



Contact: Al Borgonzi, Housing Rehab Specialist

In its efforts to preserve the existing housing supply of owner-occupied affordable housing in the City of Everett, the City has created a Housing Rehab Program, funded by the US Department of Housing and Urban Development's HOME Improvement Partnership Program, through the North Suburban Consortium.

This Home Improvement Program provides technical and financial assistance to residents who have limited means but wish to bring their residence up to code and possibly make improvements to their homes in order to maintain the residence as their primary residence.

Additionally, rental units in owner-occupied properties may be brought up to code and improved, with the understanding that the owner shall rent those units to low-income households for an affordable rent for the term of 15 years.

**CITY OF EVERETT
OFFICE OF COMMUNITY DEVELOPMENT
CITY HALL – 484 BROADWAY
EVERETT, MA 02149
Tel: 617-394-2313
Fax: 617-394-5002**



ELIGIBILITY

The City of Everett's Home Improvement Program serves low and moderate-income resident homeowners of one to four-family houses in the City. HIP has the following criteria for eligibility:

- The homeowner's income must fall below a specific level set forth by the Home Improvements Partnerships Program (see table below);
- The property must be owner occupied;
- If the house is a multi-family property, and the rental units in the property will be rehabbed, the current tenants' income(s) must also qualify; and
- At least 50% of the floor area must be residential.

ICOME LIMITS for Owner-Occupied Units*

Family Size	Maximum Income
1	\$45,100
2	\$51,550
3	\$58,000
4	\$64,400
5	\$69,600
6	\$74,750
7	\$85,050

*Includes gross income from all sources of adult household members. These income limits are revised from time to time. The above figures are effective as of 04/2010.

INCOME LIMITS for Renter-Occupied Units*

Family Size	Maximum Income
1	\$38,580
2	\$44,100
3	\$49,620
4	\$55,080
5	\$59,520
6	\$63,900
7	\$68,340

*Includes gross income from all sources of adult household members. These income limits are revised from time to time. The above figures are effective as of 04/2010.

RENT LIMITS for Renter-Occupied Assisted Units*

Bedroom Size	Maximum Rent
0	\$1,090
1	\$1,156
2	\$1,357
3	\$1,623
4	\$1,783

*Please note these rent limits include utilities! If the tenant is paying their own utilities, you must deduct a "Utility Allowance". For updated utility allowances, please request a copy of the utility schedule from the Housing Rehab Specialist. These rent limits are revised from time to time. The above figures are effective as of 04/2010.

HOME IMPROVEMENT LOAN TERMS AND CONDITIONS

Income-eligible homeowners may receive a 0% interest, 15 year, deferred payment loan to rehabilitate their primary residence through the Home Improvement Program.

No regular payments are required on the loan, but the homeowners are allowed to make payments on the principal of the loan without penalty. Loans are secured by a mortgage on the property that is due and payable in full in 15 years, or upon the sale or transfer of the property, or should the property cease to be the owner-occupant's primary residence.

SCOPE OF REHAB WORK

All properties assisted with a Home Improvement Loan must be brought into compliance with Massachusetts State Sanitary Code. The following **must** be addressed:

- Health and safety hazards;
- Lead paint hazards.

Priority is given to the following rehab needs:

- Weatherization and energy conserving improvements;
- Remodeling to accommodate the handicapped;
- Exterior upgrading.

Rehab work that does not directly address code violations or any other items listed above will be considered only in so far as it contributes to the sustainability and functionality of the property as an affordable homeowner occupied housing unit.

For a full description of our Housing Rehab Standards, please see the City of Everett's Housing Rehab Standards Document (available upon request).

MAXIMUM VALUE AFTER REHAB

After the rehab is complete, the value of the home cannot exceed 95% of the area median purchase price for similar homes, as established by the federal government. If the Housing Rehab Specialist feels that the scope of rehab work necessary to bring your property up to code would cause the property value to exceed these limits (which are set by the US Department of Housing and Urban Development), your property will not be eligible for a Home Improvement Loan.

APPLICATION PROCESS

The application form for HIP services is available through the Office of Planning and Community Development. The registrant must supply information in order to complete an income certification, as well as documentation of homeowner status. A staff person will assist in completing the application form. After that, the Housing Rehab Specialist will:

- Determine the applicant eligibility & tenant eligibility;
- Inspect the home;
- Decide with the applicant the scope of work to be funded by the HIP loan;
- Prepare, for approval of the applicant, a list of repairs to be done (specifications);
- Prepare necessary bid documents;
- Assist with contractor selection;
- Arrange for a loan closing;
- Oversee with periodic inspections of the work as it progresses;
- Process payments for contractors, to be approved by the homeowner;
- Sign off on completion of contract and answer any questions regarding loan repayment, ongoing maintenance, and enforcement of legal documents.

