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 requirements for the grant program. A recent real estate tax statement will be needed as well | | | | |
| mortgage bill, if applicable. The residual real estate asset will be determined by subtracting the most the assessed value of the property. Identify any financial liens. Two (2) percent of this difference was to the IRS income to determine the qualifying income: Qualifying Income = Total IRS income + 0.02 x (Assessed Value – Mortgage – Liens) | ortgage from | | | |
| 3. REPAIR NEEDS Indicate the amount requested and which of the attached cost estimate(s) from repair providers you ar \$, Contractor: | e requesting | | | |
| Please write a letter stating that the work item(s) represents essential modifications to the house to enable place and maintain the health, safety and welfare of its occupants. Please describe the urgency of need. | you to age ir | | | |
| 4. CONTRACTORS Attach the estimate and scope of work to be done, including photos taken of the area where the work will be Include the certificate of Insurance for the selected contractor as well as the W9. This will be required in ord by the Town. The home owner is solely responsible for selection of the contractor and all associated issues (be and after construction). The Town bears no responsibility for contractor selection or work performed. | der to be paid | | | |
| Initial(s) | | | | |

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| Application ch | heck list, required items: | | | | |
|-------------------------------|--|--|--|--|--|
| | This application com | pleted, signed and notarized | | | |
| | Letter from home ov | Letter from home owner describing the work to be performed and the need for the repairs Recent IRS 1040 tax filing for each income at the residence The estimate for work by the professional contractor with preconstruction photos Certificate of insurance for the selected contractor, pertinent licenses and W9 form | | | |
| | Recent IRS 1040 tax | | | | |
| | The estimate for wor | | | | |
| | Certificate of insurar | | | | |
| | Recent real estate to | ax bill. | | | |
| | If the house is in a tr | ust, written permission to do th | e work | | |
| | - | · | | | |
| rue and correct to the grant. | the best of their knowledge | e. Furthermore, they have read, | understand and accept the conditions o | | |
| Applicant | Date | Co-Applicant | Date | | |
| Print Name | | Print Name | | | |
| | СОМ | MONWEALTH OF MASSACHUSE | ттѕ | | |
| | County, | | | | |
| were | personally appeare , to be the p affirmed to me that the con | erson(s) who signed the precedi | ublic, and ctory evidence of identification, which ng or attached document in my preser iful and accurate to the best of (his) | | |
| Notary Public | | | | | |
| My Commission ex | pires: | | | | |
| Submit application | and all attachments in a sea | aled envelope to: xford Affordable Housing Trust | | | |

Small Repair Grant Program
Boxford Town Administrator's Office