



## City of Somerville

### Office of Strategic Planning and Community Development-Housing Division

### Lead Paint Program

#### HOMEOWNER APPLICATION

The City of Somerville is currently accepting applications to participate in the Lead Paint Program. Additional documentation will be required to complete the application. Your application will not be considered for eligibility unless all questions have been answered (Step 1) and required documents are submitted (Step 2).

This application is Step 1 of the application process:

**Step 1:** Complete this form in its entirety.

**Step 2:** Gather additional required documentation. Send additional required documentation to **OSPCD-Housing ATTN: Andres Bueno, 93 Highland Avenue, Somerville, MA 02143**. Please make an appointment to hand-deliver your application by contacting 617-625-6600 ext. 2584. Leave a message with your name, phone number, and preferred drop off time. A staff member will reply to confirm.

**Step 3:** When we receive the completed application and requested income documentation for all applicable units on the property, we will determine your eligibility and contact you with next steps.

Please note:

- All information provided will be treated confidentially.
- Applications are based on the income of the occupants of the property. Tenants may qualify; however, tenants must have consent from the property owner to participate. Income limits are available at [www.somervillema.gov/lead](http://www.somervillema.gov/lead).
- If multiple units of a property are applying for the program, one application will need to be completed per unit. All residents of that unit must provide applicable income documentation.
- There are specific restrictions and conditions associated with all of our funding sources. Funding is limited and will be available based on completeness of the application, income eligibility, and City priorities. Vacant units may participate but priority will be given to inhabited units, especially units with children under six and expectant mothers.
- Completing this application does not denote acceptance into the program. Any work that begins before acceptance into the program is not eligible for retroactive funding or reimbursement.

**PROGRAM CONTACT: ANDRES BUENO, PROGRAM SPECIALIST**

**PHONE: 617-625-6600 EXT. 2584 EMAIL: ABUENO@SOMERVILLEMA.GOV**

**MAILING ADDRESS: OSPCD-HOUSING ATTN: ANDRES BUENO, 93 HIGHLAND AVENUE,  
SOMERVILLE, MA 02143.**

## INTAKE INFORMATION

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Applicant Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

How did you hear about the Lead Paint Program? \_\_\_\_\_

Why are you most interested in the program? \_\_\_\_\_

## PROPERTY TO BE REHABILITATED

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Address: \_\_\_\_\_

Units seeking funding: \_\_\_\_\_ Year home was built: \_\_\_\_\_

Do you reside in one or more of the units seeking funding? (circle one)                      Yes                      No

Is your property held in a trust or LLC? (circle one)                      Yes                      No

Name of trustee or managing member (if different than above): \_\_\_\_\_

Are there any outstanding judgements or liens on the property? (circle one)                      Yes                      No

If YES, please explain: \_\_\_\_\_

Have you accessed funds through the city before? (circle one)                      Yes                      No

If YES, what year? \_\_\_\_\_

**PLEASE COMPLETE THE CHART BELOW FOR ALL OWNERS OF RECORD.**

NAME	MAILING ADDRESS	SOCIAL SECURITY NUMBER

## MORTGAGE INFORMATION

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### FIRST MORTGAGE/EQUITY LINE

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NAME OF BANK OR LENDING INSTITUTION	
FULL ADDRESS OF MORTGAGE HOLDER	
ORIGINAL AMOUNT OF THIS MORTGAGE (\$)	
CURRENT BALANCE (\$)	
MONTHLY PAYMENT (\$)	
ANNUAL HOMEOWNERS INSURANCE (MAY NOT BE APPLICABLE TO EVERYONE)	

### SECOND MORTGAGE/EQUITY LINE

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DO YOU HAVE A HOME EQUITY LINE OR SECOND MORTGAGE? (YES/NO)	
FULL NAME AND ADDRESS OF SECOND LIEN HOLDER	
CURRENT BALANCE (\$)	
MONTHLY PAYMENT (\$)	

### ADDITIONAL MORTGAGE INFORMATION

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DO YOU HAVE A FEDERAL HOUSING ADMINISTRATION (FHA) MORTGAGE?	Yes	No
DOES YOUR MORTGAGE INCLUDE REAL ESTATE TAXES?	Yes	No
DOES YOUR MORTGAGE PAYMENT INCLUDE HOMEOWNER INSURANCE?	Yes	No

**EMPLOYMENT INFORMATION**

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- 1. Head of household's full time occupation:** \_\_\_\_\_

