



Dear Homeowner,

Thank you for your interest in the Great Barrington Housing Rehabilitation Program for FY24. The Housing Rehabilitation Program is funded by the Massachusetts Executive Office of Housing and Livable Communities with federal funds from HUD's Community Development Block Grant program. The application was submitted by the Town of Great Barrington. Enclosed please find the following documents:

1. Program Guidelines
2. Required Income Documentation Worksheet
3. Required Income Documentation Explanation
4. Full Homeowner Application
5. Affidavit of Conflict of Interest
6. Instructions for ordering IRS Tax Return Verification
7. Required, eligible, and ineligible Housing Rehab repairs

Community response is always strong, and we usually receive more "qualified" applicants than funds available. Therefore, we urge you to return the enclosed application with **all** supporting documentation as quickly as possible. Applications will be reviewed on a first-come, first-served basis and ranked according to the severity of need, ensuring those who need assistance most will be best served.

Please feel free to call with any questions you may have or visit our website at www.berkcd.com for more information on the Great Barrington Housing Rehab Loan Program applications, the Housing Rehab Loan Program in general or Berkshire Community Development. We will be happy to spend some time with you. We can be reached at (413) 528-0104.

Very truly yours,

A handwritten signature in blue ink that reads 'Dawn Odell Lemon'.

Dawn Odell Lemon
Program Manager



CDBG GRANT

Serving year-round LMI (low-moderate income) residents of Great Barrington, Egremont & Stockbridge.

To be funded through a Community Development Block Grant (CDBG) from the MA Executive Office of Housing and Livable Communities (EOHLC)

PRIORITIES OF THE PROGRAM ARE TO:

- **Correct and update health/safety issues, building envelope updates, energy efficiency upgrades, and address lead paint hazards in residences owned and occupied year-round by LMI residents.**
- **Improve the supply of affordable rent units for year-round LMI tenants.**

Up to \$70,000 per unit is available for properties in Great Barrington, Egremont & Stockbridge.

PROGRAM GUIDELINES

The BCD Housing Rehab Loan Program is funded through an annual Community Development Block Grant (CDBG) awarded by the MA Executive Office of Housing and Livable Communities (EOHLC) to help preserve existing housing stock for year-round residents of the Town of Great Barrington, Egremont & Stockbridge. The program addresses critical repairs on private homes, owner-occupied and investor-owned rental units - who income qualify according to LMI (low-moderate income) guidelines set by HUD (per income tables at the end of this document).

GRANT PRACTICES AND PRIORITIES:

It is part of the BCD's mandate to identify and solicit eligible applications from property owners in Great Barrington, Egremont & Stockbridge. We do this through a variety of outreach initiatives, which include working with the active support of community partners in the participating towns.

Applications for loans are processed on a first-come, first-served basis. Once qualified, a project may be assessed and ranked against other qualified applications in terms of code priorities; any emergency need takes priority (e.g., failed heating system in winter). On occasion, BCD must reject applications despite the presence of eligible work. Reasons for this may include lack of program funds; conditions requiring substantial rehab beyond the scope of the program; costs exceeding program limits; title issues; ineligible tenants; and factors that suggest the borrower may be unable to comply with the terms of the program.

I. PROPERTY GUIDELINES

A. Owner-Occupied Single-Family Units (Primary Residence)

1. Declining loans structured as mortgages are made to owner-occupied single-family units to cover essential upgrades on a primary residence. **The declining loan is secured by a property lien recorded at the Berkshire County Registry of Deeds.** This lien is removed by a mortgage discharge after 15 years of compliance by the borrower has passed; the loan balance declines by 1/15th in each year of compliance until it reaches zero.
2. Borrowers must hold title to the property (LMI life tenants may apply as long as the owner agrees and signs).
3. All those named on a deed must agree to the loan by signing all legal documents even if they do not occupy the premises.
4. The maximum loan amount of **\$70,000** is available to rehab dwellings only.
5. All loans are developed within a “moderate” rehabilitation framework for code, health, and safety upgrades.
6. Borrowers must meet LMI income guidelines set out in the chart below according to household size.
7. Borrowers whose property does not remain their primary residence throughout the loan term must either pay back the loan balance or rent the property to a LMI tenant year-round at a fair market rent set by HUD.
8. No penalties will be assigned provided borrowers remain in compliance and notify BCD of any changes of property status. (Participating Towns will document compliance annually, by letter, for the term.)
9. The borrower may sell the property during the 15-year term. Upon the sale or transfer of the property, the owner will repay the unforgiven portion of the loan. (Participating Towns allocate this income to community projects.)
10. Direct heirs may assume the loan and its obligations if title to the property transfers before the term ends. They may live in the property, find eligible LMI year-round tenants for the property, or sell the property and pay back the remaining balance due.
11. On occasion, borrowers are permitted or may be required to provide a portion of total costs; such funds are the sole responsibility of the property owner and must be verified prior to loan approval.

B. Rental Units: Single, Multi-Family, or Accessory Units in a Single-Family Residence

1. Declining loans structured as mortgages are made to owners of units in existing buildings to be upgraded rental units that house LMI (low-moderate income) tenants year-round at fair market rents set by HUD.
2. The loan is secured by a property lien recorded at the Berkshire County Registry of Deeds. This lien is removed by a mortgage discharge after 15 years of compliance by the borrower has passed; the loan declines in each year of compliance by 1/15th until the balance reaches zero.
3. The 15-year deed restriction remains with the property for the full term of the loan. In the event of a sale, the buyer must assume the rental restriction on the property for the remainder of the term of the loan.
4. Direct heirs may assume the loan and its obligations if title to the property transfers before the term ends.
5. Properties with up to 7 rental unit(s) may be eligible for funding of up to \$70,000 per unit. Decisions on rental units are based on the income of the owner and tenant(s) in the property, the degree of construction required, and the availability of program funds.
6. Landlords who qualify within LMI guidelines are eligible to apply for loans which will cover 100% of the rehab costs.
7. Landlords who are determined to be “above income” may apply for a loan covering up to 50% of the rehab costs; they must contribute the other 50%.

8. Landlords must have income-certified existing or prospective tenant(s) in order to qualify for a loan. BCD provides forms for certification; tenant selection otherwise is the sole responsibility of the landlord.
9. Participating Towns may perform an annual audit by letter, including verification of tenants and rents, throughout the 15-year term of the loan. (Non-compliance by owner's risks default penalties.)
10. Acquisition of zoning variances and special permits are the sole responsibility of the property owner.

