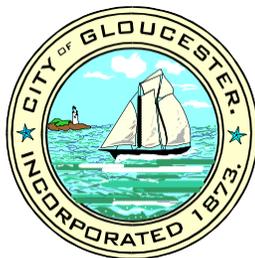


3 Pond Road
Gloucester, MA 01930



(978) 282-3027 Phone
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COMMUNITY DEVELOPMENT DEPARTMENT
GRANTS DIVISION

LEAD HAZARD CONTROL PROGRAM

The City of Gloucester administers a loan program which provides financial assistance to owners of rental properties where families with young children reside that may have lead paint hazards. Funding is provided by the U.S. Department of Housing and Urban Development Office of Healthy Homes & Lead Hazard Control through the three-year Lead-Based Paint Hazard Control Program competitive grant award. The Lead Program will provide assistance to landlords, homeowners and tenants in need of lead paint abatement and/or other minor repairs in order to improve the safety of their residence.

Please complete the enclosed application. A checklist of additional supporting documentation required is also enclosed. Please provide all requested materials as copies that can be retained at this office.

All applications will be date-stamped when received and determined to be complete, and applications will be processed in the order in which they are received and in accordance with established priorities.

The Grants Office will provide a 3-year forgivable loan to assist investors of rental properties. A forgivable loan of up to \$10,000 per unit (2+ units), or \$15,000 (single-family) will be provided to eligible program participants.

Investors seeking assistance for multi-family properties with 5 or more units will be expected to contribute a minimum of 10% of the overall project cost in order to receive assistance.

To qualify:

- a. Tenants must meet the enclosed HUD Income Guidelines (last page).
- b. Each tenant must fill out a Tenant Application and provide supporting documentation.
- c. Investor will sign Affordability Housing Restriction Agreement with the City of Gloucester, agreeing to rent all assisted units at affordable rents for a period of 15 years. Additionally, HUD requires special priority be given to families with young children for a minimum of 3 years.

GENERAL PROGRAM INFORMATION

- The City accepts applications for assistance on a rolling basis. Preference will be given to applicants with a lead poisoned child in the home.
- Income eligibility, determined by HUD Income Guidelines, is based on projected household income at the time of assistance. This Program defines adjusted gross income under the IRS 1040 long-form definition.
- The Lead Program Manager will conduct a lead inspection and risk assessment of all units and common areas.
- The City will develop work specifications, obtain at least 3 bids, and select the most capable contractor.
- You will be required to sign an Owner/City Loan Agreement & Mortgage.
- A mortgage lien will be recorded at the Southern Essex District Registry of Deeds. A \$175 recording fee will be required made payable to the Registry of Deeds and will be your responsibility.
- In the event of sale, title transfer or refinancing with cash out before the end of the three year term, a portion of the loan will become due for repayment.
- The Lead Program Staff will routinely inspect the work.
- Payments are made to the homeowner to reimburse the contractor upon receipt of an invoice and approval of work in place by the Lead Program Manager.
- You will be required to sign off on all repairs that are made by contractors at your property. Contractors and property owners will not be allowed to change any work order once the property owner and City have agreed to the scope of work. The City will not reimburse the owner or contractor for any unauthorized work.
- This office follows the guidelines of the Uniform Relocation Act of 1970. No tenant will be evicted due to deleading or rehab efforts funded by HUD programs. If it is necessary for a tenant to be temporarily relocated, they will be relocated to a "decent, safe & sanitary temporary unit". Relocation and associated expenses must be approved and coordinated through the Lead Program staff, which will assist in the development of a "Relocation Plan." All pre-approved, eligible relocation costs will be reimbursable or pre-paid by the City on behalf of the displaced tenants.
- All rental units assisted must remain "affordable" for a period of 15 years. The owner agrees to rent deleading units with no more than 10% annual increases allowable up to maximum of HUD Fair Market Rents. The owner will sign an Affordable Housing Restriction Rental Unit agreement with the City of Gloucester to ensure compliance. All units will be monitored on a yearly basis. The Affordable Housing Restriction will be recorded, and the \$75 recording fee will be your responsibility.
- NO loans will be processed if there are any outstanding city fees or property taxes.
- If work has already begun, you may not participate in program.
- The level of assistance offered may be limited by the level of equity available in the property. The City will not offer loans that will cause undue financial hardship to participants, and will not knowingly issue a loan that will place clients in an "underwater" situation.
- The City will offer eligible applicants seeking substantial repairs referrals to other programs (such as the City's Rehabilitation Program or Action, Inc.'s Weatherization Program) to leverage funding whenever possible.
- If the project is too cost-prohibitive, the Grants Office and HUD reserve the right to refuse services.