Employer's name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_

Part time employer's name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_
- 2. Other member's full and/or part time occupation:** \_\_\_\_\_

Household member's name: \_\_\_\_\_

Employer's name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_

Part time employer's name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_
- 3. Other member's full and/or part time occupation** \_\_\_\_\_

Household member's name: \_\_\_\_\_

Employer's name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_

Part time employer's name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_
- 4. Other member's full and/or part time occupation** \_\_\_\_\_

Household member's name: \_\_\_\_\_

Employer's name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_

Part time employer's name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_

## ASSETS

PLEASE CHECK THE APPROPRIATE BOX FOR THE QUESTIONS BELOW. INCLUDE YOURSELF AND ALL OTHER HOUSEHOLD MEMBERS.	YES	NO
Is any member of your household employed?		
Is any member of your household self-employed?		
Is any member of your household over 18 years of age and <b>not</b> employed?		
Does any member of your household receive alimony or child support?		
Does any member of your household collect unemployment benefits?		
Does any member of your household receive income from a pension or annuity?		
Does any member of your household receive <i>regular</i> income from anyone not living in the household, or <i>any agency</i> ?		
Is any member of your household a beneficiary of a trust?		
Does any member of your household receive income from assets including interest on checking, savings accounts, on dividends from certificates of deposits, stocks, or bonds?		
Does any member of your household receive Aid to Families with Dependent Children (AFDC), Supplemental Security Income (SSI), Emergency Aid to the Elderly, Disabled, and Children (EAEDC), Veterans Affairs (VA) Compensation, or Social Security Benefits?		
Does any member of your household receive income from a rental property?		

LIST ALL SAVINGS ACCOUNTS OF ALL HOUSEHOLD MEMBERS .

Institution: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Interest rate: \_\_\_\_\_ %

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Institution: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Interest rate: \_\_\_\_\_ %

LIST ALL CHECKING ACCOUNTS OF ALL HOUSEHOLD MEMBERS .

Institution: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Interest rate: \_\_\_\_\_ %

Institution: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Interest rate: \_\_\_\_\_ %

Institution: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Interest rate: \_\_\_\_\_ %

Institution: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Interest rate: \_\_\_\_\_ %

Institution: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Interest rate: \_\_\_\_\_ %

**OTHER ASSETS**

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U.S. Savings Bonds: \_\_\_\_\_ Amount (\$): \_\_\_\_\_

Marketable Securities (Stocks and Bonds) Estimated Value (\$): \_\_\_\_\_

**SOURCES OF FIXED INCOME**

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**A. Retirement Income (Pension) or Disability Award**

Name(s) of recipient(s): \_\_\_\_\_

Company providing pension: \_\_\_\_\_

Gross monthly income (\$): \_\_\_\_\_

**B. Social Security Income:**

Name of recipient(s): \_\_\_\_\_

Gross monthly income (\$): \_\_\_\_\_

**C. Veterans Assistance:**

Name of recipient(s): \_\_\_\_\_

Gross monthly income (\$): \_\_\_\_\_

**D. Public Assistance:**

Name of recipient(s): \_\_\_\_\_

Gross monthly income (\$): \_\_\_\_\_

**E. Unemployment:**

Name of recipient(s): \_\_\_\_\_

Amount of biweekly award: \_\_\_\_\_

When did benefits start? \_\_\_\_\_

**FULL TIME STUDENTS**

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LIST HOUSEHOLD MEMBERS *OVER 18* CONSIDERED FULL-TIME STUDENTS. DOCUMENTATION FROM SCHOOL DESCRIBING ENROLLMENT STATUS IS REQUIRED.

NAME	SCHOOL ATTENDING



**RENTAL INCOME**

IF YOU OR ANY OTHER HOUSEHOLD MEMBER COLLECTS RENTAL INCOME, PLEASE COMPLETE THE CHART BELOW.

APT. #	# OF BED ROOMS	OCCUPANT NAME	RENT (\$)	UTILITIES PAID BY TENANT	IS UNIT AMERICAN S WITH DISABILIT IES ACT §504 HANDICAP ACCESSIBL E? (Y/N)

**LIST OTHER RENTAL INCOME** INCLUDING RENT RECEIVED FROM GARAGE PARKING SPACES, AND ANY **OTHER** RENTAL PROPERTY:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

**TOTAL OF ALL OTHER RENTAL INCOME DESCRIBED ABOVE (\$):** \_\_\_\_\_

## HOUSEHOLD INFORMATION

LIST ALL HOUSEHOLD MEMBERS, INCLUDING YOURSELF, ALL ADULTS AND CHILDREN, EVEN IF AN INDIVIDUAL HAS NO INCOME.

