

WESTERN RHODE ISLAND HOME REPAIR PROGRAM

SERVING THE COMMUNITIES OF:

Burrillville: Gloucester Town Hall, P.O. Box B, 1145 Putnam Pike, Chepachet, RI 02814 Telephone-401-568-6206 ext. 6
Foster: Benjamin Eddy Building, 6 South Killingly Road, Foster, RI 02825-Telephone 401-568-6206 ext.6
Gloucester: Gloucester Town Hall, P.O. Box B, 1145 Putnam Pike, Chepachet, RI 02814-Telephone 401-568-6206 ext. 6
Scituate: Scituate Senior Center, 1315 Chopmist Hill Road, North Scituate, RI 02857-Telephone 401-568-6206 ext. 6

SEPTEMBER 2010

Thank you for your interest in the Western Rhode Island Home Repair Program.

Attached please find an application that should be filled out completely and returned to any Home Repair Office. All applications will be reviewed on a first-come, first-serve basis, but special consideration will be given to emergency situations.

APPLICATIONS WILL BE PROCESSED UPON RECEIPT OF A COMPLETED APPLICATION AND COPIES OF INCOME INFORMATION.

Please supply copies of items below that are applicable to your situation. This information must be returned with your completed application.

- Copy of most recently filed (**SIGNED**) 1040 with W-2s and schedules
- A signed employer verification form for all working members of the household
Request additional forms if necessary
- Copies of 2 recent pay stubs
- Copies of monthly Social Security, Pension, SSDI benefits. Direct Deposit bank Statement is acceptable
- Copies of Unemployment, FIP, Workers Compensation benefits.
- Copies of Child Support benefits and final judgment, if applicable.
- Copy of Deed to Property or Mobile Home Bill of Sale
- If self-employed, you must submit 2 years income tax returns
- If self-employed, you must submit a CURRENT PROFIT/LOSS STATEMENT
- Copy of Drivers License or Photo ID
- Copy of Homeowners Insurance

Please contact any Home Repair office with your questions.

Elinor C. Tetreault, Program Manager

***Program guidelines require that an applicant be the owner-occupant of a residential property within the 4 member communities for a period of twelve (12) months prior to application.**

Family Size	1	2	3	4	5	6	7	8
LOW INCOME	\$25,250	\$28,850	\$32,450	\$36,050	\$38,950	\$41,850	\$44,750	\$47,600
MOD-INCOME	\$40,400	\$46,200	\$51,950	\$57,700	\$63,250	\$66,950	\$71,550	\$76,200

The Western RI Home Repair Program is an Equal Opportunity lender. No applicant will be discriminated against because of race, color, religion, national origin, sex, age, handicap or veteran status. Funding awards are based solely upon the availability of CDBG funds and established programmatic criteria.

WESTERN RHODE ISLAND HOME REPAIR LOAN PROGRAM
REGISTRATION FORM

NAME: _____

ADDRESS: _____

TOWN/ZIP CODE: _____

NO. OF HOUSEHOLD MEMBERS: _____

TOTAL FAMILY INCOME: _____

SOURCE(S): _____

Multi Family

of Units: _____

of Persons: _____

Unit #1: _____

Unit #2: _____

Unit #3: _____

Unit #4: _____

Ethnic Category: # (Total Occupants)

White _____

Black _____

Asian _____

Alaskan/Indian _____

Hawaiian/Pacific _____

Islander _____

A/I & White _____

Asian & White _____

Black & White _____

A/I & Black _____

Other _____

Hispanic _____

LIST EVERYONE
LIVING IN HOME

RELATIONSHIP

DOB

_____	_____	_____
_____	_____	_____
_____	_____	_____

TO THE ABOVE LISTING "I HAVE LISTED EVERYONE LIVING WITHIN THE HOME

APPLICANTS SIGNATURE _____

APPLICANTS SIGNATURE _____

REPAIRS NEEDED: _____

PLEASE NOTE: ANY SEPTIC REPAIR WILL NEED A STATE APPROVED ISDS PLAN DESIGNED BY A LICENSED ENGINEER (DESIGN AND INSTALLATION CANNOT BE DONE BY THE SAME PERSON, PARTNERSHIP, LLC OR CORPORATION CONNECTED TO THE ENGINEER). PLAN MUST BE PAID FOR BY THE HOMEOWNER.