INVESTOR APPLICATION FOR ASSISTANCE CHECKLIST

- Completed Investor Application for Deleading Assistance;
- Tenant Application & Supporting Documentation for all tenants;
- Copy of Property Deed;
- Copy of Homeowner's Insurance Policy;
- Copy of Owners' Drivers' License(s) or State ID(s); if owned by a corporation or trust, please provide documentation of all owners and/or trustees.
- If property is mortgaged, copy of most recent mortgage statement;
- Certificate of Occupancy from I06 Inspection (only applies to 3+ unit properties);
- Certificate of Rental Dwelling;
- Copy of rental/lease agreements (if applicable).

LEAD HAZARD CONTROL PROGRAM – INVESTOR APPLICATION

Instructions: Please complete all items on this application. If the information requested does not apply to you, please write "not applicable" or "n/a". Should you require assistance in filling out this application, please contact Emily Freedman at the Grants Office at (978) 282-8006 or email efreedman@gloucester-ma.gov; or Kevin Nestor at knestor@gloucester-ma.gov.

APPLICANT(S) INFORMATION:

Owner Name: _____ Co-Owner: _____

SSN: _____ SSN: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell: _____ Cell: _____

PROPERTY INFORMATION

Address of property to be delead: _____

Type of Ownership: _____ Individual _____ Corporation _____ Partnership _____ Other

Length of ownership (yrs, mos): _____ Current Appraised Value: \$ _____

Number of Units: _____ How many units are currently occupied: _____

Are the Real Estate and/or Water/Sewer bills paid and current? Yes No

Do you own or have an interest in any other real estate in or out-of-state? Yes No

If so, provide address: _____

DELEADING REQUIREMENTS

What year was the property built? _____

Lead Paint in the Unit(s)? _____ Unknown _____ Yes _____ No

Has the property ever been inspected for the presence of lead paint? _____ Yes _____ No

If yes, what year was the property inspected? *Please attach report.* _____

Has the property been delead or received interim controls? _____ Yes _____ No

If yes, please attach a copy of the Letter of Full Deleading Compliance or Letter of Interim Control.

Has the property recently been cited for Lead Hazard or Code Violations that have not been corrected to date?

_____ Yes _____ No If yes, mark the violation(s): ___ Building ___ Health ___ Electrical ___ Plumbing ___ Fire

Are you seeking any additional rehabilitation work in addition to deleading services? (Keep in mind, we only do health, safety and code issues, and rehab assistance eligibility is subject to separate programmatic regulations):

APT. #	TENANT'S NAME	HOUSEHOLD SIZE	# BEDROOMS	TOTAL RENT	UTILITIES PAID BY LANDLORD	LEASE (Y/N)?	IS UNIT 504 ADA HANDICAPPED ACCESSIBLE?

Total Rental Income from dwelling units at full occupancy \$ _____

List any additional monthly income from this property including garage, parking, and storage spaces (specify source) _____

Monthly Income from Commercial Rent from this property, if applicable: \$ _____

CONFLICT OF INTEREST STATEMENT

Applicant Name: _____

Co-Applicant Name: _____

Address: _____

I/we certify that my/our answers to the following questions are true and accurate to the best of my/our knowledge and belief and I/we understand that the "you" includes the undersigned and the applicant for the loan thereof:

1. Are you or an immediate family member presently or in the last twelve months, an employee, agent, consultant, or elected appointed official of any agency (including the City of Gloucester or the Grants Office) receiving HUD funds directly or indirectly?

Applicant: ___ No ___ Yes

Co-Applicant: ___ No ___ Yes

If you answered "No" you do not need to answer questions 2 through 5. Please sign below.

