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:  

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>Unit #</th>
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<tr>
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<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
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Telephone: Home: _______________________ Work and/or Cell: _______________________

Fax: _______________ TTY/TTD: ____________________ E-Mail: ___________________

Address of Property (if different from above):  

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>Unit #</th>
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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): __________________________________________________________

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)

**Beneficiary Information**

**Individual(s) with Disability /Beneficiary:**

1. **Name:** _______________________________________________________________________  **Age:** _____
   
   Last     First     MI
   
   Relationship to Homeowner/Landlord (i.e. child, niece, brother, friend, tenant): ___________
   
   Is the property listed above the Primary Permanent Address of this person: ___ yes ___ no

2. **Name:** _______________________________________________________________________  **Age:** _____
   
   Last     First     MI
   
   Relationship to Homeowner/Landlord (i.e. child, niece, brother, friend, tenant): ___________
   
   Is the property listed above the Primary Permanent Address of this person: ___ yes ___ no

3. **Name:** _______________________________________________________________________  **Age:** _____
   
   Last     First     MI
   
   Relationship to Homeowner/Landlord (i.e. child, niece, brother, friend, tenant): ___________
   
   Is the property listed above the Primary Permanent Address of this person: ___ yes ___ no

4. **Name:** _______________________________________________________________________  **Age:** _____
   
   Last     First     MI
   
   Relationship to Homeowner/Landlord (i.e. child, niece, brother, friend, tenant): ___________
   
   Is the property listed above the Primary Permanent Address of this person: ___ yes ___ no

**Medical Documentation:**

*Please attach a STATEMENT ON LETTERHEAD FROM A PROFESSIONAL* with whom the beneficiary has a patient/client history. This professional may be a medical doctor, physical therapist, occupational therapist, or other relevant professional. The statement must include the following:

- Detailed description of the modifications needed to improve accessibility or to allow living more independently in the community.
- Detailed description of how those modifications relate to the physical disability of the beneficiary.
- If the beneficiary has multiple disabilities/illnesses, please describe those that are physical in nature, and for which access modifications are needed.
Home Modification Project

Explain your need for home modifications as it relates to the functional limitation(s) of the individual with disability/ies in your household. Attach additional pages as needed. Contractor or architectural submissions are accepted but not required at this time. Include an estimated amount of the cost of the project if possible. Please be specific as to the modifications being proposed at this time.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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_____________________________________________________________________________________
_____________________________________________________________________________________

Estimated Cost (if available) $______________________________

If the project exceeds $30,000, you must provide evidence of commitment of other funds to complete the modification. The HMLP loan will be disbursed only after all other funds have been used. Contact your provider if you other source of funds has the same requirement.

Please list other sources of funding you plan to use to fund the project, if known at this point. Other sources include personal funds, other lines of credit or loans, civic organizations, grants, or gifts. Documentation of this funding will be required prior to closing.

Source: ___________________________ Amount: $______________

Source: ___________________________ Amount: $______________

Source: ___________________________ Amount: $______________

Source: ___________________________ Amount: $______________
Income Information

Applicant Name: ________________________________

- If Applicant is a landlord renting to a family member, list all individuals in both the beneficiary’s household and the property owner’s household.
- If Applicant is a landlord renting to a non-family member, list all individuals in the tenant’s household.

Please list all landlord renting to a non-family member, list all individuals in the tenant’s household:

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<th>NAME</th>
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Indicate in the table below all income for each individual in the household listed above. Attach additional sheet if needed:

<table>
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<tr>
<th>Name (# From above)</th>
<th>Source of Income</th>
<th>Documentation</th>
<th>Income/Month</th>
<th>Income/Week</th>
<th>Annualized</th>
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Total # Persons in Household: _______  Total Annual Household Income: $____________________

For Provider Use Only:

200% Income Limit for family size listed above: $____________ □ 100% □ 200%

Loan Product Eligibility: □ 0%   □ 3%

Verified By: ___________________________________________  Date: ______________________

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.

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<th>Signature:</th>
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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: ________________________________________________

Name (Last, First, MI): _________________________________________________________

Mailing address: ______________________________________________________________

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

__________________________________________

phone     e-mail

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

<table>
<thead>
<tr>
<th>number</th>
<th>street</th>
<th>city/town</th>
<th>zip</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>phone</td>
<td>e-mail</td>
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</table>

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: ________

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: ____________
As requested on the HMLP Application, please attach a STATEMENT ON LETTERHEAD FROM A MEDICAL PROFESSIONAL with whom you have a patient history. The statement must identify the current need for home modifications to the primary residence of the beneficiary for the purpose of improved accessibility or to allow living independently in the community. The statement must be SPECIFIC, stating the current need for the particular requested modification based on the disability involved. (Note: if the documentation provided is inadequate or insufficient, additional information may be required.)

Please ask the MEDICAL PROFESSIONAL who provides the DOCUMENTATION OF MEDICAL NEED to sign and date his or her statement, and to complete this form and attach it to the statement.

If an additional statement from a qualified physical therapist, occupational therapist or other professional with expertise in the home environment is needed to explain the specific needed modification, this additional statement should also be attached.

1. Name of Patient: ________________________________

2. Does the patient have a disability? (Please check yes or no): ☐ Yes ☐ No

3. If yes, Is the disability permanent or temporary? (Please check one):
   ☐ Permanent
   ☐ Temporary

4. If temporary, how long is the disability expected to last? _______________________

5. What types of functional limitations does the patient’s condition involve? (Please check all that apply):
   ☐ Mobility (uses wheelchair)
   ☐ Mobility (does not currently use wheelchair)
   ☐ Dexterity
   ☐ Sensory
     ☐ sight
     ☐ hearing
   ☐ Other – Please specify ____________________________________________

____________________________________
Signature of Medical Professional

____________________________________
Print Name