II. HOUSING REHABILITATION LOAN TERMS

- A. Up to \$70,000 per owner-occupied or rental unit is conveyed in a declining Deferred Forgivable Loan (DFL) at 0% interest for a 15-year term, secured by a property lien recorded at the Berkshire County Registry of Deeds.
- B. The 0% DFL is forgiven (declines) by 1/15th annually, provided the borrower(s) remain in compliance. The entire loan is forgiven, and the recorded mortgage is discharged at term-end.
- C. Loan-related costs are included in the DFL and are reflected in closing documents, including but not limited to recording fees, credit checks, and lead inspection fees.
- D. A key aspect of this program is the ability to "leverage" funds to supplement funding by the BCD Housing Rehabilitation Loan Program. Salisbury Bank and Trust and Greylock Federal Credit Union offer up to \$70,000 for loans at more competitive rates than otherwise offered. Other possible sources of leveraged funds include property owner's funds, BCAC heating assistance program, and Mass Save programs all offered through USDA Section 504 loan/grant program.
- E. Lead remediation of up to \$25,000 will be provided in the form of a grant and shall not be included in the forgivable loan. This lead paint abatement grant shall not be repayable.

III. PROPERTY CODE, HEALTH AND SAFETY REPAIRS AND UPGRADES

The priority of the program is to correct all code violations, structural and sanitary; this includes deleading if circumstances require it. Within EOHLG guidelines, the program covers the repairing/upgrading of exterior items, including roofs, trim, gutters, and entry doors, et al. Improving energy efficiency is also a key program goal. All repairs and upgrades must align with State, Federal, and local building and safety codes and be approved according to State and local historic and environmental regulations. Some examples of typical rehabilitation work performed include roof and siding replacement or repairs, window and door upgrades, well and septic replacements, weatherization and heating upgrades, electrical and plumbing upgrades, handicapped accessibility, and egress improvements.

Certain code deficiencies must be addressed regardless of client expectations if program funds are to be made available at all. These are determined in advance as part of an overall work plan agreed with the client. Typical small maintenance repairs, cosmetic upgrades, and/or remodeling are not program-approved uses of CDBG funds.

IV. PROGRAM TECHNICAL ASSISTANCE ON PROJECT DEVELOPMENT AND IMPLEMENTATION

The BCD Housing Rehabilitation Loan Program develops and implements projects through the services of licensed and insured rehab specialists and general contractors who have registered their credentials, including excellent references, to the staff program manager. The housing rehab specialist inspects the property and prepares a work write-up based on code issues that are present, in consultation with the homeowner and within EOHLG budget limits. The work write-up is submitted to the homeowner for review and agreement before being sent out to bid by general contractors registered with the program. Once a project is under contract and construction, the BCD rehab specialist and program manager, or their designee, inspect the ongoing work through to the completion of the project.

V. REQUIRED INCOME DOCUMENTATION

In addition to providing the information requested on the application form, complete, accurate, and up-to-date documentation of income is required of all applicants according to your particular circumstances.

We recommend that you read through completely the notes charted on page 4 to understand what is required. Please call the Program Manager with questions so that she can help you avoid unnecessary delays.

- ❖ *Income documentation is required for all members of the household 18+ years old and must be submitted before the BCD can perform the initial review.*
- ❖ *Provide photocopies of all documents, not originals.*
- ❖ *Some documentation requires notarization. Notaries can be found at most local banks and Town offices.*

Please return a fully completed, signed, and dated application form, including all information requested, along with the following valid documents:

Salaried income or Unemployment income - for all Household Members 18+ years old

1. Pay stubs for the most recent 8-week period for every member of your household working for an employer.
2. Pay stubs for the most recent 8-week period weeks of Unemployment Benefits.
3. Full-time students or unemployed household members must provide a notarized statement affirming this status.

Self-employment income - for all Household Members 18+ years old

1. Copies of your entire IRS Tax Return 1040 for 2023 and 2024. NOTE: We do NOT need MA Tax Returns.
2. If the self-employed earner does not file taxes, a **Notarized Statement** reflecting earnings and expenses for 2023 and 2024, including dates, addresses of jobs, amounts paid, and related expenses - to determine net profit.

OTHER INCOME: Verification of other income as applicable to Household Members 18+ years old
Benefit statements for Public Assistance, VA, Unemployment, SS, SSI, disability, and a verification letter or periodic statement from each pension/investment income source stating the amount and frequency of benefits.
Child Support, either 1) Child Support Order and Divorce Decree; or 2) Notarized Statement that you are not receiving child support.

ALL applicants and household members 18+ years old must submit:

1. **Complete financial statements:** spanning the past 2 months for any/all checking, savings, investment, and retirement accounts.
2. **Copies of signed 1040 Tax Returns** for tax years 2023 and 2024. Please include Schedule C if you are self-employed and/or Schedule E if you receive rental income.
3. **IRS Verification: "Tax Return Transcripts" for every adult for tax years 2023 & 2024:** You are responsible for obtaining your IRS Tax Return Transcripts for tax years 2023 and 2024. Please refer to the **3 Easy Options Guide** included in this packet. When ordering your Tax Return Transcript, please use the same information used when filing your 1040 return. **If you do not file taxes** because your taxable income is not enough to meet

the minimum filing requirements, you must select the **request a Verification of Non-Filing option**. Your Tax Return Transcript will be sent to you directly. Please forward this information onto the BCD in order to complete your qualification. Eligibility cannot be determined without this information.

INCOME GUIDELINES

LMI (low-moderate income) limits for Berkshire County

Below are the total allowable LMI (low-moderate income) limits per size of household for qualifying for the BCD Housing Rehab Loan Program. LMI limits are set by HUD at 80% average median income for Berkshire County. Total income means income from all Adults 18 years old or over living in the household. Household size means *children living in a household regardless of their relationship*.

Landlords or potential landlords who are above LMI Income are eligible to provide and receive matching funds up to \$70,000 per unit to rehab or create a unit for year-round rental to house LMI tenants per HUD guidelines.

Great Barrington & Egremont FY 2024 HUD AREA MEDIAN INCOMES

	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
80% AMI	61,350	70,100	78,850	87,600	94,650	101,650	108,650	115,650

Stockbridge FY 2024 HUD AREA MEDIAN INCOMES

	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
80% AMI	63,000	72,000	81,000	90,000	97,200	104,400	111,600	118,800



HOUSING REHABILITATION LOAN PROGRAM PROGRAM OVERVIEW

The **Great Barrington, Egremont & Stockbridge** Board of Selectmen, working in conjunction with Berkshire Community Development., seeks applicants for a regional housing rehabilitation program. The funding is provided by the Massachusetts Executive Office of Housing and Livable Communities and allows a **0% interest, deferred, forgivable loan** to make critical repairs to your home. This program is designed to improve existing housing conditions of low- and moderate-income resident households by eliminating code violations. Eligible repair activities will include, but not be limited to, electrical, heating and plumbing work; minor structural repairs; roof and siding repairs; insulation and window replacement; lead paint and asbestos removal; and handicap accessibility improvements.

