



## HOMEOWNER'S APPLICATION CHECKLIST

### Healthy Homes Program 2025 Grant



#### REQUIRED INCOME/HOUSEHOLD INFORMATION

- Proof of household income is required in order for the program to determine income eligibility.
- To qualify for the grant, you must: be current on your tax and water/sewer bills & have a clear title.
- Your application will not be considered for eligibility unless all questions are answered, and all required documents have been submitted.

#### If currently employed:

- The last four weeks **consecutive** pay stubs for each household member earning income.
- A complete, signed copy of the **CURRENT** federal tax returns or an Official IRS Transcript (see link below) for each person living in the household who is required to file a return. This complete copy must include all schedules, all W-2 and 1099 forms.
- If self-employed**, please provide the last two years of complete federal tax returns or IRS Transcripts
- If currently working in an internet-based business "gig economy"** – Please provide 1 month of printouts from the internet-based business' website

If you wish to obtain a copy of your Official IRS transcript please use the website below. Currently, this is a free service from the IRS: <https://www.irs.gov/individuals/get-transcript>

#### If currently receiving assistance:

- A current statement of benefits from social security
- A current statement from your pension holder indicating your **gross** monthly pension
- A compensation letter from the VA
- A letter from your social worker describing your monthly award if you receive public assistance (TAFDC, EAEDC, FOOD STAMPS, MEDICAID, ETC)
- Person(s) claiming no income must complete a **NO INCOME STATEMENT (this form can be obtained from our office)**

#### Property related items:

- Your most recent mortgage statement
- A statement indicating the annual premium for your homeowner's insurance.

#### Individual Items:

- Valid government-issued ID
- Proof of U.S. Citizenship or eligible noncitizen status

#### Additional documentation as requested after your application has been reviewed.

There are specific restrictions and conditions associated with the federal Health Homes Program funds. Funds for our programs are limited and will be available based on completeness of application and city priorities. If you have any questions, please call our office at 508-799-1400 ext. 31468 and we will assist you.

## HOUSEHOLD INCOME LIMITS

Applicants' household incomes may not exceed 80% of City of Worcester's Area Median Income (AMI), adjusted for household size, as published by HUD, and shown in the **Appendix FY 2025 Income Limits Documentation**. In order to qualify for a Program grant to be funded with Healthy Homes funds, the applicants' household income may not exceed the HUD "low" (80%) income limit for Worcester, MA HUD Metro FMR Area. Applicants must certify and provide acceptable documentation that their gross household incomes do not exceed the Program income limits. The income limits in place at the time of application submittal will apply when determining applicant's eligibility.

| Household Size | 80% of Area Median Income Limits adjusted for household size ( <i>Effective as of 04/1/2025</i> ) |
|----------------|---|
| 1              | \$73,750  |
| 2              | \$84,300  |
| 3              | \$94,850  |
| 4              | \$105,350   |
| 5              | \$113,800   |
| 6              | \$122,250   |
| 7              | \$130,650   |
| 8              | \$139,100   |

**HOMEOWNER'S APPLICATION**  
**Healthy Homes Program**  
**2025 Grant**

Applicant Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Work telephone #: \_\_\_\_\_

E-mail Address \_\_\_\_\_

**PROPERTY TO BE ABATED**

Address: \_\_\_\_\_ Number of Units: \_\_\_\_\_

Do you live on the property? \_\_\_\_\_

Owner(s) of Property as Listed on Deed: \_\_\_\_\_

Have you accessed funds through the City of Worcester before? **YES or NO**  
 If YES when \_\_\_\_\_

|  |  |
|--|--|
| First Mortgage holder:   |  |
| Full address of mortgage holder  | <input type="checkbox"/> Same as mailing address |
| Original amount of this mortgage   | \$   |
| Unpaid balance   | \$   |
| <b>IS YOUR MORTGAGE A FEDERAL HOUSING ADMINISTRATION (FHA) MORTGAGE? YES or NO</b> |  |
|  |  |

|   |    |
|---|----|
| What is your monthly mortgage payment?                      | \$ |
| Does your mortgage payment include real estate taxes?       |    |
| Does your mortgage payment include homeowner insurance?     |    |
| If NO, how much is your annual homeowner insurance premium? |    |

|                                 |                       |
|---------------------------------|-----------------------|
| Second Mortgage/<br>Equity Line |                       |
| Full address of mortgage holder |                       |
| Original amount of loan         | \$ Current Balance \$ |
| Monthly Payment                 | \$                    |

Have you received a code violation from Inspectional Services or the Fire Department?

**Yes or No**                      **If Yes, please provide copy of housing code violation letter**

Have you been referred to by a 1<sup>st</sup> responder (Fire, Police, Ambulance, Doctor) to this program?

**Yes or No**

Does anyone in your household currently have asthma?

**Yes or No**

Has anyone in your household experienced a trip/fall in the house?

**Yes or No**                      **If Yes, please list location(s)** \_\_\_\_\_

Does your home currently have working smoke and carbon monoxide detectors?

