

## 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

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**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 \_\_\_\_\_

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**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**

		<b>YES</b>	<b>NO</b>	<b>UNIT NO.</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**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** \$ \_\_\_\_\_

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**CASH ACCOUNTS:**

SAVINGS/CHECKING: NAME & ADDRESS OF BANK: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SAVINGS/CHECKING: NAME & ADDRESS OF BANK: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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

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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.

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BORROWER'S SIGNATURE

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DATE

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CO-BORROWER'S SIGNATURE

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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:** \_\_\_\_\_

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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. \_\_\_\_\_

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**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

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**Date**

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