

Home Modification Loan Program (HMLP)

Application Guide

Thank you for your interest in the Home Modification Loan Program. This is a lending program. It provides funding for individuals and families to modify homes for a household member with a disability. The loan program lends from \$1,000 to \$30,000 secured by a promissory note and mortgage that are recorded as a lien on the property.

Please read the enclosed Frequently Asked Questions, and Brochure carefully before completing this application.

All of the information and documents required for this application are necessary for HMLP Provider Agencies to determine eligibility of the application and for which loan product you are eligible. Please review the checklist to make sure your application is complete. If you have any questions, or need assistance completing any part of the application, please do not hesitate to contact your Provider Agency.

- **The modifications made to the home must relate to the functional disability** of the household member who benefits from the modifications.
- **Income guidelines for eligibility** are shown on the enclosed Frequently Asked Questions sheet and in the Brochure.
- **If you are an employee or a relative of an employee of the Provider Agency** who sent you this application, call your local Provider Agency to be assigned to another Provider Agency.
- **Reasonable accommodations** will be provided as needed by the Provider Agency to assist in completion of the application. If you need any assistance with the application please let your Provider Agency know how they can be of assistance.

Home Modification Loan Program

Application Checklist

Applicant Name: _____

- Completed and signed application including**
Applicant information
Beneficiary information
Home modification Project
Property Information
Signed PENALTY FOR FALSE OR FRAUDULENT STATEMENT
Landlord Supplemental Form (if applicable)

- Documentation of income for all sources**
Acceptable proof of income may include: Tax returns, benefit statements, 1099 or W-2s

- Letter from Medical Professional attesting to the need for a home modification and its relationship to a functional disability**

- Proof of paid real estate taxes**

- Proof of paid state income taxes**

- Copy of deed for property being modified**

- Release of Information Form**

- Media Release of Information (Optional)**

- Lead Paint Certification Form**

- Historic Certification Form**

- Evidence of commitment of other funds to complete modification if project is over \$30,000**

Home Modification Loan Program Application

Applicant Information

*Landlord applicants must complete the Landlord Form.

Please print clearly.

Name (Last, First, MI): _____

Mailing address: _____
Number Street Unit #

City State Zip Code

Telephone: Home: _____ Work and/or Cell: _____

Fax: _____ TTY/TTD: _____ E-Mail: _____

Address of Property (if different from above):

Number Street Unit #

City State Zip Code

Please list the names of any other persons listed on the property deed:

Name (Last, First, MI): _____

Name (Last, First, MI): _____

Name (Last, First, MI): _____

Name (Last, First, MI): _____

Is any person listed in this application (including all property owners or beneficiary) an employee or a relative of an employee of the Provider Agency administering the Home Modification Loan Program? Yes No

Ethnic Background (Answer is Optional)

a. Native American b. White c. Hispanic d. Black e. Asian f. Other _____

Property Information

Proof of paid real estate taxes and paid state income taxes must be provided.

1. Type of property:

Single Family Multi-family Mobile Home Manufactured prior to 1978

If multi-family: number of units: _____

How many units are occupied? _____

2. Certificate of Title:

Who is (are) the Owner(s) of Record of the Property to be modified?

1. _____ 2. _____

3. _____ 4. _____

Please verify by Book: _____ Page: _____ of deed at the Registry of Deeds in the County of Residence.

A certified copy of this deed can be purchased at the Registry of Deeds and is required to complete this application. **Please attach a copy of the deed.** If you need help obtaining a copy of your deed, please contact your Provider Agency for assistance.

3. During the pendency of this loan application I will notify the Provider Agency of any pending bankruptcy or foreclosure action against me:

Yes – PLEASE CHECK

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

The applicant(s) certifies that all information provided herein, and all information in support of this application, is given for the purpose of obtaining assistance from the Home Modification Loan Program.