ELIGIBILITY

Preliminary eligibility is defined as an applicant meeting the initial eligibility requirements, as laid out in the pre-application, in order to qualify to begin the housing rehabilitation application process. Final eligibility is determined after the fully completed loan application and all supporting documentation is received, reviewed and accepted by the BCD Housing Rehab Program Manager.

Applicants: This program is offered to owner-occupied single-family/multi-family and investor-owned units in the Town of Great Barrington. If the structure is a single-family owner-occupied unit, the owner must meet income guidelines of low to moderate income. If the structure contains year-round rental units, at least 51% of all the households including rental units/renters must meet these income limits. The applicant must be the property owner of record for the proposed residential structure. *Please refer to the table for income levels based on household size.*

GREAT BARRINGTON & EGREMONT

Family Size	1	2	3	4	5	6	7	8
Very Low Income	38,350	43,800	49,300	54,750	59,150	63,550	67,900	72,300
Low Income	61,350	70,100	78,850	87,600	94,650	101,650	108,650	115,650

STOCKBRIDGE

Family Size	1	2	3	4	5	6	7	8
Very Low Income	39,400	45,000	50,650	56,250	60,750	65,250	69,750	74,250
Low Income	63,000	72,000	81,000	90,000	97,200	104,400	111,600	118,800

CONSTRUCTION

Structures: The primary purpose of the deferred payment loan program is to bring deteriorated residential units into compliance with all applicable Federal, State and Local codes. To be eligible, a structure or portion thereof must be residential and contain one or more code violations. Note: All code violations must be corrected as a condition of participating in the BCD Housing Rehabilitation Program. A Housing Rehab Specialist will conduct a site visit and develop a detailed work write-up and cost estimate. The Housing Rehab Specialist will then review these items with the homeowner.

NOTE: BCD Housing Rehabilitation Program is a moderate rehabilitation program. If upon completion of a site visit, detailed write-up and cost estimate, the Housing Rehab Specialist determines that the dollars needed far exceed program limits, the project can be deemed infeasible, and funding denied.

FUNDING MECHANISM-DEFERRED PAYMENT LOANS

The BCD Housing Rehabilitation Program offers Deferred-Payment Loans (DPLs) to finance the rehabilitation of eligible projects. The maximum DPL is \$60,000 per unit to address code violations. An additional \$10,000 per unit is available when improvements include removal of lead paint or asbestos, making handicapped access, septic system replacement or multiple energy-efficiency enhancements. **The DPL is secured by a lien placed on the property for a period of 15 years. The interest rate is 0%. The DPL will be forgiven at a rate of 1/15th per year provided the property owner(s) are not in any way in default; therefore, Deferred-Payment Loans do not require monthly loan payments.** If a property is sold or transferred within the 15-year period after rehabilitation completion, the funds will be recaptured on a prorated basis. **After the 15-year recapture period expires, the loan is forgiven.**

LEAD GRANT

Lead remediation of up to \$25,000 will be provided in the form of a grant and shall not be included in the deferred payment loan. This grant is intended solely for the purpose of addressing lead hazards on the property and must be utilized in accordance with applicable laws and regulations. The provision of this grant will be independent of any obligations or conditions related to the forgiveness of the Deferred-Payment Loans. **This lead paint abatement grant shall not be repayable.**



HOUSING REHAB LOAN PROGRAM HOMEOWNER DOCUMENTATION CHECKLIST

REQUIRED INCOME DOCUMENTATION

- Completed application
- 8 Consecutive Weeks of Pay stubs or income verification
- Unemployment (Monetary Determination/Weekly deposits)
- Veteran's Benefits (Current Year Benefit Letter)
- Social Security (Current Year Benefit Letter)
- Pension (2Mo.s Statements or letter)
- Child Support (Entire Copy of Divorce Decree or Separation Agreement)
- Alimony (Entire Copy of Divorce Decree or Separation Agreement)
- Bank Statements – Checking & Savings (2Mo.s Recent Statements, all pages, **NOT Transaction History**)
- Investment Account Statements (2Mo.s Recent Statements, all pages)
- IRAs & 401Ks Account Statements (2Mo.s Recent Statements, all pages)
- Interest
- Disability
- Foster Care
- Worker's Comp.
- Other Income (Explain)

REQUIRED SUPPORTING DOCUMENTATION

- Copy of the property Deed
- 2023 & 2024 **1040 IRS TAX RETURNS signed & filed.**
- 2023 & 2024 **Schedule C** – IF SELF EMPLOYED
- 2023 & 2024 –**Schedule E** – IF INCOME FROM RENTAL
- 2023 & 2024 **IRS TAX RETURN TRANSCRIPTS.** (NOT ACCOUNT TRANSCRIPTS) See instructions.
- PROPERTY & FLOOD INSURANCE (**DECLARATION PAGE & PROOF of PAYMENT**) Obtain from Your Insurance Co)
- PROOF OF PAID REAL ESTATE TAXES (**PRINTOUT FROM THE TOWN REQUIRED**)
- Copy of First two pages of Mortgage
- Copy of First two pages of Home Equity
- Copy of Entire Reverse Mortgage Doc.
- Most recent Loan Statement of RM

Please NOTE W-2s, 1099s, YEARLY SUMMARIES UPON REQUEST ONLY



HOUSING REHAB LOAN PROGRAM HOMEOWNER DOCUMENTATION CHECKLIST

ADDITIONAL REQUIRED SUPPORTING DOCUMENTATION

The following documents are included in the application. Please fill out, sign, and return **ONLY IF APPLICABLE.**

- SIGNED Lead Paint Pamphlet (House built prior to 1978)
- Complete copy of Trust Documents
- Income Tax Extension Affidavit
- Unattainable Transcripts Affidavit
- Certificate of Zero Income
- Non-Resident Form
- Non-Filing Affidavit

- Rental Income – if applicable
- Death Certificate - if applicable



FAST-TRACK YOUR APPLICATION!

ALL APPLICANTS

Did You:

- ➔ Complete ALL Sections of the Application? Page 1 -14
- ➔ SIGN and INITIAL ALL Sections of the Application?
- ➔ Provide ALL Required Supporting Documents?

