



**City of Somerville**  
**Office of Strategic Planning and Community Development-Housing Division**  
**Lead Paint Safe Program**

INVESTOR 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:** Connect with City staff or tenants on submitting a “Tenant Application” and required documentation for all units applying for funding. 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 (6) 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](mailto:ABUENO@SOMERVILLEMA.GOV)  
MAIL: OSPCD-HOUSING ATTN: ANDRES BUENO, 93 HIGHLAND AVENUE, SOMERVILLE, MA 02143

## INTAKE INFORMATION

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

Property to be rehabilitated: \_\_\_\_\_

Total number of units: \_\_\_\_\_ Which units are seeking funding? \_\_\_\_\_

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

NAME	MAILING ADDRESS	SOCIAL SECURITY NUMBER

Main contact person: \_\_\_\_\_

Main contact's phone number: \_\_\_\_\_

Main contact's email address: \_\_\_\_\_

What year was the property built? \_\_\_\_\_ What year did you purchase this property? \_\_\_\_\_

Annual water & sewer costs (\$): \_\_\_\_\_

Annual cost of common utilities (\$): \_\_\_\_\_

## MORTGAGE INFORMATION

### FIRST MORTGAGE/EQUITY LINE

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

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

## MORTGAGE INFORMATION

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

## RENTAL PROPERTY INFORMATION

PLEASE COMPLETE THE CHART BELOW.

APT. #	# BRS	DO YOU HAVE A LEASE?  Y/N	OCCUPANT NAME	RENT (\$)	UTILITIES PAID BY TENANT	IS UNIT AMERICANS WITH DISABILITIES ACT §504 HANDICAP ACCESSIBLE? (Y/N)

TOTAL RENTAL INCOME FROM DWELLING UNITS AT FULL OCCUPANCY (\$): \_\_\_\_\_

LIST ANY ADDITIONAL MONTHLY INCOME FROM THIS PROPERTY INCLUDING GARAGE,  
PARKING, AND STORAGE SPACES

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

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

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

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

**MONTHLY INCOME FROM COMMERCIAL RENT FROM THIS PROPERTY (\$):** \_\_\_\_\_

## 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)				
Are any household members pregnant with a child that is anticipated to live in the current residence?				
# of elderly (over 62)				
# handicapped (non-elderly)				
# elderly handicapped				
Is the head of household female? (Yes/No)				

### FOR THE PROPERTY OWNER:

**Ethnicity** (select 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

**Are you over 62 years of age?**

YES

NO

**Are you handicapped?**

YES

NO

## 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

**1. 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: \_\_\_\_\_

**2. 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: \_\_\_\_\_

**3. 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.

**4. 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, or material 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.

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

I/We hereby give my/our permission for the employees of the City of Somerville's Office of Housing and Community Development (OHCD) to inspect my property including conducting heating system analysis as a condition of applying for assistance through OHCD'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 Housing and Community Development.

**6. LEAD PAINT HAZARDS IN ACCORDANCE WITH 24 CFR 35.5**

I/We, owners of the property certify that OHCD 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.

**7. 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 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:** \_\_\_\_\_

\_\_\_\_\_ **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.