



Housing Emergency Loan Program Application Checklist

Thank you for requesting an application for the Housing Emergency Loan Program, a collaborative program of the Harwich Ecumenical Council for the Homeless, Inc. (HECH) and the Town of Yarmouth. Your application will be handled with confidentiality. Please read carefully to make sure that you submit a complete application with all the required attachments. **Please read and understand the HECH Housing Emergency Loan Program (HELP) Guidelines prior to completing the application.**

Application Documents

- Housing Emergency Loan Program Application
- Applicant/Co-Applicant Release Form
- Principal Borrower & Co-Borrower(s) Acceptance of the HELP Terms
- Grievance Policy & Procedure

Property Documents

- **Tax Transcripts:** If you haven't already, please complete, sign and mail (or faxed) the **IRS Form 4506-T: Request for Transcript of Tax Return** for the two most recent tax years directly to the IRS. Please note that your transcripts will be sent directly to HECH, a process which takes up to two weeks. Your application is not complete without these documents so it is highly recommended that you complete this step immediately.
- **Property Deed:** photocopy of certified deed from the Barnstable Registry of Deeds. *If you don't have one, you can order as follows: send \$2.50 together with the book and page reference or document number reference of the Deed you are looking for to Barnstable Registry of Deeds, P.O. Box 368, Barnstable MA 02630. If you do not know the Title reference please list the owners name, street address and town where the property is located. Do not forget to note your return address on your request. All requests for copies or must be prepaid [taken from the Registry website].*
- **Property insurance:** copy of your homeowner's insurance binder and an account history or payment statement showing that your Homeowners Policy is paid to date.
- **Property taxes:** copy of stamped receipt or official Town statement showing \$0 balance to date.
- **Mortgage and Home Equity docs:** please provide a photocopy of the top (first) page of the document that was provided at the loan closing and the most recent loan statement for each (if applicable).

Income verification Documents (as applicable)

- **Salaried Applicants:** Pay stubs covering the past 8 consecutive weeks or employer’s letter verifying employment and gross salary and information about any changes that you expect in your pay or the number of hours you expect to work over the next 12 months.

- **Self-employed Applicants:**
 - Copies of complete IRS Tax Returns for the two most recent years, including all Schedules.
 - Copy of Year to Date Profit & Loss Statement (please initial)

- **Unemployment benefits** (include a copy of the benefits letter)

- **Social Security and/or SSDI:** Most current letter(s) stating current benefits.

- **Rental income from home or other property**
 - Copies of complete IRS Tax Returns for the two most recent tax years
 - You will also need to complete a rental income worksheet. This will be provided to you.

- **Alimony** (Include court decree)

- **Child support** (Include court decree)

- **Foster care**

- **Veterans benefits** (include a copy of the benefits letter)

- **Workers Comp** (include copy of compensation notification)

- **Financial statements:** please attach copies of any (legible and identifiable) for past two consecutive months or one (1) quarter: Checking, savings, investment, retirement accounts. ***Please note that print outs of your check register are not acceptable. A full statement for two months or one quarter is required.***
 - **Checking Accounts**
 - **Savings Accounts**
 - **CD Accounts**
 - **Investment income** (dividends/interest)
 - **Retirement income** (IRA, 401K)
 - **Pension/Annuity** (two months’ statements)

- **No income declaration:** :***Check if you require a no income declaration form***

- **Other Income** (please explain): _____



Housing Emergency Loan Program Application

Office use only: Date Application was received: _____ Received by: _____



Applicants are selected without regard to race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in any aspect of applicant selection or matters related to applicant qualification.

Date: _____ How did you hear about the program? _____

Property Information:

Street Address, Town, Zip Code _____

Assessors Map # _____ Lot # _____

Year Built _____ # of Bedrooms _____ Assessed Value _____

What are your housing rehab needs?

Applicant/Co-applicant Information:

This application is to be filled out jointly by ALL Adult Members of Household, 18 years old and over. If there are more than two adult members of household who are not full-time students, please request an additional application.