DISPUTE RESOLUTION PROCESS

Should a dispute or difference of opinion arise between the homeowner and the contractor, the Housing Rehab Specialist is available as an impartial third party with experience and construction knowledge who can assist in arbitrating the dispute.

Although it is preferred for the homeowner and contractor to resolve any disagreements that might arise over the course of the rehab work between themselves, it is important that either the homeowner or the contractor contact the Housing Rehab Specialist immediately should they prefer assistance in resolving the dispute. The overall goal is to minimize conflict, keeping the work on schedule and completed as quickly as possible.

OTHER CERTIFICATIONS

Because the loan pool funds each year are limited, not all applicants can be serviced. If funds are not immediately available, the application will be put on a waiting list. Payments will not be made for work undertaken or contracted before the registration is processed.

The City of Everett is an equal opportunity agency providing services to eligible persons without regard to race, national origin, sex, sexual orientation, age or handicap.

**HOUSING REHAB PROGRAM
POST REHAB VALUATION**

Property Type: _____

Current Assessed Value \$_____
(See attached from Assessor's database)

Description of work to be completed:

Post Rehab Valuation: \$_____

221(d)(3) Limits by property type

FHA Limits (pre Economic Stimulus Act)				95 Percent of Median Limits			
1-unit	2-unit	3-unit	4-unit	1-unit	2-unit	3-unit	4-unit
362,790	461,113	560,231	646,421	360,573	461,611	557,979	693,432

City of Everett Housing Rehab Standards

HOME FUNDED OWNER-OCCUPIED HOUSING REHAB PROGRAM

In accordance with the NSC's mission of preserving and expanding affordable housing, home ownership and economic opportunities, and by providing equal access to safe, decent and affordable housing, the City of Everett's HOME-funded Housing Rehab Program has established the following goals for its owner-occupied housing rehab projects:

- Increased energy efficiency;
- Affordable operating costs;
- Accessibility for persons with disabilities;
- Performance and durability;
- Economic life cycle costs;
- Balanced initial costs; and
- Lead-safe Housing.

APPLICABLE LAWS AND REGULATIONS

The City of Everett Housing Rehab Program intends to rehabilitate affordable housing units in full compliance with the following statutory and regulatory requirements of the Commonwealth of Massachusetts.

Massachusetts State Sanitary Code, Federal Housing Quality Standards, HOME Program Regulations (24 CFR Part 92), the HUD Lead-Based Paint Regulation (24 CFR Part 35) and the EPA's Renovation, Repair and Painting Rule (RRP Rule).

APPLICABLE STANDARDS AND SPECIFICATIONS

At a minimum, all properties must be brought into compliance with the State Sanitary Code and Federal Housing Quality Standards. Furthermore, they must be brought into compliance with the federal Lead Paint Regulations. Beyond addressing code and lead paint violations at the property, the program may address cost effective energy conservation measures and improve handicap accessibility, depending on funding availability and should it not be cost prohibitive to do so. All improvements made at the property must be related to these goals, laws and regulations.

Ineligible items include luxury items and other personal property that is not an integral part of the property structure. It is not the intent of this loan program to be used for purposes of general upgrades or "remodeling work" at a residence, or creating additions (including additional bedrooms or bathrooms within the existing property) unless there is a health or safety condition that is being addressed with this work.

All work must be performed in accordance with the *Materials and Performance Specifications*, as updated by the Housing Rehab Specialist, unless otherwise noted in the work-write up for the property to be rehabilitated.

Futhermore, Contractors are expected to follow the guidelines outlined in the *General Contract Conditions*. These guidelines provide information and expectations regarding the bids provided by the contractor and how they relate to the work-write up for specific properties, change orders associated with specific properties, de-leading work covered by the contract, license requirements, permits to be pulled, and insurance requirements.

Guidance concerning the work standards and conditions outlined in the *General Work Standards/Conditions* cover the following items: building codes, interruption of services provided under the rehab contract, protection and clean-up responsibilities, as well as occupancy, quality, and workmanship standards.

**CITY OF EVERETT
HOME IMPROVEMENT LOAN PROGRAM
APPLICATION**

Applicant Name(s): _____

Address: _____

Number of Units _____ Daytime Phone _____ Home Phone _____

Have you ever received funding from the City of Everett? _____yes _____no
(If yes, please call the Housing Specialist before continuing application @ 617-394-2313)

Please provide information for every person who lives in your home, including yourself: your family, children – even young children – other relatives who live with you, and even unrelated people who live there. This is considered your “household.” Don’t include any child or other person who does not live in your house. If children are not working age, simply list their names, ages and Social Security numbers. Attached a separate sheet if you need more room.

NAME	AGE	Social Security #	Annual Wages, Tips	Employer’s Name, Address, and Phone

IF YOU CHOOSE, you may use this space to identify any member of your household as disabled or a minority. You are not required to provide this information, and it will no affect the evaluation of your application.