NAME	AGE	RELATIONSHIP TO APPLICANT	TYPE OF INCOME

PLEASE CHECK THE APPROPRIATE BOX FOR THE QUESTIONS BELOW.	YES	NO
Are any household members pregnant with a child that is anticipated to live in the current residence?		
Are there currently any children under six (6) residing in the building?		
Are there any children that spend at least three (3) hours a day on two separate days a week and a total of 60 hours per year in one or more units?		

**If you answered YES to either of the questions above, please list the applicable unit #s below:**

**STATISTICAL INFORMATION**

THE FOLLOWING INFORMATION IS USED TO ASSIST THIS OFFICE IN REPORTING TO OUR FUNDING SOURCES. INFORMATION WILL BE KEPT COMPLETELY CONFIDENTIAL.

Number of apartment units on property: \_\_\_\_\_

FILL IN THE APPROPRIATE NUMBER FOR EACH QUESTION.	UNIT # _____	UNIT # _____	UNIT # _____	UNIT # _____
# of persons living in unit				
# of children under six (6) years old				
# of children under six (6) who spend more than six (6) hours a week, or 60 a year, in the unit (not including those listed above).				
# of elderly (over 62)				
# handicapped (non-elderly)				
# elderly handicapped				

**FOR OWNER'S UNIT:**

**Ethnicity** (select only one)      HISPANIC OR LATINO      NOT HISPANIC OR LATINO

**Race** (select all that apply)

AMERICAN INDIAN / ALASKA NATIVE      ASIAN      WHITE      OTHER MULTI-RACIAL  
 BLACK / AFRICAN AMERICAN      NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER

**If children under six (6) live in your unit, or spend more than six (6) hours a week or 60 hours a year, have those children's lead levels been tested?** (circle one)      YES      NO

**If yes, circle the choice below that indicates the results of the blood lead level test:**

NORMAL      ELEVATED      POISONED

## PLEASE PROVIDE THE FOLLOWING DOCUMENTATION IN ORDER FOR US TO DETERMINE YOUR INCOME ELIGIBILITY:

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Tenants and homeowners are required to submit the documents below. Starred (\*) items below will not be applicable to all applicants. Please deliver documentation to: OSPCD-Housing ATTN: Andres Bueno, 93 Highland Avenue, Somerville, MA 02143. Applicants are being asked to provide documents within 30 days.

If you or any occupant over the age of 18 in your household needs to complete a “No Bank Account Statement,” “No Income Statement,” or a “Self-employment Statement,” the forms can be accessed online at [www.somervillema.gov/lead](http://www.somervillema.gov/lead) or at our office. Please note these forms must be notarized. The City can provide a notary. Please contact Andres Bueno to schedule an appointment.

1. A copy of the most recent utility bill
2. Copies of three (3) most recent statements for all assets including savings and checking accounts, mobile banking accounts (such as Venmo, PayPal, etc.), certifications of deposit, IRAs, 401Ks, most recent dividend statements, and copies of the title page and current balance page of any passbook accounts for every occupant. If any occupant over 18 does not have a bank account, they must complete a “No Bank Account” statement.
3. Three (3) months or 12 weeks of consecutive pay stubs for each household member earning income.

### Homeowners must also provide the following documentation to complete their application:

1. Copy of the recorded deed to your property (Must include the Registry of Deeds book and page number, and signature section)
2. If the property is owned in Trust, please provide a copy of the recorded Trust document together with a schedule of beneficial interest.
3. Most recent mortgage statement
4. Most recent real estate tax bill
5. Most recent water bill
6. Social Security Number
7. A statement indicating the annual premium for your homeowner's insurance

### Other forms that may be required by tenants and homeowners:

- \*Occupants claiming no income must complete a “No Income Statement.”
- \*Occupants claiming self-employment must complete a “Self-employment Statement.”
- \*Current statement from your pension holder indicating your gross monthly pension.
- \*Current statement of benefits from social security (NOTE: You will not have this information on-hand Please call 1-800-772-1213 for this information.)
- \*Documentation from school describing enrollment status of all full-time students over 18 years of age occupying the unit.
- \*If you receive public assistance, a signed letter from your social worker describing your monthly award. (Note: This form can be obtained from our office. Contact Andres Bueno to schedule an appointment Please see page one of this application for contact information.)
- \*Monthly letter from Veterans Affairs.
- \*Proof of any child support received, which could include a copy of the custody agreement, letter from the Department of Revenue, or other official documentation.
- \*A copy of the most recent lease agreement