	Applicant #1	Applicant #2
Name		
Home phone		
Mobile phone		
Email address		
Primary contact and preferred method		
Other names you have used		

SS#		
Date of birth		
Current address		
Mailing address if different		
Length of time at present address		

How many people in your household (include everybody; all adults, all children)? _____

List *all* other people who currently live with you or who are expected to live with you:

Name	Social Security #	Age	Relationship to Head of Household	Date of Birth

Employment and/or Self Employment Income: List all household members over 18 who are employed. Include all employers for the next 12 months. For Gross Annual Income please write the anticipated gross income for the NEXT 12 months. For self-employed applicants- please put net-income in the gross annual income column (please include a current business income/ expense report).

Household Member Earning Income	Employer/Contact And/or Self Employed Business Name	Employer Address & Phone And/or Self Employed Business Address & Phone Number	Gross Annual Income and/or Annual Net Income from Self Employment
TOTAL EMPLOYMENT INCOME			

Attention! Additional Documentation required: Your application must include the following additional documentation:

- Tax Transcripts for the most recent two tax years sent directly from IRS (see attached form)
- Copies of pay stubs for a minimum of eight consecutive weeks OR
- Signed and dated employer verification letter stating the amount of gross wages earned during a minimum of eight week preceding date of application with information regarding any changes expected in pay over the next 12 months.
- If you are self-employed, FULL copies of your two most recent tax returns including all schedules.

Additional Income: List all other sources of recurrent income, such as Social Security, SSI, pensions, annuities, military pay, disability, public assistance, TANF, regular monetary contributions from outside sources, unemployment benefits, grants/scholarships, additional financial assistance in excess of tuition, workers compensation, rental income, etc. For periodic payments (like Social Security) please include the amount received per week or per month (ex: \$100/month) in the space provided under "Source / type of Income". Then provide under "Gross Annual Income" provide the annual amount (ex: \$1200). For unemployment, indicate the amount you anticipate receiving and for how long. See example below:

Household Member Who Receives Income	Source/Type of Income	Address of Source	Gross Annual Income
Ex: Jane Smith	SS Income, \$1,000 per month for 12 months	123 Main Street, Anytown, MA	\$12,000.00
Ex: John Smith	Unemployment, \$600 per week for 16 weeks	123 Main Street, Anytown, MA	\$ 9,000.00
TOTAL ADDITIONAL INCOME			

Attention! Additional Documentation required: For every source of income state above, you are required to submit verification documentation with your application. For example, statements and documents that indicate the payment amounts from all other sources of income of all members listed on the application, Social Security benefits, all types of pensions, employment, unemployment Compensation, Workman's Compensation, alimony, disability or death benefits and any other form of income – on organization letterhead

Alimony & Child Support

Are you legally entitled to receive alimony? If yes, list the amount you are entitled to receive: \$ _____	Yes _____ No _____
Do you receive alimony? If yes, list the amount you receive: \$ _____	Yes _____ No _____
Are you legally entitled to receive child support? If yes, list the amount you are entitled to receive: \$ _____	Yes _____ No _____
Do you receive child support? If yes, list the amount you receive: \$ _____	Yes _____ No _____
TOTAL ALIMONY and CHILD SUPPORT you are entitled to receive(annually)	\$ _____

Attention! Additional Documentation required: Please include copies of current court order indicating alimony and child care support requirements. This should include amount and frequency of payments. If current court order is not available, a copy of checks or direct deposit slips for the previous 8 weeks is acceptable.

Assets Section

INSTRUCTIONS FOR COMPLETEING THE FOLLOWING ASSEST TABLE:

- “Annual Income from assets” refers to any amount that you receive from any asset including amounts that you may be drawing down from a retirement account or 401K.
- Total the value of all assets and enter into “total value of all assets” for all household members

Assets for all household members 18 years and older:

Type	Account No.	Bank name	Cash Value	Annual Income from Assets
Cash held in savings and checking accounts, safe deposit boxes, homes, etc.				
Revocable Trusts				
Equity in rental properties or other capital investments				
Stocks, bonds, treasury bills, certificates of deposit, mutual funds and money market accounts				
Retirement and Pension Funds				
Cash value of life insurance policies available to the applicant before death				
Personal Property held as an investment				
A mortgage or deed of trust held by the applicant				
TOTAL VALUE OF ALL ASSETS				

****Please note - if total non-qualified liquid assets are more than \$100,000 you do not qualify for this program***

Attention! Additional Documentation required: You are required to attach proof of all assets including but not limited to copies of bank statements for any checking, savings, IRA's, stocks, bonds and all other assets. These must be on the organization’s letterhead and all statements must reflect current balances.

