



City of East Providence

**HOME IMPROVEMENT PROGRAM
APPLICATION CHECKLIST**

Property Documents:

- Copy of deed to the property and legal description (Exhibit A)
(You can get a copy of your deed at City Hall on 1st Fl. in City Clerk) _____
- Copy of current property insurance policy _____
- Copy of current flood insurance policy (if applicable) _____
Copy of current property tax bill, with assessed value _____
(You can get a copy at City Hall on 1st Fl. in the Treasury Dept.)
- Mortgage Statement _____
(If your mortgage is paid automatically, you can ask your agent for a
copy to be faxed to the EP Planning Dept. 401-435-7611)

Documents for each adult (excludes full-time students) living in the Owner's apartment or house:

- Signed copy of the most recent tax returns, with all schedules & W-2 forms _____
- Copy of two most recent pay stubs _____
- Social Security Annual Award Letter (if applicable instead of pay stubs) _____
- Pension verification (if applicable) _____
- Bank statement showing the direct deposits (if you don't have the above). _____
- Copy of driver's license or photo ID _____

Documents Provided by the Borrower:

- Copy of lead and/or rent receipts for each rental unit _____
- Loan Application, complete and signed _____
- Blood Lead Testing Form, completed and signed _____
(If you have children under 6 that live or that visit at least 14 days out of the year.)

Documents Completed by Tenants (One set for each rental unit):

- Tenant Information/Agreement Form, signed and dated _____

Return all of the above documents to:
City of East Providence
Community Development
145 Taunton Avenue
East Providence, RI 02914
401-435-7536

City of East Providence
HOME IMPROVEMENT PROGRAM
APPLICATION

Application Rc'd: _____

The information requested in this form is to be used by the City in the accounting of your loan and grant, and in the monitoring of program funds. It will not be disclosed outside of our requirements to determine creditworthiness purposes and factuality of income.

Certain information (i.e. marital status, race, sex, etc.) is requested solely for the purpose of determining compliance with federal Civil Rights Law. Your response will not affect consideration of your application. The personal information is used for statistical purposes only.

APPLICATION SHOULD BE SIGNED AND DATED ON PAGE 6.

APPLICANT: _____ SSN#: _____ Age: _____

CO-APPLICANT: _____ Age: _____

Street: _____ City/ Zip _____

Phone (home): _____ Day Phone: _____ Email Add: _____

MARITAL STATUS: Married Divorced Widowed Single

RACE/ETHNICITY: White Black Cape Verdean
Check all that apply. Portuguese Hispanic Native American
 Asian Pacific Islander Other: _____

Female-headed household? Yes No
 Number of people in household? _____ No. of children: _____ Ages: _____
 Number of children under 6 yrs. of age visiting regularly (at least 14 times per year) _____

List all Household Members per unit:

| Unit # | First Name | Last Name | Age |
|--------|------------|-----------|-----|
| | | | |
| | | | |
| | | | |
| | | | |

PROPERTY TO UNDERGO WORK

- Address (if different from above): _____ Year house was built _____
 - Rental property? Yes No Number of units: _____
 - Number of children under six living at property: _____ Ages: _____
- Has any child living at this property had an elevated blood level above 10ug/dL? Yes No

Rental Property:

| Unit # | Resident name* | Resident phone |
|--------|----------------|----------------|
| | | |
| | | |

*A *Tenant Information Form* must be completed for each unit.

HOUSEHOLD'S EMPLOYMENT

Please make copies of this section for each household member's income.

| 1. EMPLOYMENT INFORMATION: Current employment (If self-employed, submit current financial statement) | |
|---|--|
| <i>Name of company/ Address</i> | |
| <i>From (mo. /yr.)- To (mo. /yr.)</i> | |
| <i>Gross Income/wk.</i> | |
| <i>Type of employment</i> | |

| 2. PREVIOUS EMPLOYMENT | |
|--------------------------------|--|
| <i>Name of company/Address</i> | |
| <i>Type of employment</i> | |

| 3. EMPLOYMENT INFORMATION FOR SPOUSE: Current employment | |
|--|--|
| <i>Name of company Address</i> | |
| <i>From (mo. /yr.)- To (mo. /yr.)</i> | |
| <i>Gross Income/wk.</i> | |
| <i>Type of employment</i> | |

| 4. PREVIOUS EMPLOYMENT FOR SPOUSE | |
|-----------------------------------|--|
| <i>Name of company/Address</i> | |
| <i>Type of employment</i> | |

5. OTHER INCOME

List below any other household member over the age of 18 living in the house and the source of income for the past twelve (12) months.

| Name | Gross income | Source |
|------|--------------|--------|
| | | |
| | | |
| | | |

6. BANK ACCOUNT INFORMATION

| Type of Account | Balance | Institution |
|-----------------|---------|-------------|
| | | |

| | | |
|----------|----|--|
| Savings | \$ | |
| Checking | \$ | |
| Other: | \$ | |