The following is required ONLY if APPLICABLE:

1. ***Tax Transcripts*** (Page 15) – if you are self-employed.
2. ***Confirmation of Receipt of Lead Pamphlet*** (Page 16)– if your house was built prior to 1978.
3. ***Rental Income*** (page 18) – if you receive Rental Income. A copy of your Lease is also required.
4. ***Federal Income Tax Filing Status – Filing Not Required*** (Page 19) – If you DO NOT file income taxes. This form needs to be Notarized.
5. ***Federal Income Tax Filing Status – Transcripts unattainable through means from the IRS*** (Page 20)– If you have made several attempts to obtain your transcripts. This form needs to be Notarized.
6. ***Federal Income Tax Filing Status – Income Tax Return – Extension filed for Self-Employment*** (Page 21)– If you have made several attempts to obtain your transcripts. This form needs to be Notarized.
7. ***Certification of Zero Income*** (Page 22) – if you have zero income.
8. ***Signature Page for NON-Resident Co-Applicants*** (Page 23) – if a name is listed on the deed but not living in the home.



Bank Statements – Extra Deposits

We review your bank statements to confirm that the deposits match your source of income. Identifying extra deposits will help us process your application faster. Please provide all additional deposits below, which are not paychecks or monthly benefits, and the source of the deposit.

Deposit Date	Amount	Source
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Applicant Information			
Last Name		First Name	Middle Name
Present Address		Own	
Street:		Rent	
City/Town:		Number	
State:	Zip Code:	of Years	
Mailing Address		Married _____	
Street: SAME		Widowed _____	
City/Town:		Separated _____	
State:	Zip Code:	Divorced _____	
Email Address:		Number Dependents living at home:	
Home Phone Number:		Ages Dependents living at home:	
Cell Phone Number:			
Work Phone Number:			
Employment Information		Self Employed? Yes ___ No ___	
Employer Name:		Unemployed? Yes ___ No ___	
Address:		How Long?	
Type of Business:	Years with company _____		
Business Tel.No:	Position/Title:		
If at current company less than 2 years			
Previous Employer			
Address:			
Business Tel.No.	Position/Title	Years with company _____	
Co-Applicant Information - Name is also on the Deed or you are a Spouse			
Last Name		First Name	Middle Name
Present Address			
Street:			
City/Town:			
State:	Zip Code:		
Mailing Address		Married _____	
Street:		Unmarried _____	
City/Town:		Separated _____	
State:	Zip Code:	Divorced _____	
Email Address:		Home Phone Number:	
Cell Phone Number:		Work Phone Number:	
Employment Information		Self Employed? Yes ___ No ___	
Employer Name:		Unemployed? Yes ___ No ___	
Address:		How Long?	
Type of Business	Years with company _____		
Business Tel.No:	Position/Title		
If at current company less than 2 years			
Previous Employer			
Address:			
Business Tel.No.	Position/Title	Years with company _____	



ANNUAL INCOME - Please fill in ALL applicable income

Source	Applicant	Other Household Members 18 +	Total
Salary			
Overtime pay			
Commissions			
Fees			
Tips			
Bonuses			
Self Employed			
Interest and/or Dividends			
Net Rental Income			

Income Received Periodically

Social Security Benefits			
Pension Benefits			
IRA Redemptions			
Unemployment Benefits			
Workers Compensation			
Alimony, Child Support			
Other(describe)			
TOTALS	\$0	\$0	\$0

ASSETS - Please include ALL Financial Accounts

Type	Cash Value	Annual Income from Assets	Bank /Financial Institution Name and last 4 digits of Acct number
Checking Account(s)			
Savings Accounts(s)			
Credit Union Account(s)			
Investment Account(s) <i>Stocks, bonds etc.</i>			
IRA Account(s)			
Life Insurance			
Other-Inheritance			
Home			
Estimated Value			
Mortgage Balance			
Other Real Estate			
Estimated Value			
Mortgage Balance			
TOTALS	\$	\$	\$

List all outstanding financial obligations(your debts) including auto loans, credit cards, credit union loans, real estate loans, and all other loans.

LIABILITIES

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date
Monthly Alimony		\$		
Monthly Child Support		\$		
Monthly Child Day Care		\$		
TOTAL		\$	\$	

If a "Yes" answer is given to any question below, please explain on a separate sheet

1. Do you have any outstanding unpaid judgments? Yes ___ No ___ Amount \$ _____
2. In the past 7 years, have you declared bankruptcy? Yes ___ No ___
3. Are you a party in a law suit? Yes ___ No ___

MONTHLY HOUSING EXPENCES

Item	Monthly Payments	Unpaid Principal	Balloon Pymt.	Balloon Amt.
a. First Mortgage		\$	Yes _____	\$
b. 2nd Mortgage		\$	No _____	
c. Home Equity Loan		\$		
d. Other Financing Secured by Property		Describe any special circumstance relative to your housing or its financing on an separate sheet		
e. Homeowner's Insurance		Name of Insurance Agent:		
Yes No				
f. Flood Insurance	\$	Address:		
Yes No				
Is your insurance included in your mortgage?		Yes	No	
g. Real Estate Taxes		Total Town Assessed Value:		
Are your real estate taxes included in your mortgage?		Yes	No	
h. Back Taxes Due		Which year(s): _____		
		If necessary, supply further details on an attached sheet:		
TOTAL				

HOUSEHOLD COMPOSITION - List the head of the household and all members who live in your home
Give relationships of each family member to the head

Member No.	Full Name	Relationship	Date of Birth	Ages
1. Applicant				
2. Co-Applicant				
3. Dependent				
4. Dependent				
5				
6				
7				
Does anyone live with you now who is not listed above?		Yes	No	
Does anyone plan to live with you in the future who is not listed above?		Yes	No	
If either is "yes", please explain.				



PROPERTY INFORMATION

LOCATION

Street: _____
Town: _____ Plan # _____
State: _____ Lot # _____
Year the home was built: _____

Is your property listed as a Historical Property? Yes No

To your knowledge, is there any lead-base paint in your home?
Interior Yes No
Exterior Yes No

Are there any Children under six residing in your home? Yes No

Is your home connected to the town's Water System? Yes No
Sewer System? Yes No

Is your property located in a Wetlands Conservation Area? Yes No

Is your property located in a flood hazard area? Yes No

Has your property been sited for any code violations within the past 12 months? Yes No

Do you need Energy Upgrades? Yes No

Briefly describe repairs needed:
[Empty text box with horizontal lines]

Commonwealth of Massachusetts Income Limits

Great Barrington & Egremont Income Eligibility Chart

<u>Household Size</u>	<u>Income Limits</u>	2024
	80% of Median Income	
	<u>Berkshire County</u>	
1	\$61,350	
2	\$70,100	
3	\$78,850	
4	\$87,600	
5	\$94,650	
6	\$101,650	
7	\$108,650	
8	\$115,650	

Stockbridge Income Eligibility Chart

<u>Household Size</u>	<u>Income Limits</u>	2024
	80% of Median Income	
	<u>Berkshire County</u>	
1	\$63,000	
2	\$72,000	
3	\$81,000	
4	\$90,000	
5	\$97,200	
6	\$104,400	
7	\$111,600	
8	\$118,800	

Please check as appropriate.

