

FRAMINGHAM HOUSING REHABILITATION ASSISTANCE PROGRAM

The following is a list of information needed to determine income-eligibility for Program assistance.
Please provide all *applicable* information with your completed application.

Income Tax Documentation:

Copies of 3 most recent years of *signed* income tax (both MA and IRS) documents (1040, 1098, All schedules) including W-2 forms and 1099 statements. In the event a tax document is missing in part or in whole, a transcript or certified copy may be requested from the IRS.

If self-employed, include year-to-date Profit and Loss statement and last four (4) quarterly tax payment documents

Financial Institution Account Information:

Copies of checking account statements for the **last six (6) months**

Most recent statement of saving account(s), IRA, stocks/bonds, annuities, CDs, mutual funds, money market accounts, etc.

Verification of Income:

Last 12 months of:

Payroll stubs (3 months) and W-2 or Signed Employment Verification Form (by Employer)

Alimony Or Child Support

Social Security

Pension

Social Security Disability Insurance (If not receiving SSDI, applicant may be required to submit evidence of disability)

Unemployment

Government assistance

Other (identify): _____

Rental income (provide copy of lease and checks received from tenant(s))

Liabilities:

Provide copies of most recent statement(s):

Auto loan/lease(s)

Credit card(s)

Personal loan(s)

Department store(s)

Other (identify) _____

Housing Expenses:

Provide copies of most recent statement(s):

Mortgage(s)

or evidence of mortgage discharge

Fire/hazard insurance

Real estate taxes

Water/sewer

Gas

Oil

Electric

Additional Documents:

Deed (signed)

Photo ID

Social Security Card

Birth Certificate (s)

FRAMINGHAM HOUSING REHABILITATION PROGRAM APPLICATION
for income-eligible owners of single and two-family residential structures and owner-occupants of condominium units

HOUSEHOLD INFORMATION:

Applicant

Co-Applicant

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Ethnicity: Hispanic or Latino: Yes _____ No _____

Race: _____ White _____ Black or African American _____ American Indian/Alaskan Native

_____ Asian _____ Native Hawaiian or Other Pacific Islander

Number of persons currently residing in dwelling unit: _____

Number of children under age 6 residing in dwelling unit: _____

Number of persons with disabilities currently residing in dwelling unit: _____

Female head of household Yes _____ No _____

PROPERTY INFORMATION:

Name(s) on deed: _____

Number of units (only one and two-family residential structures are eligible for assistance): _____

If you have a rental unit, is the unit currently occupied? Yes _____ No _____

Current monthly rent from unit: (Provide copy of lease and evidence of deposits of rent)

\$ _____

Number of persons currently residing in rental unit: _____

Number of children under age 6 residing in rental unit: _____

PROJECT WORK

Briefly describe the work that requires Program assistance.

ANNUAL INCOME INFORMATION

<i>List gross dollar amounts</i>	<i>Applicant</i>	<i>Co-Applicant</i>
Wages, salary, tips	\$	\$
Business income (self-employed)	\$	\$
Social Security	\$	\$
Pension	\$	\$
Alimony	\$	\$
Dividends and interest	\$	\$
Non-taxable income	\$	\$
Social Security Disability Insurance	\$	\$
Other (describe)	\$	\$

HOUSING EXPENSES	<i>Monthly</i>	<i>Quarterly</i>	<i>Annual</i>
Mortgage (balance \$)	\$		
Homeowners' Insurance			\$
Real Estate Taxes		\$	
Water/Sewer		\$	
Gas and/or Oil	\$		
Electricity	\$		
Other (describe)	\$		

ASSETS

Checking account:
Bank name: _____

Account number: _____
Balance: \$ _____

Savings account:
Bank name: _____

Account number: _____
Balance: \$ _____

Certificates of Deposit, mutual funds/stocks/bonds/401(k)/403(b) and additional accounts:
(Please attach additional sheet, if necessary)

Name of holder: _____

Account number: _____
Balance: \$ _____

Any real estate owned in addition to dwelling unit:

Location of real estate _____

Current market value: \$ _____ Mortgage balance: \$ _____

LIABILITIES

List all credit accounts and loans (credit cards, home improvements, department stores, auto, personal loan, etc.)

Creditor	Balance due	Monthly payment
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$

