME funds.

LEGAL DOCUMENTS:

- Promissory Note – This document states that the Applicant agrees to pay the City the loan amount if they should move, sell or refinance the HOME-Assisted Property. **THE CITY WILL APPROVE A PROJECT WHERE THE MORTGAGE IS IN A SECOND POSITION ONLY.**
- Mortgage (recorded copy) – This document states the City is a beneficiary whereby the City has a lien on the purchased property until the loan is repaid.
- Loan Agreement – This document specifies the principal residency/affordability period requirements.
- Contract – This document is between the rehab contractor and the property owner, with the City included as a third party fiscal agent.

HUD INCOME LIMITS AND HOME PURCHASE PRICE LIMITS (SUBJECT TO CHANGE)

HOUSEHOLD SIZE MAXIMUM YEARLY INCOME (effective June 2022 and subject to change) – Adjusted gross income as defined by the Internal Revenue Service (IRS) Form 1040 series for individual Federal annual income tax reporting purposes.

Household Size							
1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
\$54,150	\$61,900	\$69,650	\$77,350	\$83,550	\$89,750	\$95,950	\$102,150

The above figures represent 80% Area Median Income Limits (AMI) and are subject to change.

- **AFTER REHAB VALUE**

Real property after-rehab value cannot exceed HUD's Homeownership value limits for Providence County. The following **HOME limits are effective June 2022**.

\$290,000 1 unit	\$371,000; 2 unit	\$449,000; 3 unit	\$556,000; 4 unit
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If you have any questions or concerns regarding the application package and process, please call the Program Manager at 401-767-9228.

MAIL OR DELIVER DOCUMENTS TO:

City of Woonsocket, 169 Main Street, PO Box B
Housing Division
Department of Planning and Development
Woonsocket, RI 02895
PHONE (401) 767-9243
FAX (401) 766-9312
vvega@woonsocketri.org