1) **INCOME ELIGIBLE CATEGORY – Available for income eligible homeowners – or income eligible property owners with rental units.** If your present gross income falls within the HUD Income Limit Guidelines (see the income eligibility chart above), you may qualify as an INCOME ELIGIBLE property owner, and receive rehabilitation funds. Additional income information must accompany this application. Please check the box below and refer to the INCOME VERIFICATION REQUIREMENTS FOR ELIGIBLE PROPERTY OWNERS, and continue with the Employment Income Information.

INCOME ELIGIBLE

2) **ABOVE INCOME CATEGORY – Available for property owners with rental units only.** If your gross income exceeds the HUD Income Limits for income eligible property owners (see the income eligibility chart above), you may declare yourself ABOVE INCOME. You may qualify for a loan to cover a match of the total rehabilitation costs. If the majority of the rental units are occupied by households that DO meet the income limits, then additional household/income documentation will be requested from the tenants. If you wish to declare yourself ABOVE INCOME, please check the box below.

ABOVE INCOME



APPLICANT RELEASE FORM

I/We, the undersigned certify that the information provided in the application is true and complete to the best of my/our knowledge. I/We authorize you to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquires pertaining to my qualifications for a mortgage loan from you. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original. I also understand that if my application is not acted upon within six (6) months of the application's anniversary the application will become null and the information must be resubmitted or updated.

Privacy Act Notice:

This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgager under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected

Borrower's Signature

Borrower's Social Security Number

Borrower's Date of Birth

Date

Co-Borrower's Signature

Co-Borrower's Social Security Number

Co-Borrower's Date of Birth

Date



**PRINCIPAL BORROWER AND CO-BORROWER(S) ACCEPTANCE OF THE
CDBG HOUSING REHABILITATION LOAN PROGRAM TERMS**
Applicant & Co-Applicant Please initial on all lines

- I/We, the applicant(s), understand the information provided on this application will be utilized by the BCD Housing Rehabilitation Loan Program to determine income eligibility for housing rehabilitation.
- I/We understand that loan funds are limited and will be distributed to those projects that reflect the grant guidelines and goals.
- I/We understand that additional information including, but not limited to, verification of employment, income, tax statements and credit information are required by Federal and State regulations and I/We will provide such information required.
- In reference to multi-family dwelling units, I/We understand that rental units rehabilitated under this program must be rented to income-eligible tenants for a period of fifteen (15) years at rental rates determined in accordance with the lower of HUD Fair Market Rent Guidelines or High Home Rent guidelines.
- If the property is transferred (whether by gift, law, sale or any other type or transfer), or if I/ We fail to abide by the Program Agreement, the full amount of the loan will become due and payable immediately. Property that is inherited by a direct heir is not subject to this clause.

The following **MUST** accompany your signed and dated application:

- 8 current consecutive weeks of pay stubs, from all household members
- A copy of homeowner’s insurance policy
- Copy of current property deed
- Signed copy of your most recent two years’ Federal tax returns (1040 Form submitted to the IRS)
- Copy of your most recently paid property tax invoice
- A copy of the first page of any outstanding mortgage or home equity loan
- Bank statements for the past two consecutive months for all checking & savings accounts and Financial Statements
- IRS Verification for the two most recent years can be obtained by requesting your tax transcripts (instructions attached)

The applicant certifies that all information furnished in support of this application given for the purpose of obtaining financial assistance under the BCD Housing Rehabilitation Loan Program is true and complete to the best of the applicant’s knowledge and belief. Verification may be obtained from any sources identified herein. The willful misrepresentation of the information provided herein may be grounds for the denial of participation in the BCD Housing Rehabilitation Loan Program. If a Deferred Payment Loan has already been awarded and a misstatement is discovered, the amount of the Deferred Payment Loan shall be due and payable immediately to Town.

Furthermore, the applicant understands that by applying for a Deferred Payment Loan under the BCD Housing Rehabilitation Loan Program, that he or she is agreeing to have the property inspected by a representative of the BCD Housing Rehabilitation Loan Program including a Lead Paint test and may be required to carry out and pay for lead testing and removal if required. He or she also understands that such inspection may disclose code violations, requirements for lead paint (inspection and/or removal), and /or other requirements, which may result in additional costs or expenses beyond those that may be included in the BCD Housing Rehabilitation Loan Program.

Principal Borrower Date

Co- Borrower Date



CDBG FUNDED PROJECTS, REIMBURSABLE COSTS & WHO IS RESPONSIBLE

Applicant & Co-Applicant Please initial on all lines

I/We certify and acknowledge this program, **funded by the Community Block Grant under the Department of Housing and Urban Development and overseen by the Executive Office of Housing and Livable Communities**, is benefiting low to moderate-income persons, based on their household income. Further, that the purpose of this program is to improve the aging housing stock in our area, to address the lack of affordable housing for year-round residents in our communities, and to strengthen and preserve safe housing for our local families.

I/We acknowledge that the terms of the **CDBG Housing Rehab Program**, will require me/us to sign a Mortgage, a Promissory Note, and a Deferred Forgivable Loan Agreement which have been explained to us and a copy of the documents are available for me/us review at any time.

I/We acknowledge and understand our participation in the Housing Rehab Program is first and foremost because we are a part of a greater community, that there is always a higher demand than there are funds to meet the growing need for home repairs; that funding for all projects draw from a single allocation to the CDBG Housing Rehab Program, and that only necessary repairs will be made and that special attention be paid to incurring costs only essential to the completion of the project according to the federal, state, and local regulations customary in the residential construction industry.

I/We acknowledge that the funds will be distributed by BCD to a pre-qualified general contractor through a bidding process for the purposes set forth in a scope of work (the Work Write Up/WWU) as prepared by the licensed Housing Rehab Specialist and will be used for only those purposes laid out in the WWU. Further, that I/we will ask questions concerning the program, the process and that I/we will agree and accept the results of a Final WWU and that all specified work will be done according the federal, state, and local regulations customary in the residential construction industry.

I/We acknowledge that there are costs incurred leading up to and subsequent to the loan closing that are considered essential and/or required by law that BCD will pay; that **those costs will be wrapped into the loan amount and identified as "Reimbursable Costs"**. I/We acknowledge these costs are covered by BCD to relieve the recipient of undo financial burden and to move the process/project along in a smooth, efficient, and timely manner **but are 100% the responsibility of the recipient** and are expected to be reimbursed with signing of the mortgage documents. Upon receipt of the mortgage documents, MA EOHLC will then release the project funds to BCD for the disbursement of payment for services rendered in relation to the project. Such reimbursable costs will/may include but are not limited to:

- a. Credit report
- b. Mortgage Recording fees at the Registry of Deeds
- c. Lead Inspection – lead paint hazards
- d. Engineering services – septic design, approvals, and inspections
- e. Water test



CDBG FUNDED PROJECTS, REIMBURSABLE COSTS & WHO IS RESPONSIBLE

I/We certify that I/we have been explained the program and process to my/our satisfaction and that should I/we renege on the terms of this agreement and fail to move forward with the project after incurring the reimbursable costs to BCD, that I/we will be responsible for those costs. BCD will present to me/us a detailed invoice of those costs and provide copies of the services paid; in turn, I/we remit a check payable to BCD for that amount. In the event the reimbursable costs are considerable and payment to BCD has not been received, BCD reserves the right to place a lien on your property for that amount.