I/We hereby certify that all of the above statements are true, accurate and complete to the best of my/our knowledge and belief.

I hereby consent to the verification of any information given in this application. I understand that the information will be used to determine eligibility for this program and is subject to the requirements of HMLP Program Guidelines. The applicant(s) agree(s) to abide by the HMLP requirements in connection with any assistance received pursuant to this application.

All information generated as a part of this program is confidential between the program applicants and program administrators.

Signature(s) of Property Owner/Borrowers: The signatories below acknowledge that this document is signed under pains of penalties and perjury. All persons listed on the deed must sign below.

Signature:

Date:

Landlord Supplemental Form

To be Completed by Landlord:

The Property Owner/Landlord, must be the applicant for this loan. Only properties of less than ten (10) unit dwellings are eligible unless undue burden is proven.

For Non-Owner occupied properties the owner must demonstrate that the property is not covered by section 4 of Chapter 151B. i.e. has fewer than 10 units.

Name of Tenant: _____

Name of Beneficiary (if different):

Address of unit to be modified:

Number	Street	Unit #
City	State	Zip Code

Number of units in property: _____

Is the tenant a family member of the landlord? Yes No
(If yes, you may be able to apply for a 0% or 3% loan. Please discuss with your Provider.)

Landlord Information:

Name (Last, First, MI): _____

Mailing address:

Number	Street	Unit #
City	State	Zip Code

Telephone: Home: _____ Work and/or Cell: _____

Fax: _____ TTY/TTD: _____ E-Mail: _____

Landlord Signature

Date

(Please Print Name)

Tenant Signature

Date

(Please Print Name)

Home Modification Loan Program

Release of Information

I hereby give authorization to _____ (*Provider Agency*)
To make inquiry as needed regarding information and documentation supplied by me to verify:

_____ Household income

_____ Unsafe conditions noted at time of inspection

_____ My need for modifications to my residence as documented by

_____,
(*a professional with whom I have a client history*)

Address of the residence to be modified is:

number	street	city/town	zip
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phone	e-mail
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This information is in regard to my request for a Home Modification Loan.

Signature: _____ Date _____
(*Please print.*)

This authorization is valid until my loan has been closed and all modification work completed.

Home Modification Loan Program

MEDIA Release of Information

I, _____ (*Borrower*) hereby give authorization to
_____ (*Provider Agency*) *MRC and CEDAC*.

I authorize the HMLP Program staff and Provider Agencies to release to the media information regarding the modifications provided by loan for the purposes of advocacy and education.

Contact information

number	street	city/town	zip
phone	e-mail		

Address of the residence to be modified: _____

Beneficiary (if different from above): _____

This information is in regard to my request for a loan through the Massachusetts Home Modification Loan Program.

Signature: _____ Date _____
(*Please print.*)

This release is good until _____.

Home Modification Loan Program

Lead Paint Certification Form

I, the undersigned Borrower/Property Owner for the Home Modification Loan Program, affirm and attest that the following is true of the property to be modified under this program at

_____, _____, _____
Address Town Zip

YES NO

- (1) The home was built before 1978.
- (2) A child under the age of six now resides in the property or will reside in the property as a result of the modification being undertaken with the loan proceeds.
- (3) The property is subject to an emergency lead management plan and letter of interim control.

I understand that it is my responsibility to comply with all applicable laws and regulations regarding the presence of lead paint in my home. The Provider Agency for HMLP program is not responsible for lead paint abatement in my home.

All Property Owner/Borrowers Must Sign:

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Home Modification Loan Program

Historic Certification Form

I, the undersigned Borrower/Property Owner for the Home Modification Loan Program, affirm and attest that property to be modified under this program at

_____ , _____ , _____
Address Town Zip

is **NOT** listed in, or located within or near another home or historic district listed in the Historic Register.

is listed in, or located within or near another home or historic district listed in the Historic Register.

Borrower/Property Owner: _____ Date: _____