YEAR HOUSE BUILT _____

YEAR OF MOBILE HOME _____

Office Use Only: LOAN NO.: _____ SOURCE(S) OF INCOME: PROGRAM INCOME _____

ELDERLY # _____ FEMALE HEAD OF HOUSEHOLD _____ HANDICAPPED/DISABLED # _____

INCOME: VERY LOW _____ LOW _____ MODERATE: _____ ABOVE: _____

LOAN PROGRAMS:

3% REHABILITATION \$ _____ 0% DEFERRED REHABILITATION \$ _____

WESTERN RHODE ISLAND HOME REPAIR LOAN PROGRAM

**Working to Provide Home Repairs and Decent Housing for Families of
Low/Moderate Income in Northern Rhode Island**

Serving the Communities of;

Burrillville: Gloucester Town Hall, P.O. Box B, 1145 Putnam Pike, Chepachet, RI 02814 – 401-568-6206 ext. 6
Foster: Benjamin Eddy Building, 6 South Killingly Road, Foster, RI 02825
Glocester: Gloucester Town Hall, P.O. Box B, 1145 Putnam Pike, Chepachet, RI 02814 – 401-568-6206 ext. 6
Scituate: Scituate Senior Center, 1315 Chopmist Hill Road, North Scituate, RI 02857

HOME REPAIR LOAN APPLICATION

DATE: _____

APPLICANT: _____ CO-APPLICANT _____

ADDRESS: _____ ADDRESS: _____

MAILING ADDRESS: _____ MAILING ADDRESS: _____

ASSESSORS PLAT # _____ LOT# _____ PURCHASE DATE: _____

TOWN/ZIP CODE: _____ TOWN/ZIP CODE: _____

E-MAIL ADDRESS: _____ E-MAIL ADDRESS: _____

SOCIAL SECURITY NO.: _____ SOCIAL SECURITY No.: _____

APPLICANTS DOB: _____ CO-APPLICANTS DOB: _____

TELEPHONE NO.: _____ (HOME) TELEPHONE NO.: _____ (HOME)

TELEPHONE NO.: _____ (WORK) TELEPHONE NO.: _____ (WORK)

STATE/DRIVERS LICENSE #: _____ STATE/DRIVERS LECENSE #.: _____

MARITAL STATUS: CIRCLE ONE: MARRIED/ DIVORCED/SEPARATED/WIDOW/SINGLE

RACE: CIRCLE ONE: WHITE/BLACK/ASIAN/ALASKAN INDIAN/HAWAIIAN PACIFIC ISLANDER/AI & WHITE/
BLACK & WHITE/AI & BLACK/HISPANIC/OTHER _____

NO. OF UNITS:

SINGLE FAMILY: _____

NO. OF HOUSEHOLD MEMBERS: _____

LOCATED IN FLOOD PLAIN? YES ___ NO ___ TOTAL BEDROOMS _____

DOES RENT INCLUDE UTILITIES? YES ___ NO ___

YEAR HOUSE BUILT: _____ TOTAL CHARGE FOR RENT \$ _____

OCCUPIED BY CHILDREN UNDER 6 YEARS? YES ___ NO ___

**LIST EVERYONE
LIVING IN HOUSE**

DOB

**CHILDREN HAVE IDENTIFIED
ELEVATED BLOOD LEVELS**

		YES	NO	UNIT NO.
_____	_____	___	___	_____
_____	_____	___	___	_____
_____	_____	___	___	_____
_____	_____	___	___	_____

SOURCES OF INCOME: CHECK ALL THAT APPLY:

- () FIP Benefits (Formerly AFDC)
- () Social Security
- () Veterans Benefits
- () Child Support
- () Social Security Disability
- () Rental Property
- () Retirement Pension-(Not Social Security)
- () Interest – Savings/Checking
- () Unemployment Benefits
- () Workers Compensation
- () Employer Sponsored Disability or TDI
- () Other _____

INCOME:

APPLICANT

CO-APPLICANT

Monthly Income: _____
 Interest Income: _____
 Other Income: _____
Total: _____

Monthly Income: _____
 Interest Income: _____
 Other Income: _____
Total: _____

OTHER INCOME

Rental Property: Apt. 1: _____ Apt. 2: _____
 Apt. 3: _____ Apt. 4: _____

EMPLOYMENT:

APPLICANT'S OCCUPATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S TELEPHONE #: _____

CO-APPLICANT'S OCCUPATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S TELEPHONE #: _____