I/we agree to all of the above terms and certify that all of the information is correct.

Borrower Signature(s) _____
Date

Print Homeowner Name(s)

Property Address

Mailing Address

Email



**Community Development Block Grant (CDBG) Program
AFFIDAVIT REGARDING CONFLICT OF INTEREST**

I (we) the undersigned, being duly sworn, do certify that, to the best of my (our) knowledge:

I (we) have not granted any gratuitous funds of financially benefitted any related party of the Town of Great Barrington CDBG Program or an organization under contract to manage a CDBG grant and are not related to any employee or officer of an organization under contract to manage a CDBG program or the Commonwealth of Massachusetts or of the U.S. Department of Housing and Urban Development (HUD) who has a decision-making or monitoring relationship with CDBG program.

I (we) understand the following citation from 24 CFR Part 570.611 (b) and to the best of my (our) knowledge none of the following situations or relationships applies to me (us):

24 CFR Part 570.611 (b) Conflicts prohibit. No persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to activities assisted with CDBG 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 CDBG-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.

24 CFR Part 570.611 (c) 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 to the recipient, or of any designated public agencies, or of sub-recipients that are receiving CDBG funds.

All covered persons in paragraph (c) who do not violate paragraph (b) must first obtain a waiver from the U.S. Department of HUD before receiving CDBG assistance.

APPLICANT SIGNATURE:

CO-APPLICANT SIGNATURE:



GRIEVANCE POLICY & PROCEDURE

- A. The BCD Director of Housing Rehab Programs will be responsible for handling any initial grievance with a goal of resolving any issues.
- B. The Grant Administrator will be responsible for overseeing the investigation of any grievance or serious complaint lodged against the grant employees or programs, or not resolved at the program level.
- C. Grievances should be submitted to the Grant Administrator in writing. Individuals interested in filing a grievance may contact the Grant Administrator for assistance in doing so.
- D. The Grant Administrator has ten (10) business days to investigate the grievance and respond in writing to the party filing the grievance. The Grant Administrator will gather all facts and information to the best of his or her ability. Persons named in the grievance shall be interviewed. The EOHLC CDBG Program Representative will be notified of any grievance.
- E. The Grant Administrator will initiate a file that includes the original grievance, a report of findings, and a copy of the Grant Administrator's determination and notification. The outcome of the grievance will also be documented.
- F. If the person or group filing the grievance does not agree with the outcome, an appeal may be filed. The Town Administrator will conduct his/her own investigation and report their findings to the filer of the grievance within ten (10) business days.
- G. If the person or group filing the grievance does not agree with the outcome, an appeal may be filed. The Board of Selectmen will conduct their own investigation and report their findings to the filer of the grievance within ten (10) business days. The findings of the Board of Selectmen are final.

Assistance is provided, if necessary, to facilitate any individual in participating in this grievance process.

BCD Program Manager

Grant Administrator contact information:

Cassandra Boyd Marsh
Bailey Boyd Associates
9 Hillside Road
Scituate MA 02066
Tel: 508 430 4499 ext 1
Email: cboyd@baileyboyd.com

I/We have read and understand the grievance procedure.

Signed: _____ Date _____

Signed: _____ Date _____



VOLUNTARY INFORMATION REQUESTED

The information regarding race, natural origin, sex designation, marital status, disability status and veteran status on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against program or tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. While you are not required to furnish this information, you are encouraged to do so.

Please provide this information for **each** member of your household.

HOUSEHOLD MEMBER 1		
ETHNIC CATEGORY:	Hispanic _____	Non-Hispanic _____
RACE:	White _____ Asian _____	Black/African American _____ Asian and White _____
American Indian / Alaskan Native _____	Native Hawaiian / Other Pacific Islander _____	American Indian / Alaskan Native and White _____
Black / African American and White _____	American Indian / Native Alaskan and Black / African American _____	Other (Multi-Racial) _____
SEX:	Male _____	Female _____
OTHER, CHECK IF APPLICABLE:	U.S. Veteran _____ Elderly (Over 60) _____	Female Head of Household _____ Disabled _____

HOUSEHOLD MEMBER 2		
ETHNIC CATEGORY:	Hispanic _____	Non-Hispanic _____
RACE:	White _____ Asian _____	Black/African American _____ Asian and White _____
American Indian / Alaskan Native _____	Native Hawaiian / Other Pacific Islander _____	American Indian / Alaskan Native and White _____
Black / African American and White _____	American Indian / Native Alaskan and Black / African American _____	Other (Multi-Racial) _____
SEX:	Male _____	Female _____
OTHER, CHECK IF APPLICABLE:	U.S. Veteran _____ Elderly (Over 60) _____	Female Head of Household _____ Disabled _____

HOUSEHOLD MEMBER 3		
ETHNIC CATEGORY:	Hispanic _____	Non-Hispanic _____
RACE:	White _____ Asian _____	Black/African American _____ Asian and White _____
American Indian / Alaskan Native _____	Native Hawaiian / Other Pacific Islander _____	American Indian / Alaskan Native and White _____
Black / African American and White _____	American Indian / Native Alaskan and Black / African American _____	Other (Multi-Racial) _____
SEX:	Male _____	Female _____
OTHER, CHECK IF APPLICABLE:	U.S. Veteran _____ Elderly (Over 60) _____	Female Head of Household _____ Disabled _____

HOUSEHOLD MEMBER 4		
ETHNIC CATEGORY:	Hispanic _____	Non-Hispanic _____
RACE:	White _____ Asian _____	Black/African American _____ Asian and White _____
American Indian / Alaskan Native _____	Native Hawaiian / Other Pacific Islander _____	American Indian / Alaskan Native and White _____
Black / African American and White _____	American Indian / Native Alaskan and Black / African American _____	Other (Multi-Racial) _____
SEX:	Male _____	Female _____
OTHER, CHECK IF APPLICABLE:	U.S. Veteran _____ Elderly (Over 60) _____	Female Head of Household _____ Disabled _____

Request for Copy of Tax Return

(January 2024)

- ▶ **Do not sign this form unless all applicable lines have been completed.**
- ▶ **Request may be rejected if the form is incomplete or illegible.**
- ▶ **For more information about Form 4506, visit www.irs.gov/form4506.**

OMB No. 1545-0429

Department of the Treasury
Internal Revenue Service

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

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 sent to the third party, ensure that lines 5 through 7 are completed before signing. (see instructions).