ADDITIONAL DOCUMENTATION MAY BE REQUESTED AFTER YOUR APPLICATION HAS BEEN REVIEWED. YOUR APPLICATION WILL NOT BE CONSIDERED FOR ELIGIBILITY UNLESS ALL QUESTIONS ARE ANSWERED AND ALL REQUIRED DOCUMENTS HAVE BEEN SUBMITTED.

**REPRESENTATIONS AND CERTIFICATIONS OF THE PROPERTY OWNER/S**

The undersigned hereby represents and certifies under the pains and penalties of perjury respective to the Property located at:

\_\_\_\_\_Somerville, MA

**A. CONFLICT OF INTEREST**

Is the Owner or any member of his/her immediate family, or any business associate, employed by the City of Somerville?

Yes	No

If yes, please explain: \_\_\_\_\_

**B. DECLARATION OF OTHER REAL ESTATE OWNED**

Are you an owner or part owner of any other real estate in the City of Somerville?

Yes	No

If yes, please list addresses: \_\_\_\_\_

**C. TAX AND CONTRIBUTION COMPLIANCE**

The Owner is in full compliance with all laws of the Commonwealth of Massachusetts and ordinances of the City of Somerville relating to taxes and to contributions and payments in lieu of contributions.

**D. NON-DISCRIMINATION COMPLIANCE:**

The undersigned agrees that there will be no discrimination on the basis of race, color, national origin, ancestry, age, sex, religion, disability, sexual orientation, presence of children, marital status, source of income or military status, in the sale, lease, rental use, advertisement or occupancy of the property that is rehabilitated with funds provided by the Somerville Office of Housing and Community Development. Regulations issued by the U.S. Department of Housing and Urban Development (HUD) and the Mass. Commission Against Discrimination (MCAD) pursuant to Title VIII of the Civil Rights Act of 1968, as amended in 1988, and Massachusetts General Law, Chapter 151B, Section 4, shall apply.

**E. OWNERS' PERMISSION TO ENTER AND INSPECT**

I/We hereby give my/our permission for the employees of the City of Somerville's Office of Strategic Planning and Community Development (SPCD) to inspect my property including conducting heating system analysis as a condition of applying for assistance through SPCD's Housing Program. Further, I/We relieve the City of Somerville, its employees and/or agents from any and all claims of damage or liability arising from the performance of property inspections by the City of Somerville's Office of Strategic Planning and Community Development.

**F. LEAD PAINT HAZARDS IN ACCORDANCE WITH 24CFR35.**

I/We, owners of the property certify that SPCD has provided the **DISCLOSURE NOTIFICATION** pamphlet; *Protect Your Family from Lead in Your Home*. I/We have been made aware of the hazards of lead that may affect the occupants of the property for which we are seeking assistance. I/We understand that as a condition of receiving assistance, I/we will be required to include *Lead Hazard Reduction Activities* that employ *Safe Work Practices* as part of the total rehabilitation project. Further, I/we have been made aware of my/our disclosure, protection and re-location rights and responsibilities.

**G. CERTIFICATION:**

I/We certify that, under penalty of perjury, all information on this application to the best of my/our knowledge is true. I/We understand that false information given is sufficient grounds for rejection of this application. Furthermore, verification may be obtained from any source herein.

**Penalty for False or Fraudulent Statement, U.S.C.**

"Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years or both."

**All persons whose names appear on the recorded copy of the deed must sign here:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICANT'S RIGHT TO APPEAL**

If you believe that you have been discriminated against regarding any decision made on this application because of race, color, national origin, ancestry, age, sex, religion, disability, sexual orientation, presence of children, or marital status, you may appeal that decision.

Additionally, if you feel you have been wrongly denied assistance for any reason, you may appeal that decision. Appeals must be made within fifteen days of receiving the denial letter. All appeals must be in writing to **Michael Feloney, Director of the Office of Strategic Planning and Community Development-Housing Division, City of Somerville, 93 Highland Avenue, Somerville, MA 02143.**