**Yes or No**

Were you referred to by a public or non-profit agency?

**Yes or No**                      **If Yes, please list the agency** \_\_\_\_\_

PLEASE GIVE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOUR PROPERTY NEEDS:

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**REQUIRED INCOME INFORMATION**

**OCCUPANT & INCOME INFORMATION**

List **all** household members including yourself, all adults & children - **even if an individual has no income**

| Name | Social Security #<br>(last (4) four digits) | Age | Relationship to Applicant | Race (*optional) | Gross Monthly Income |
|------|---|-----|---------------------------|------------------|----------------------|
|      |   |     |                           |                  |                      |
|      |   |     |                           |                  |                      |
|      |   |     |                           |                  |                      |
|      |   |     |                           |                  |                      |
|      |   |     |                           |                  |                      |
|      |   |     |                           |                  |                      |

\*Race: W=White, B=Black, H/L=Hispanic/Latino, N=Native American or Alaskan Native, A=Asian or Pacific Islander, O=Other. The above Race/national Origin information has been requested by the Department of Housing and Urban Development for monitoring purposes only. You are not required to furnish this information. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. This information is provided in compliance with federal requirements and is subject to verification

**PLEASE ANSWER THE FOLLOWING QUESTIONS:** (Include yourself & all other household members)

1. Is any member of your household employed? **YES or NO**
2. Is any member of your household self-employed? **YES or NO**
3. Does any member of your household receive alimony or child support? **YES or NO**
4. Does any member of your household receive unemployment benefits? **YES or NO**
5. Does any member of your household receive AFDC, SSI, EAEDC, VA or Social Security Benefits? **YES or NO**
6. Does any member of your household receive income from a pension or annuity? **YES or NO**
7. Does any member of your household receive regular income from anyone not living in the household or any agency? **YES or NO**
8. Does any member of your household receive income from assets including interest on checking, savings accounts, on dividends from certificates of deposits, stocks, and/or bonds? **YES or NO**
9. Does any member of your household receive income from a rental property? **YES or NO**
10. Is anyone in the household a beneficiary of a Trust? **YES or NO**
11. **If children under six live in your unit, have those children’s lead levels been tested? YES or NO**  
 If yes, test date \_\_\_\_\_ the results were: **NORMAL (0-4 mcg/dL) ELEVATED (5-9 mcg/dL)**  
**POISONED (10 mcg/dL or above)**

## EMPLOYMENT INFORMATION

1. **Head of Household's Full time Occupation:** \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_

Part time Employer's Name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_

2. **Other Member's Full and/or Part time Occupation:** \_\_\_\_\_

**Household member's) name:** \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_

Part time Employer's Name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_

3. **Other Member's Full and/or Part time Occupation:** \_\_\_\_\_

**Household member's) name:** \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_

Part time Employer's Name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_

## FULL TIME STUDENTS

List Household Members Over 18 Considered Full-Time Students.

**DOCUMENTATION FROM SCHOOL DESCRIBING ENROLLMENT STATUS IS REQUIRED.**

Name: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ School Attending: \_\_\_\_\_

## SOURCES OF FIXED INCOME

A. **Retirement Income (PENSION) or Disability Award**

Name(s) of Recipient(s): \_\_\_\_\_

Company Providing Pension: \_\_\_\_\_

Amount of gross monthly income: \_\_\_\_\_

B. **Social Security Income:**

Name of Recipient(s): \_\_\_\_\_

Amount of gross monthly award: \_\_\_\_\_

C. **Veterans Assistance:**

Name of Recipient(s): \_\_\_\_\_

Amount of gross monthly award: \_\_\_\_\_

D. **Public Assistance:**

Name of Recipient(s): \_\_\_\_\_

Amount of gross monthly award: \_\_\_\_\_

E. **Unemployment:**

Name of Recipient(s): \_\_\_\_\_

Amount of Biweekly award: \_\_\_\_\_

When did benefits start? \_\_\_\_\_

**List other rental income** including rent received from garage parking spaces, and any **other** rental property:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Total of all other rental income described above: \$ \_\_\_\_\_

**ASSETS**

List all **Savings Accounts** of all household members:

Institution: \_\_\_\_\_ Balance:\$ \_\_\_\_\_ interest rate: \_\_\_\_\_ %

Institution: \_\_\_\_\_ Balance:\$ \_\_\_\_\_ interest rate: \_\_\_\_\_ %

Institution: \_\_\_\_\_ Balance:\$ \_\_\_\_\_ interest rate: \_\_\_\_\_ %

List all **Checking Accounts** of all household members:

Institution: \_\_\_\_\_ Balance:\$ \_\_\_\_\_ interest rate: \_\_\_\_\_ %

Institution: \_\_\_\_\_ Balance:\$ \_\_\_\_\_ interest rate: \_\_\_\_\_ %

**OTHER ASSETS**

U.S. Savings Bonds: \_\_\_\_\_ Amount: \_\_\_\_\_

Marketable Securities (Stocks and Bonds) Estimated Value: \_\_\_\_\_

**STATISTICAL INFORMATION:**

The following information is used to assist this office in reporting to our funding sources. Information will be kept completely confidential.