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 tax year or period using the mm/dd/yyyy format (see instructions).

____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____

8 Fee. There is a \$30 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 complete

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, 1 percent or more shareholder, partner, managing member, 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:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506. See instructions

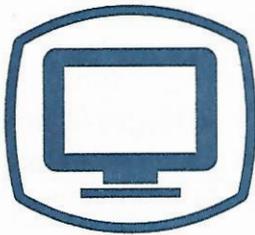
Phone number of taxpayer on line 1a or 2a

Sign Here	▶ Signature (see instructions)	Date
	▶ Print/Type name	Title (if line 1a above is a corporation, partnership, estate, or trust)
	▶ Spouse's signature	Date
	▶ Print/Type name	



Need a Tax Return Transcript?

We offer 3 Easy Options



1 : Online — Go to [IRS.gov/transcript](https://www.irs.gov/transcript) to download a copy of your tax return transcript immediately.



2 : Mail — You can use the Get Transcript by Mail online at [IRS.gov/transcript](https://www.irs.gov/transcript) or complete **Form 4506-T** to request your tax account transcript or **Form 4506T-EZ** to get your tax return transcript and mail it to the IRS. **Form 4506-T** is available at [IRS.gov/form4506t](https://www.irs.gov/form4506t). **Form 4506T-EZ** is available at [IRS.gov/form4506tez](https://www.irs.gov/form4506tez).



3 : Call — **800-908-9946** and follow the voice prompts.

Transcripts sent to your home address will be mailed free of charge. Please allow 5 - 10 calendar days from the time the IRS receives the request for delivery.

You can order an exact copy of a previously filed and processed tax return, including attachments and **Form W-2**, by completing **Form 4506, Request for Copy of Tax Return**. Mail the completed form with \$50 for each tax year requested to the address in the instructions. **Form 4506** is available at [IRS.gov/form4506](https://www.irs.gov/form4506). Generally copies are available for the current year and the past six years. Either spouse can submit and sign **Form 4506** to request copies of jointly filed tax returns. Allow 75 calendar days to receive your copies.



CONFIRMATION OF RECEIPT OF LEAD PAMPHLET

I have received a copy of the pamphlet, *Protect Your Family from Lead in Your Home*, informing me of the potential risk of lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Printed Name of the Recipient _____
Date

Signature of the Recipient

Self-Certification Option (for tenant-occupied dwellings only) –

If the lead pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

- Refusal to sign – I certify that I have made a good faith effort to deliver the pamphlet, *Protect your Family from Lead in your Home*, to the rental dwelling unit listed below at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.
- Unavailable for signature – I certify that I have made a good faith effort to deliver the pamphlet, *Protect your Family from Lead in your Home*, to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door.

Printed Name of the person certifying Lead Pamphlet delivery _____
Attempted delivery date and time

Signature of the person certifying Lead Pamphlet delivery

Unit Address

Note Regarding Mailing Option – As an alternative to delivery in person, you may mail the lead pamphlet to the owner and/or tenant. The pamphlet must be mailed at least 7 days before renovation (documentation with a certificate of mailing from the post office).



VERIFICATION OF EMPLOYMENT

PART I. APPLICANT INFORMATION (To be completed by Applicant)

Applicant: _____ Email: _____
Applicant Address: _____ Phone: _____
Signature: _____

PART II. EMPLOYER INFORMATION (To be completed by Applicant)

Name of Employer _____
Address of Employer _____
Phone _____

PART III. EMPLOYMENT INFORMATION (To be completed by Employer)

1. Date of Employment _____ Position/Occupation _____
2. Date of Termination (if applicable) _____
3. Current Rate of Regular Pay \$ _____ per hour, week, month or year (circle one)
4. Current Rate of Overtime Pay \$ _____ per hour, week, month or year (circle one)
5. Gross income for the last 8 weeks \$ _____.
6. Do you anticipate any change in the employee rate of pay in the near future? Yes ___ No ___
If yes: Revised Rate \$ _____ Effective Date: _____
7. Number of hours employee typically works per week: _____ Weeks per year: _____
8. Do you anticipate any change in the number of hours the employee works? Yes ___ No ___
If yes, please explain _____
9. Anticipated average amount of overtime per week _____
10. Gross annual earnings you anticipate for this employee for the next 12 months \$ _____
11. Does the employee receive tips, bonuses, overtime, commissions? Yes ___ No ___
Indicate annual amount: Tips \$ ___ Bonuses \$ ___ Overtime \$ ___ Commissions \$ ___
12. If the employee's work is seasonal or sporadic, indicate lay-off periods _____
13. Additional Comments: _____

Completed By: _____ Date: _____
Name and Title

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



RENTAL INCOME – YEAR-TO-DATE INCOME/EXPENSE STATEMENT

Applicant Name: _____

Year Reporting: _____ From Months: _____ To: _____

INCOME	AMOUNT EARNED TO DATE
Rental Income per Unit (please list if multiple units and the term of the lease. If it's a new rental please indicate the start date.	
	\$
	\$
	\$
	\$
Total Rental Income	\$
EXPENSES	AMOUNT OF EXPENSES TO DATE
Type of Expenses (Ex. mortgage, taxes, insurance admin, supplies, travel, maintenance, etc. Write in Expenses to date for each category.	
	\$
	\$
	\$
	\$
Total Expenses (add all expenses to date)	\$

Total Income \$_____ minus Total Expenses \$_____ Equals Net Income to Date \$_____

Based on the information to date I anticipate my Net Income from my Rental Properties (Estimate total net income to end of the calendar year) for the Year of 20__ to be \$_____.

I certify that the above information is accurate, and I have provided all the Income and Expenses to date.

Print Name

Signature



AFFIDAVIT OF FEDERAL INCOME TAX FILING STATUS
Filing not required

To whom it may concern:

This is to certify that I, _____, did not file an annual Federal income tax return in the Tax Years 2023 and 2024 because my taxable income was under the minimum threshold of filing requirements.

Sincerely, _____

Print name: _____

Street: _____

Town: _____

COMMONWEALTH OF MASSACHUSETTS

Berkshire County, ss

Date:

Then personally appeared the above-named _____ proved to me through satisfactory evidence of identification, which was a Massachusetts driver's license, to be the person whose name is signed on the preceding document and acknowledged that they executed the foregoing instrument voluntarily for its stated purpose.