Total income from all household applicants: Please fill in total for each box from the worksheet above. Include all household income. Please be sure ALL household income from all sources including income from assets is entered into this table.

	Applicant #1	Applicant #2	Combined Gross Annual Income
Total employment income			
Total additional income			
Total alimony/child support income			

Total other income			
Total income from assets			
Total Income			

Liabilities Information: List any outstanding obligation (debt) including auto loans, credit cards, charge accounts, credit union loans, real estate loans, and all other loans. Also list any alimony, child care support or child day care payments:

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date
Monthly Alimony				
Monthly Child Support				
Monthly Child Day Care				
Total Obligations				

Other debt information: *If you answer yes to any of the questions below, please provide an explanation on an attached sheet.*

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

Monthly Housing Expenses

Expenses	Monthly Amount
First Mortgage <i>Balloon Payment Amount (if any) _____ Due Date _____</i> <i>Is this a Reverse Mortgage? _____</i>	
Equity Line or other Mortgage	
Hazard and Flood Insurance <i>Included in mortgage payment? Yes ____ No ____</i>	
Real Estate Taxes	

<i>Included in mortgage payment? Yes ____ No ____</i>	
Back Taxes Due	
Average Monthly Electric Bill	
Average Monthly Gas Bill	
Average Monthly Oil Bill	
Quarterly Septic Bill: _____ <i>divided by 3 =</i>	
Quarterly Water Bill: _____ <i>divided by 3 =</i>	

Additional Property Information:

Name & Address of Insurance Agent:	
Is your property in a flood zone?	Yes ____ No ____
Is your property listed as a Historical Property?	Yes ____ No ____
Is your property legally zoned for its intended use?	Yes ____ No ____
Do you need any energy upgrades/weatherization?	Yes ____ No ____
Is your home connected to the town's water system?	Yes ____ No ____
Is your home connected to the town's sewer system?	Yes ____ No ____
Is your property located in a Wetlands Conservation Area?	Yes ____ No ____
To your knowledge, is there any lead based paint in your home?	Yes ____ No ____
Has your property been cited for code violations within the last 12 months?	Yes ____ No ____
Has your insurance company asked you to make property improvements? If yes, please include their letter.	Yes ____ No ____

Potential Conflict of Interest Information:

Do you work for the Town of Yarmouth or are you an immediate family member (spouse, parent, child, brother or sister) of a Town of Yarmouth employee or locally appointed official?	Yes ____ No ____
Do you work for HECH or are you an immediate family member (spouse, parent, child, brother or sister) of an employee at HECH?	Yes ____ No ____
Do you work as a consultant or agent to the Town of Yarmouth?	Yes ____ No ____
Do you work for another agency that administers Town of Yarmouth funding for the community?	Yes ____ No ____
If you answered yes to any of the questions above, please explain: _____ _____ _____	

TO BE SIGNED BY ALL HOUSEHOLD MEMBERS OVER 18 YEARS OLD

I understand that a false statement or misrepresentation may result in the withdrawal of my application for the Housing Emergency Loan Program. I certify that the information I have given in this application is true, complete and correct.

Signed under the pains and penalties of perjury,

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

AUTHORIZATION AND RELEASE

I _____ (please insert your name/s) authorize HECH to release this information to the Town of Yarmouth for review and acceptance.

Applicant Release Form

In consideration for applying for this Housing Emergency Loan, I, Applicant, do represent all information in this application to be true and accurate and that Harwich Ecumenical Council for the Homeless, Inc. (HECH) may rely on this information when investigating and accepting this application. Applicant hereby authorizes HECH to make independent investigations to determine my credit and financial standing. Applicant authorizes any person, or credit-checking agency having any information on him/her to release any and all such information to HECH or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, the HECH, or agents, and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report will be done thru the facilities of CoreLogic Credco LLC, 10277 Scripps Ranch Boulevard, San Diego, CA 92131, (1-800-523-0233).