7. DEBTS AND OBLIGATIONS

Please list all debts, obligations and installment accounts, such as home mortgage, car loan, credit cards or other debts to banks, finance companies or private parties.

| Home Mortgage (where you currently reside) | |
|--|--|
| Balance owed | |
| Monthly payment | |
| Taxes | |
| Insurance | |
| With whom | |

- If you own other properties, please list on a separate sheet of paper the above mortgage information for each.*

| CAR LOAN | | |
|--------------|-----------------|-----------|
| Balance owed | Monthly payment | With whom |
| | | |

| CREDIT CARDS OR OTHER INSTALLMENT ACCOUNTS | |
|--|-----------------|
| Please list | Monthly payment |
| | |
| | |
| | |

| ASSETS | |
|---|--|
| These are personal properties owned, such as a 2 nd house, an investment, gems, jewelry, coin collections, antique cars, etc. The program will pay for any necessary appraisals. | |
| | |
| | |

| | APPLICANT | CO-APPLICANT |
|---|-----------|--------------|
| A. Current Wages -Please Circle below how you are compensated WEEKLY BI-WEEKLY MONTHLY Salary Hourly | | |
| B. Current YEARLY GROSS Salary/Hourly Wages For weekly, line A x 52 (weeks) For bi-weekly, line A x 26 (weeks) | | |

| C. Additional Monthly/Periodic Income | | | |
|---|---|--|--|
| 1. Overtime | | | |
| 2. Bonuses | | | |
| 3. Dividends | | | |
| 4. Interest | | | |
| 5. Pension | | | |
| 6. Veterans Administration Compensation | | | |
| 7. Gross rental income | | | |
| 8. Alimony/Child support | | | |
| 9. Public Assistance | | | |
| 10. Social Security benefits | | | |
| 11. Unemployment compensation | | | |
| 12. Income received from business activities | | | |
| 13. Other: (list) | | | |
| 14. Subtotal (add lines 1 to 13) | | | |
| 15. Subtotal for Addition Monthly/Periodic Income for YEAR | | | |
| 16. TOTAL YEARLY GROSS INCOME (add lines B and 15) | | | |
| D. Rental Income from ALL property owned | | | |
| 17. | \$ _____ X 12 (months) = TOTAL MONTHLY RENT(S) | | |
| Deductions: Annual deductions taken in proportion to the number of units rented (not allowed for room and board income). No deductions should be taken for owner's unit: | | | |
| 18. Interest | | | |
| 19. Insurance | | | |
| 20. Maintenance/Utilities | | | |
| 21. Depreciation | | | |
| 22. TOTAL DEDUCTIONS (add lines 18 to 21) | | | |
| 23. NET ANNUAL RENT INCOME (subtract line 22 from 17) | | | |
| NOTE: Schedule E from borrower's 1040 should be the basis for the rental property information, but should be adjusted to reflect current circumstances, for instance increased rents. | | | |
| E. TOTAL GROSS ANNUAL INCOME (add 16 and 23) | | | |

DESCRIPTION OF IMPROVEMENTS NEEDED

EMERGENCY REPAIRS & CODE VIOLATIONS

Please describe any emergency repairs needed to correct a severe roof leak, broken heating system or other problems?

APPLICANT'S CERTIFICATION

IMPORTANT: Applicant please read before signing.

The selection of a contractor, acceptance of material used and work performed is the applicant's responsibility. The City of East Providence does not guarantee the material and workmanship performed. The Contractor will guarantee all material and workmanship for one year. Inspections are performed, however, by the City to ensure work performance and completion.

I/We understand that if any statement contained in this application is not true or correct, I/We may be subject to criminal prosecution or, as applicable, my/our application may be denied or the property acquired with the proceeds of the loan and/or grant may be foreclosed upon.

I/We **HEREBY** certify under penalty of perjury that all information in this application is true and accurate to the best of my/our knowledge and belief.

Applicant's Signature

Date

Co-Applicant

Office Use Only:

- | | |
|---|-----------|
| 1. HH with child under the age of 6 with elevated blood level | YES _____ |
| 2. HH with child under the age of 6 living in target area | YES _____ |
| 3. Rental property in target area | YES _____ |
| 4. Property built before 1940 | YES _____ |
| 5. Property with moderate-severe interior or exterior deterioration | YES _____ |

PRIORITY PROPERTY: Yes _____ No _____

Family Size _____ Total Income _____ HUD Income Limit _____

Rental Property:

Tenant 1: Family Size _____ Total Income _____ HUD Income Limit _____

Tenant 2: Family Size _____ Total Income _____ HUD Income Limit _____

Tenant 3: Family Size _____ Total Income _____ HUD Income Limit _____

INCOME ELIGIBLE: YES _____ NO _____