2. Applicant: Name of Agency _____ Position: _____

 Co-Applicant: Name of Agency _____ Position: _____

3. Do you presently or have you in the last 12 months exercised any functions or responsibilities with respect to HUD-funded activities?

Applicant: ___ Yes ___ No

Co-Applicant: ___ Yes ___ No

4. Do you presently or have you in the last 12 months been in a position to participate in a decision making process to gain inside information regarding HUD-funded activities?

Applicant: ___ Yes ___ No

Co-Applicant: ___ Yes ___ No

5. If you answered yes to either question 3 or 4, are there factors that justify an exception to the conflict of interest provision?

Applicant: ___ Yes ___ No (explain below) Co-Applicant: ___ Yes ___ No (explain below)

Signatures:

Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____

FINANCIAL PRIVACY ACT NOTICE

Applicant

Date

Co-Applicant

Date

NOTICE

This notice is provided to you pursuant to the requirements of the Right to Privacy Act of 1978. As a result of your request and/or receipt of financial assistance under the City of Gloucester Lead Hazard Control Program, the United States Department of Housing and Urban Development will have access to financial records held by the City of Gloucester in connection with the consideration and/or administration of assistance to you. The City of Gloucester and its representatives who are responsible for administrative, financial, and/or fiscal matters associated with the City's Lead Hazard Control Program will have a right of access to these financial records.

Pursuant to these rights of access, financial records involving your transaction will be available to these authorized officials without further notice or authorization from you. However, your financial records and information as contained therein will not be disclosed or released to any other person, government agency, or department without your prior written consent, except as may be permitted and/or required by law.

ACKNOWLEDGEMENT

I have read the Right to Financial Privacy Act Notice presented above and by my signature below, acknowledge and accept the terms and conditions set forth therein.

Applicant Signature

Date

Co-Applicant Signature

Date

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans in order to monitor the City of Gloucester's compliance with equal credit opportunity and fair housing laws. While you are not required to supply this information, you are encouraged to do so. The law provides that lender may neither discriminate on the basis of the information, nor on whether you chose to supply it. Under Federal Regulations, the City of Gloucester is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check the box below.

Applicant:

I do not wish to provide this information

Co-Applicant:

I do not wish to provide this information

Ethnicity:

Hispanic or Latino

Ethnicity:

Hispanic or Latino

Race:

White

Black/African American

Asian

American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander

Am. Indian/Alaskan Native & White

Asian & White

Black /African Am. & White

Am. Indian/Alaskan & BI/African Am.

Other multi-racial

Race:

White

Black/African American

Asian

American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander

Am. Indian/Alaskan Native & White

Asian & White

Black /African Am. & White

Am. Indian/Alaskan & BI/African Am.

Other multi-racial

Sex:

Female

Male

Female Head of Household:

Yes

No

FULL COMPLIANCE ACKNOWLEDGEMENT

To achieve full deleading compliance in the Commonwealth of Massachusetts, owners of residences built before 1978 must correct the following conditions:

- Any peeling, chipping, or flaking lead paint, plaster, stain, or putty;
- Intact lead paint, varnish, stain, or putty on moveable interior or exterior parts of windows with sills five feet or less from the floor or ground and those surfaces that contact moveable parts; and
- Intact lead paint, varnish, or stain on “accessible, mouthable surfaces.” These surfaces generally include woodwork, such as doors, door jambs, stairs and stair rails, window casings, and more.

A letter of Full Compliance means a written statement, signed, dated, and issued by the Program’s Lead Inspector, who certifies that the dwelling unit and common areas fulfill the requirements of the Massachusetts Lead Law. As a Program Policy, the City of Gloucester Lead Program will only undertake lead hazard control projects that will result in a Letter of Full Deleading Compliance. In the event that interim controls are the only option available, the property owner will be advised of the in-place management responsibilities and costs associated with a Letter of Interim Control.

I/we understand the requirements of the Lead Program offered by the City of Gloucester.

Date: _____

Signature of Property Owner

Signature of Property Owner

ACKNOWLEDGEMENT AND AGREEMENT

The applicant(s) certifies that all information provided in this application is true to the best of his/her knowledge and belief and no information has been excluded, which might reasonably affect a judgment regarding the applicant's eligibility. Signing this application will give the City of Gloucester's Grant Office the right to obtain verification from any source named herein.