Notary Public

My Commission expires: _____



AFFIDAVIT OF FEDERAL INCOME TAX FILING STATUS
Transcripts unattainable through usual mean from the IRS

To whom it may concern:

This is to certify that I, _____, that I have made several attempts to obtain my IRS Verification Transcripts of my 2023 & 2024 1040 taxes from the IRS to no avail. I have submitted copies of my 2023 & 2024 1040 Tax Returns with my signed Housing Rehab Homeowner Application along with all the supporting documentation. I hereby certify under the pains and penalties of perjury that the tax documents I have submitted are the exact forms and figures submitted to the IRS. Should any IRS documents obtained subsequent to receiving the Housing Rehab Loan Program Funds contradict the previously submitted forms and figures in my application, these loan funds will become immediately due and payable.

Sincerely, _____

COMMONWEALTH OF MASSACHUSETTS

Berkshire County, ss

Date:

Then personally appeared the above-named _____ proved to me through satisfactory evidence of identification, which was a Massachusetts driver's license, to be the person whose name is signed on the preceding document and acknowledged that they executed the foregoing instrument voluntarily for its stated purpose.

Notary Public

My Commission expires: _____



AFFIDAVIT OF FEDERAL INCOME TAX FILING STATUS
Income Tax Return – Extension filed for Self-Employment

To whom it may concern:

This is to certify that I/we, _____, have filed a **2024 1040 Tax Return Extension** (due _____) to be prepared by our tax account, _____. I/we have submitted copies of my/our 2023 and 2024 1040 Tax Returns with my signed Housing Rehab Homeowner Application along with all the supporting documentation. I/we hereby certify under the pains and penalties of perjury that the 2024 tax documents that I/we will submit upon completion, will be within the income eligibility range for acceptance into the Great Barrington Regional Housing Rehab Program. The Program utilizes the HUD 2024 Income Limits for Berkshire County and the 80% of median income for acceptance cannot exceed \$70,100 for a household of two. Additionally, we certify that the IRS verification of same tax year to be submitted are the exact forms and figures submitted to the IRS. Should any IRS documents obtained subsequent to receiving the Housing Rehab Loan Program Funds contradict the previously submitted forms and figures in my application, these loan funds will become immediately due and payable.

Sincerely, _____

COMMONWEALTH OF MASSACHUSETTS

Berkshire County, ss

Date:

Then personally appeared the above-named _____ proved to me through satisfactory evidence of identification, which was a Massachusetts driver's license, to be the person whose name is signed on the preceding document and acknowledged that they executed the foregoing instrument voluntarily for its stated purpose.

Notary Public

My Commission expires: _____



CERTIFICATION OF ZERO INCOME

To be completed by adult household members only, if appropriate

Name: _____ **Date:** _____

Address: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status, however, I am actively seeking employment.

3. I will be using the following sources of funds to pay for rent and other necessities:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of funding.

Signature of Applicant

Printed Name



**PRINCIPAL BORROWER AND CO-BORROWER(S) ACCEPTANCE OF THE
CDBG HOUSING REHABILITATION LOAN PROGRAM TERMS**

SIGNATURE PAGE FOR NON-RESIDENT CO-APPLICANT(S)

I/We, _____, co-owner of the property at _____ who resides at _____, which is my permanent address, hereby attest that I/We do not participate in the utilization or maintenance of the property to be rehabbed. I/We have agreed to participate in the BCD- Berkshire Community Development Housing Rehabilitation Loan Program and understand this project is funded by the Massachusetts EOHLC CDBG Funds and delivered by Berkshire Community Development in conjunction with the Town of Great Barrington for the purpose of addressing critical repairs to the home.

Additionally, I/We grant authorization to _____ to sign all construction-related documents in regard to the construction performed on the home through the BCD Housing Rehabilitation Loan Program.

Co-Borrower:

Date

Address:



GREAT BARRINGTON HOUSING REHAB PROGRAM

Required, eligible and ineligible Housing Rehab repairs

This is a moderate housing rehabilitation program. The definition of moderate rehab per HUD is as follows:

Upgrade to a decent, safe, and sanitary condition to comply with the Housing Quality Standards or other standards approved by HUD, from a condition below these standards. Improvements are of modest nature and other than routine maintenance. For our purposes, moderate rehab is limited to \$60,000.00. An extra \$10,000.00 is available to replace a failed septic system, remove lead paint hazards or energy efficiency upgrades for a total of \$70,000.00.

In order of priority:

1. Address all code violations including lead paint hazards.
2. Repair exterior items: this includes roofs, gutters, exterior doors, and walkways.
3. Upgrade to energy efficiency. This includes heating systems (and in some instances, cooling systems).
4. Interior improvements necessary to improve general living conditions for health and safety reasons. Repairs include but are not limited to the replacement of damaged or rotted existing hardwood flooring, replacement of vinyl or tile flooring as necessary, replacement of deteriorated countertops, and repair of faulty electrical wiring. All interior items will be budgeted at mid-grade quality.

Critical Repairs include but are not limited to the following:

1. Minimum Housing Quality Standards
2. Hazardous materials abatement as mandated by the current federal and state regulations.
3. Install/or replace smoke detectors.
4. Energy efficiency upgrades, i.e., heating systems, windows, and doors.
5. Structural deficiencies
6. Roof deficiencies
7. Heating deficiencies
8. Plumbing deficiencies
9. Electrical deficiencies
10. Insulation

Ineligible items – including but not limited to the following:

1. Reimbursement for materials or owner's labor.
2. Reimbursement for any work done outside the program.
3. Room additions, extensions, cosmetic or structural alterations (unless necessary to correct code violations).
4. Purchase, installation, or repair of furnishings.
5. Demolition that does not improve the existing structure or that removes architectural features that are an essential part of the building's character.
6. Free-standing masonry, walls, and fences.
7. Interior wood paneling
8. Bookcases, shelving, or cabinets unless necessary to comply with housing standards.



9. Aluminum or vinyl siding unless existing and in repair or replacement/spot replacement.
10. Barbecue pits, or outdoor/indoor fireplaces.
11. Bathhouses, swimming pools, saunas, hot tubs.
12. Burglar alarms.
13. Flower boxes, greenhouses, greenhouse windows, windows, or doors in non-heated spaces.
14. TV antennas and cable TV.
15. Parking lots, driveways, patios
16. Valances, cornice boards, and drapes.
17. Waterproofing
18. Garages, carports, sheds.
19. Sprayed on textured ceilings unless already existing and are in need of repair to meet the minimum quality standard.
20. Materials, fixtures, or equipment of quality or grade exceeding that customarily used on properties of the same general type as the property to be rehabilitated.

If you have any questions, please feel free to contact Dawn Lemon at 413-528-0104 or by email at dawn@berkcd.com.