1. Number of apartment units on property: \_\_\_\_\_

2. Fill in the appropriate number for each question:

| Occupant Name/<br>Head of Household | Unit<br># | Number of<br>Bedrooms | Rent | Utilities Paid by<br>tenant | Is the Unit Handicap<br>accessible? | Tenant Phone<br>number |
|-------------------------------------|-----------|-----------------------|------|-----------------------------|-------------------------------------|------------------------|
| <b>Owner's Unit</b>                 |           |                       |      |                             |                                     |                        |
|                                     |           |                       |      |                             |                                     |                        |
|                                     |           |                       |      |                             |                                     |                        |
|                                     |           |                       |      |                             |                                     |                        |
|                                     |           |                       |      |                             |                                     |                        |

|   | <b>OWNERS' UNIT</b><br>Apt. # | Apt. # | Apt. # | Apt. # |
|---|-------------------------------|--------|--------|--------|
| a. # of persons per unit                    |                               |        |        |        |
| <b>b. # of children under six years old</b> |                               |        |        |        |
| c. # of elderly (over 62)                   |                               |        |        |        |
| d. # handicapped (non-elderly)              |                               |        |        |        |
| e. # elderly handicapped                    |                               |        |        |        |
| f. Is head of household female?             |                               |        |        |        |

**REPRESENTATIONS AND CERTIFICATIONS OF THE PROPERTY OWNER/S**

The undersigned hereby represents and certifies under the pains and penalties of perjury that I/We agree to the following representations and certifications respective to the property located at

\_\_\_\_\_ Worcester, MA \_\_\_\_\_:  
 Address Zip Code

**A. CONFLICT OF INTEREST** Is the Owner or any member of his/her immediate family, or any business associate, employed by the City of Worcester? **Yes** **No**

If yes, please explain: \_\_\_\_\_

**B. DECLARATION OF OTHER REAL ESTATE OWNED** Are you an owner or part owner of any other real estate in the City of Worcester? **Yes** **No**

If yes, please list addresses: \_\_\_\_\_

**C. TAX AND CONTRIBUTION COMPLIANCE**

The Owner is in full compliance with all laws of the Commonwealth of Massachusetts and ordinances of the City of Worcester relating to taxes and to contributions and payments in lieu of contributions.

**D. NON-DISCRIMINATION COMPLIANCE:**

The undersigned agrees that there will be no discrimination on the basis of race, color, national origin, ancestry, age, sex, religion, disability, sexual orientation, presence of children, marital status, source of income or military status, in the sale, lease, rental use, advertisement or occupancy of the property that is rehabilitated with funds provided by the City of Worcester, Office of Economic and Neighborhood Development. Regulations issued by the U.S. Department of Housing and Urban Development (HUD) and the Mass. Commission Against Discrimination (MCAD) pursuant to Title VIII of the Civil Rights Act of 1968, as amended in 1988, and Massachusetts General Law, Chapter 151B, Section 4, shall apply.

**E. OWNERS' PERMISSION TO ENTER AND INSPECT**

I/We hereby give my/our permission for the employees of the City of Worcester, Executive Office of Economic Development to inspect my property including conducting a building system analysis as a condition of applying for assistance through Worcester Healthy Homes Program. Further, I/We relieve the City of Worcester, its employees and/or agents from any and all claims of damage or liability arising from the performance of property inspections by the City of Worcester, Executive Office of Economic Development.

**F. CERTIFICATION:**

I/We certify that, under penalty of perjury, all information on this application to the best of my/our knowledge is true. I/We understand that false information given is sufficient grounds for rejection of this application. Furthermore, verification may be obtained from any source herein.

**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 falsifies...or makes any false fictitious or fraudulent statements or 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 not more than \$10,000 or imprisoned not more than five (5 years) or both."

**All persons whose names appear on the recorded copy of the deed must sign here:**

|            |           |       |
|------------|-----------|-------|
| _____      | _____     | _____ |
| Print Name | Signature | Date  |
| _____      | _____     | _____ |
| Print Name | Signature | Date  |
| _____      | _____     | _____ |
| Print Name | Signature | Date  |

**APPLICANT'S RIGHT TO APPEAL**

If you believe that you have been discriminated against regarding any decision made on this application because of race, color, national origin, ancestry, age, sex, religion, disability, sexual orientation, presence of children, or marital status, you may appeal that decision.

Additionally, if you feel you have been wrongly denied assistance for any reason, you may appeal that decision. Appeals must be made within fifteen days of receiving the denial letter. All appeals must be in writing to James Brooks, Housing Director, City of Worcester, Executive Office of Economic Development, Housing Division, 455 Main 4<sup>th</sup> Floor Street, Worcester, MA 01608

- I/We give the City of Worcester permission to use this data to qualify for other city housing development programs through the Community Development Block Grant Program (CDBG) Program and the Worcester Lead Abatement Program (WLAP). Please check box if you do.**