ALL APPLICANTS MUST SIGN BELOW:

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."

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

*Note: Submission of an application does not guarantee that there will be assistance available for you, nor does certification of income eligibility automatically qualify you to receive services. Income eligibility will be recertified at the time of assistance.

All loans are subject to City, State, and Federal laws, rules, regulations, and requirements, and are subject to the availability of funds.

Applications will not be considered complete until all information and statements have been documented to the satisfaction of the Community Development Department.

**ACKNOWLEDGEMENT OF RENTAL REQUIREMENTS & FAIR HOUSING
RESPONSIBILITIES UNDER THIS PROGRAM**

The undersigned certifies that the property to be improved with the Lead Hazard Control funds will be continuously rented to persons or families whose income does not exceed HUD's guidelines for low/moderate income at a rent that does not exceed HUD Fair Market Rent limits (next page). In all cases, the landlord shall give priority in renting units for not less than three (3) years following the completion of lead abatement activities, to families with a child under the age of six years. The landlord shall continue to rent the units at or under Fair Market Rent limits for a period of fifteen (15) years in accordance with the executed and recorded Affordable Housing Restriction.

Building owners agree to maintain the property physically, and retain home insurance, naming the City as an insured for the contract term. Building owners agree to maintain tax payments, public fees, and mortgage payments.

The undersigned further agrees that he/she will not discriminate against any person on the basis of race, color, religion, national origin, sex, marital status, physical or mental handicap, or age in any aspect of the Program, and will comply with all applicable Federal, State, and Local laws regarding discrimination and equal opportunity in employment, housing, and credit practices, including Title VI of the Civil Rights Act of 1964 and regulations pursuant thereto, Title VIII of the Civil Rights Act of 1968, as amended.

All lead-safe units created under this Program will be placed on a centralized list accessible to the City's Grants Office and Health Department, as well as the Gloucester Housing Authority. All deleaded units will be included in the Massachusetts Childhood Lead Poisoning Prevention Program's database of lead inspected homes.

I/we acknowledge that we have received information concerning the rental requirements and fair housing responsibilities when receiving Lead Hazard Control Funds for deleading the property at

_____.

Date: _____

Signature of Property Owner

Signature of Property Owner

HUD INCOME GUIDELINES—2016

Median Family Income \$98,100

HUD INCOME GUIDELINES: Effective March 2016

	1 Person	2 People	3 People	4 People	5 People	6 People
Very Low (≤30% AMI)	\$20,650	\$23,600	\$26,550	\$29,450	\$31,850	\$34,200
Low (≤50% AMI)	\$34,350	\$39,250	\$44,150	\$49,050	\$53,000	\$56,900
Moderate (≤80% AMI)	\$51,150	\$58,450	\$65,750	\$73,050	\$78,900	\$84,750

Your tenant's Household Adjusted Gross Income must fall at or below the 50% or 80% HUD Income Guidelines for eligibility in programs. AGI is found on the Federal Income Tax Form #1040.

FAIR MARKET RENTS (*Includes Utilities*)

Efficiency	1 BR	2 BR	3 BR	4 BR
\$1,056	\$1,261	\$1,567	\$1,945	\$2,148

*Over 4 bedrooms add 15% per each additional bedroom.

OCCUPANT TYPE	INCOME LEVEL REQUIRED FOR ELIGIBILITY	CHILD OCCUPANT <6 YEARS OLD
Renter (Investment Property)	<ol style="list-style-type: none"> At least 50% of units must be less than 50% AMI, and; Remaining units must be less than 80% AMI. 	<ol style="list-style-type: none"> Not required at time of assistance. Property owner must give rental priority to families with children under 6 years old for at least 3 years.
Multi-family Renter (≥5 units in same property)	<ol style="list-style-type: none"> 20% of total number of units in same building may exceed 80% AMI ("be over-income"); Remaining units must meet renter income requirements, above. 	<ol style="list-style-type: none"> Not required at time of assistance. Property owners must give rental priority to families with children under 6 years old for at least 3 years.