

**Boxford Resident Housing Trust Fund
Boxford Small Repair Grant Program**

DRAFT APPLICATION FORM

1. HOUSEHOLD INFORMATION

Applicant Name _____ Date of Birth _____

Address _____

Phone Number _____ Email Address _____

Co-Applicant Name _____

Address _____

Phone Number _____ Email Address _____

Number of people (other than listed above) currently living in the household with their names and ages

Please check as appropriate. Is any person in the household:

A Veteran: Yes _____ No _____

Have a Permanent Disability: Yes _____ No _____ SSDI Number: _____

PROPERTY: Is there a deed restriction on the property: Yes _____ No _____

Is your house in a trust, or do you plan to put it into a trust in the near future: Yes _____ No _____

If so, what kind of trust: _____

If it is in a trust, permission will be needed from the trust to perform the work.

2. QUALIFYING INCOME VERIFICATION

Attach current IRS 1040 tax filings for each person in the household to ensure that the total household income meets the income requirements for the grant program. A recent real estate tax statement will be needed as well as a recent mortgage bill, if applicable. The residual real estate asset will be determined by subtracting the mortgage from the assessed value of the property. Identify any financial liens. Two (2) percent of this difference will be added to the IRS income to determine the qualifying income:

$$\text{Qualifying Income} = \text{Total IRS income} + 0.02 \times (\text{Assessed Value} - \text{Mortgage} - \text{Liens})$$

3. REPAIR NEEDS

Indicate the amount requested and which of the attached cost estimate(s) from repair providers you are requesting:
\$ _____ Contractor: _____

Please write a letter stating that the work item(s) represents essential modifications to the house to enable you to age in place and maintain the health, safety and welfare of its occupants. Please describe the urgency of need.

4. CONTRACTORS

Attach the estimate and scope of work to be done, including photos taken of the area where the work will be conducted. Include the certificate of Insurance for the selected contractor as well as the W9. This will be required in order to be paid by the Town. The home owner is solely responsible for selection of the contractor and all associated issues (before, during and after construction). The Town bears no responsibility for contractor selection or work performed.

Initial(s) _____