MORTGAGE INFORMATION

NAME & ADDRESS OF BANK: _____

MONTHLY PAYMENT: \$ _____

Does this monthly payment include Home Insurance and Real Estate Taxes? Yes _____ No _____
Are you current on your mortgage payments? Yes _____ No _____

OTHER MORTGAGES:

NAME & ADDRESS OF BANK: _____

MONTHLY PAYMENT (PRINCIPAL & INTEREST): \$ _____

MONTHLY HOUSING EXPENSES:

FIRE INSURANCE: \$ _____

FLOOD INSURANCE: \$ _____

REAL ESTATE TAXES: \$ _____

FUEL (OIL/GAS): \$ _____

ELECTRICITY: \$ _____

WATER: \$ _____

TOTAL MONTHLY HOUSING EXPENSES \$ _____

CASH ACCOUNTS:

SAVINGS/CHECKING: NAME & ADDRESS OF BANK: _____

SAVINGS/CHECKING: NAME & ADDRESS OF BANK: _____

LIABILITIES:

Do you and/or your spouse pay Alimony/Child Support/Separate Maintenance ? Yes _____ No _____

If yes, how much do you pay? \$ _____ Per week/month

Please provide a copy of this agreement

The applicant(s) certifies all information reported in this application is true to the best of his/her knowledge and belief. Verification may be obtained from any source named herein.

BORROWER'S SIGNATURE

DATE

CO-BORROWER'S SIGNATURE

DATE

**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 falsify or make any false, fictitious or fraudulent statements for 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 more than Ten Thousand Dollars (\$10,000.00) or imprisoned not more than five years, or both.

THE WESTERN RHODE ISLAND HOME REPAIR PROGRAM IS AN EQUAL OPPROTUNITY LENDER. NO APPLICANT WILL BE DISCRIMINATED AGAINST BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, HANDICAP OR VETERAN STATUS. FUNDING AWARDS ARE BASED SOLEY UPON THE AVAILABILITY OF CDBG FUNDS AND ESTABLISHED PROGRAMMATIC CRITERIA.

ADOPTED 12/01

Western Rhode Island Home Repair Program

GLOCESTER TOWN HALL
P.O. BOX B
1145 PUTNAM PIKE
CHEPACHET, RI 02814
(401) 568-2541

TO APPLICANT: PLEASE SIGN FORM WHERE INDICATED AND RETURN TO THE HOME REPAIR OFFICE FOR FORWARDING TO YOUR EMPLOYER.

Request for Verification of Employment

Part I - Request

Name and Address of Employer:

I have applied for rehabilitation assistance and stated that I was employed by you. My signature in the block authorizes verification of employment.

Name and Address of Applicant:

Social Security Number: _____

Signature of Applicant: _____ **Date:** _____

Part II – Verification of Present Employment

Present Position: _____ Date of Hire: _____

Probability of Continued Employment: _____

If overtime or bonus likely, approximate annually: \$ _____

- 1) Current hourly rate: _____
- 2) Remarks: if paid hourly, please indicate average hours worked each week during current and past year _____ Avg/paid weeks/yr. _____

Signature

Title

Date

PLEASE FORWARD THIS VERIFICATION FORM TO THE ABOVE LISTED OFFICE ADDRESS-ATTENTION PROGRAM MANAGER

Western Rhode Island Home Repair Program

GLOCESTER TOWN HALL
P.O. BOX B
1145 PUTNAM PIKE
CHEPACHET, RI 02814
(401) 568-2541

TO APPLICANT: PLEASE SIGN FORM WHERE INDICATED AND RETURN TO THE HOME REPAIR OFFICE FOR FORWARDING TO YOUR EMPLOYER.

Request for Verification of Employment

Part I - Request

Name and Address of Employer:

I have applied for rehabilitation assistance and stated that I was employed by you. My signature in the block authorizes verification of employment.

Name and Address of Applicant:

Social Security Number: _____

Signature of Applicant: _____ **Date:** _____

Part II – Verification of Present Employment

Present Position: _____ Date of Hire: _____

Probability of Continued Employment: _____

If overtime or bonus likely, approximate annually: \$ _____

- 1) Current hourly rate: _____
- 2) Remarks: if paid hourly, please indicate average hours worked each week during current and past year _____ Avg/paid weeks/yr. _____

Signature

Title

Date

PLEASE FORWARD THIS VERIFICATION FORM TO THE ABOVE LISTED OFFICE ADDRESS-ATTENTION PROGRAM MANAGER