Applicant Name (Print) _____

Applicant
Signature _____ Date _____

Social Security# _____ Date of Birth _____

Other Name(s) you have used _____

Co-Applicant Release Form

In consideration for applying for this Housing Emergency Loan, I, Applicant, do represent all information in this application to be true and accurate and that Harwich Ecumenical Council for the Homeless (HECH) may rely on this information when investigating and accepting this application. Applicant hereby authorizes HECH to make independent investigations to determine my credit and financial standing. Applicant authorizes any person, or credit-checking agency having any information on him/her to release any and all such information to HECH or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, the HECH, or agents, and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report will be done thru the facilities of CoreLogic Credco LLC, 10277 Scripps Ranch Boulevard, San Diego, CA 92131, (1-800-523-0233).

Co-Applicant Name (Print) _____

Co-Applicant
Signature _____ Date _____

Social Security# _____ Date of Birth _____

Other Name(s) you have used _____

Principal Borrower & Co-Borrower(s) Acceptance of the Housing Emergency Loan Program Terms

Please initial all acknowledgements listed below:

- I/We the applicant(s) understand that the information provided on this application will be used by HECH/TOWN OF YARMOUTH to determine eligibility for a Housing Emergency Loan.

- I/We understand that the 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 income, employment, tax statements and credit information are required by Federal and State regulations, and I/we will provide such information as required.

- I/We understand that if the property is transferred (whether by gift, law, sale or any other type of transfer), or if I/we fail to abide by the Program Agreements, the full amount of the loan will become due and payable immediately. *Property that is transferred to or inherited by a direct heir is not subject to this clause, as long as heir is income eligible and will use the property as a principal residence.*

- I/We understand that income documentation for all household members over the age of 18 and supporting owner-occupier documentation must accompany a completed application signed and dated by me/us. As indicated in the Program Guidelines and the Checklist, this includes but is not limited to:
 - Pay stubs for past 8-week period (or DUA stubs).
 - Copy of insurer's payment statement showing homeowners insurance policy paid current.
 - Copy of current certified property Deed.
 - IRS Return Transcripts for the two most recent tax years (you submit the enclosed 4506T form directly to IRS, and the IRS mails them to HECH directly).
 - Proof of property taxes paid to most current date due.
 - Copy of the top page(s) of all existing mortgage or home equity loan/line document(s).
 - Statements for the two most recent months or the most recent quarterly period for any/all checking, savings, investment, retirement/pension accounts that you and your adult household members hold.

- I/We certify that all of the information given for the purpose of obtaining assistance under the HECH/TOWN OF YARMOUTH Housing Emergency Loan Program is true to the best of my/our knowledge.

The signature of *all persons named on the property deed, whether residents or non-residents of the property, are required on this form and all subsequent legal documents.*

Principal Borrower

Date

Co-Borrower (if applicable)

Date

Grievance Policy & Procedure

- The HECH Program staff will be responsible for handling any initial grievance with a goal of resolving any issues.
- The Town of Yarmouth 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.
- Grievances should be submitted to the Executive Director of HECH in writing. Individuals interested in filing a grievance may contact the Executive Director for assistance in doing so.
- The Executive Director has ten (10) business days to investigate the grievance and respond in writing to the party filing the grievance. The Executive Director will gather all facts and information to the best of his or her ability. Persons named in the grievance shall be interviewed. The Town of Yarmouth Community Preservation Program Representative will be notified of any grievance.
- The Executive Director will initiate a file that includes the original grievance, a report of findings, and a copy of the Executive Director’s determination and notification. The outcome of the grievance will also be documented.
- 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.
- 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.

Town of Yarmouth contact information

Mary Waygan
Affordable Housing/CDBG Program Administrator
Town of Yarmouth Department of Community Development

Tel: 508-398-2231 x1275
Email: mwaygan@yarmouth.ma.us

I have read and understand the grievance policy and procedure.

Principal Borrower _____ Date _____

Co-Borrower (if applicable) _____ 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.

Ethnic Category:	Hispanic ____	Non-Hispanic ____		
Race:	White ____	Black/African American ____	Asian ____	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 ____		
Check if applicable:	U.S. Veteran ____	Female Head of Household ____		
Elderly (over 60)	____	Disabled	____	

Ethnic Category:	Hispanic ____	Non-Hispanic ____		
Race:	White ____	Black/African American ____	Asian ____	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 ____		
Check if applicable:	U.S. Veteran ____	Female Head of Household ____		
Elderly (over 60)	____	Disabled	____	