- American Indian/Alaskan Native
 Asian or Pacific Islander
 Handicapped or Disabled
 Black (not of Hispanic origin)
 Hispanic
 White (not of Hispanic origin)

Please provide information for any person in your household who has received income from sources other than wages or salary within the past 12 months (examples include pensions/retirement, veterans benefits, welfare, interest or dividends on stocks or bank accounts.

NAME	Type of Income (A)	Annual Amount of Income (A)	Type of Income (B)	Annual Amount of Income (B)

Do you rent out one or more apartments in your home?

Rental Income (Annual Gross Rental Income	\$
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Please provide the following information about your household assets.

Type of Asset	Total Value	Notes
Checking Account (please write name of bank in "notes" column)	\$	
Other Checking Account	\$	
Savings Account (please write name of bank in "notes" column)	\$	
Stocks and Bonds	\$	

Do you own other real estate besides the property that is the subject of this application?

Type of Asset	Total Value	Notes
Other Real Estate (first property)	\$	
Other Real Estate (second property)	\$	

Please list all household liabilities, including any credit cards owned by any member of your household.

Liability	Monthly Payment	Unpaid Balance	Account Number	Lender or Bank
Mortgage	\$	\$		
Second Mortgage	\$	\$		
Car Loan	\$	\$		
Car Loan	\$	\$		
Main Credit Card	\$	\$		
Credit Card	\$	\$		

Please provide information about expenses for the property that is the subject of this application.

Expense	Monthly Cost	Expense	Monthly Cost
Mortgage	\$	Water/Sewer	\$
	\$	Other Utilities (oil Electric, Etc.)	\$
Property Taxes	\$	Other	\$
Property Insurance	\$	TOTAL PROPERTY EXPENSES	\$

Have you ever claimed bankruptcy? ____ Yes ____ No

If yes, when? _____ Has it been discharged? ____ Yes ____ No If yes, when? _____

If your home contains more than one dwelling unit, please fill out the occupancy section below. If a unit is vacant, write "vacant" in the column labeled "Tenant's Name". For some properties, tenants must also be income eligible in order to receive assistance from the HIP Program. If tenant income information is needed, you will be asked to have each of your tenants fill out Attachment 1 that can be found at the end of the application.

Unit Number	Tenant Name	Number of Occupants	Monthly Rent
			\$
			\$
			\$
			\$

Please place a check mark next to each repair you feel is needed:

- Steps, stairs
- Porches
- Doors
- Roof
- Gutters/Drains
- Foundation
- Siding/clapboards
- Heating
- Plumbing
- Hallways
- Ceilings
- Walls
- Windows
- Electrical
- Chimneys
- Lead Paint Abatement
- Paint
- Masonry

Briefly Describe any other work you would like to accomplish with a housing rehabilitation loan.

If there is any additional information you would like to be considered in the evaluation of this application, please write it below:

SIGNATURES AND CERTIFICATIONS

This page must include your signature and the signatures of all wage earners in your household. Your signatures certify:

- **That all information contained in this application and attachments is true and complete to the best of your knowledge;**
- **That you have read and understand the summary program description of HILP program provided to you and that these terms and conditions are acceptable to you if you are eligible for receive HILP finance.**
- **That additional terms and conditions related to the HILP program will apply to the financing and must be agreed to if you are to receive HILP financing. These terms and conditions will be included in a package of loan documents which you will have the opportunity to review with an attorney of your choosing prior to receiving the HILP financing.**
- **That you authorize the City of Everett to verify all information provided herein, and authorize said agency to investigate this information.**
- **That you understand that personal and financial information on file with the City of Everett is kept confidential to the extent allowed by law.**

Homeowner Signature _____

Printed Name _____

Date _____

Witness _____

Date _____

Homeowner Signature _____

Printed Name _____

Date _____

Witness _____

Date _____

Wage Earner Signature _____

Printed Name _____

Date _____

Wage Earner Signature _____

Printed Name _____

Date _____

ATTACHMENT 1

TENANT INFORMATION

Please provide information for every person who lives in your home, including yourself: your family, children – even young children – other relatives who live with you, and even unrelated people who live there. This is considered your “household.” Don’t include any child or other person who does not live in your house. If children are not working age, simply list their names, ages and Social Security numbers. Attached a separate sheet if you need more room.

NAME	AGE	Social Security #	Annual Wages, Tips	Employer’s Name, Address, and Phone

IF YOU CHOOSE, you may use this space to identify any member of your household as disabled or a minority. You are not required to provide this information, and it will no affect the evaluation of your application.

- American Indian/Alaskan Native Asian or Pacific Islander Handicapped or Disabled
 Black (not of Hispanic origin) Hispanic White (not of Hispanic origin)

Please provide information for any person in your household who has received income from sources other than wages or salary within the past 12 months (examples include pensions/retirement, veterans benefits, welfare, interest or dividends on stocks or bank accounts.

NAME	Type of Income (A)	Annual Amount of Income (A)	Type of Income (B)	Annual Amount of Income (B)