



EMERGENCY HOME REPAIR PROGRAM

The Emergency Home Repair Loan Program provides income-eligible owner-occupants with a zero-interest forgivable loan to fund a single-item emergency repair

City of Springfield Office of Housing
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City of Springfield Emergency Repair Program

The Emergency Repair Program provides funds to income-eligible owner-occupants to pay for the costs of a **single item emergency repair** to their home.

An emergency exists if there is an immediate threat to health or safety of the property's occupants or to the property's structural, electrical or mechanical integrity. The City's Rehabilitation Specialist will determine whether a particular repair constitutes an emergency condition. Eligible items include, but are not limited to, repair or replacement of all or a portion of the following: roofs; heating systems; electrical or mechanical systems; dangerous steps, landings, and/or porches; plumbing; inadequate flooring; foundation walls or crawl space piers; sump pumps; handicap accessibility; or other urgent code enforcement conditions. The program is not available for condominiums or mobile homes. It does not cover landscaping or outbuildings.

The program provides a 0% interest loan, forgiven over five years if the owner continues to occupy the home as their principal residence. One-fifth of the loan is forgiven each year. If the owner sells the home or moves to a different primary residence within the five-year time period, payment of the remaining pro-rated loan is required.

Income Eligibility

The program is available for households that do not exceed the FY2023 maximum household income amounts listed below.

1 person	\$55,800	5 person	\$86,100
2 person	\$63,800	6 person	\$92,500
3 person	\$71,750	7 person	\$98,850
4 person	\$79,700	8 person	\$105,250

How the Program Works

Once the City approves a property owner's application, a Rehabilitation Specialist inspects the property and writes specifications for the required emergency repair. The City invites bids for the project from licensed and insured contractors, and the most competitive bid is selected.

The City enters into an agreement with the homeowner to provide the funding for the work, and the homeowner enters into an agreement with the contractor, based on the agreed-on scope of work. The City inspects the property as repairs are made and at the end of the project, and the homeowner signs off with approval that all work is complete and satisfactory. The City makes payments to the homeowner, who uses the funds to pay the contractor.

Additional Requirements

The homeowner must be current on their mortgage, have property insurance, and may not have outstanding debts to the City for property taxes or other charges.

APPLICANT INFORMATION

All people listed on the property deed must be included as applicants.

Applicant 1: _____

Social Security Number: _____ Date of Birth: _____

Email address: _____

Home Phone: () _____ Cell Phone: () _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Applicant 2: _____

Social Security Number: _____ Date of Birth: _____

Email address: _____

Home Phone: () _____ Cell Phone: () _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

1. Is the applicant, or any one of his/her relatives, employed by the City of Springfield?
 Yes No Describe relationship(s), which department(s) and, in what capacity: _____

2. Does the applicant owe the City of Springfield any monies for incurred real estate taxes, water, rents or any other indebtedness (i.e. trash fees, parking tickets, etc.)? Yes No
Explanation: _____

3. Does the applicant have any open code violations or court cases relating to any property owned within the City of Springfield? Yes No
Explanation: _____

4. Does the applicant qualify for home heating fuel assistance? Yes No I don't know

PROPERTY INFORMATION

Address of property to be repaired: _____

Title Holder(s) (Who is on the property deed?): _____

Date you purchased the property: _____

Number of Units: _____

- 1. Do you plan to live in the property as your principal residence? Yes No

- 2. Does the property contain lead paint or lead-based paint hazards? Yes No
 I don't know

- 3. Has a Letter of Lead Compliance been provided for the property? Yes No
 I don't know

4. What is the emergency repair needed at the property?

HOUSEHOLD COMPOSITION

Including the applicant, how many people live in your household? _____

List all household members who live in your home at the time of application.

Full name	Relationship to Applicant	Date of Birth	Age	Social Security Number

EMPLOYMENT INFORMATION

Applicant 1: Employer: _____

Employer's Address: _____

Supervisor's Name: _____ Employer Telephone: _____

Position Title: _____ Date of Employment: _____

Paid weekly Paid Bi-weekly Other: _____ \$ _____ per _____

Applicant 2: Employer: _____

Employer's Address: _____

Supervisor's Name: _____ Employer Telephone: _____

Position Title: _____ Date of Employment: _____

Paid weekly Paid Bi-weekly Other: _____ \$ _____ per _____

MONTHLY INCOME

Use the chart below to list all monthly income.

Income Source	Applicant 1	Applicant 2	Other Adult Household Members	Total
Wages from employer				
Social Security				
Disability				
Alimony				
Interest Income from Asset				
Child Support				
Rental Income				
Other				
Total Gross Monthly Household Income:				
TOTAL ANNUAL INCOME (Monthly Income x 12)				

If Applicant(s) source(s) of income have changed since the last filed income tax return, please explain changes here:

ASSETS

ASSETS: List all household assets.

Type	Name on Account	Bank Name	Account Number	Balance/ Amount
Checking				
Savings				
Certificate of Deposit				
Equity in Primary Residence (Value of home minus balance of mortgage(s))				
Equity in other real estate				
Other personal assets				
Total personal assets:				
I.R.A				
Other Retirement Assets:				
Total retirement assets:				

APPLICANT ACKNOWLEDGEMENTS

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the City of Springfield Emergency Home Repair Program.

I/We hereby certify that all the information provided herein is true and correct.

I/We understand that providing false statements or information is grounds for termination of assistance and is punishable under federal law.

I/We authorize the City of Springfield and any of its duly authorized representatives to verify all information provided in this application.

I/We understand that additional information will likely be required to move forward with this program.

Signature of Applicant:	Date
Signature of Co-Applicant:	Date
Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.	

DOCUMENTATION

The following documents must be submitted with your completed application.

APPLICATIONS WILL NOT BE PROCESSED UNTIL YOU PROVIDE ALL ACCOMPANYING DOCUMENTATION

ALL adult household members must submit relevant documentation regarding income and assets.

FOR ALL APPLICANTS:

- Verification of City Compliance form (blank attached)
- Demographic Information form (blank attached)
- Completed IRS W-9 form (blank form attached)
- Copy of government issued photo I.D.(s)
- Copy of most recent Mortgage Statement with proof of payment
- Copy of current insurance policy (Declaration/Binder Page) and proof of payment
- Copy of last two years federal tax return, or tax return transcripts
- Most recent 90 days (***if pay is steady***) of consecutive pay stubs from each income source (i.e. Employment, Unemployment, Pension Check, Social Security Award Letter, Court Ordered Alimony, Child Support, etc.). ***NOTE:*** if income is less stable, twelve (12) months of documentation may be required.
- Copies of three (3) months most recent bank statements

SUBMIT COPIES ONLY – NO ORIGINAL DOCUMENTS

A copy machine is available at the Office of Housing.

VERIFICATION OF CITY COMPLIANCE FORM

Applicant 1 _____ D.O.B _____ Drivers license # _____

Applicant 2 _____ D.O.B _____ Drivers license# _____

Address _____

Do you own any other property in Springfield? No Yes

If yes, please list the addresses:

**I ATTEST THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, THIS _____ DAY OF _____, 20____.**

Signature of Applicant 1

Signature of Applicant 2

THIS SPACE FOR OFFICIAL USE ONLY

	CURRENT?		AMOUNT DELINQUENT
	YES	NO	
REAL ESTATE TAX	<input type="checkbox"/>	<input type="checkbox"/>	\$
EXCISE TAX	<input type="checkbox"/>	<input type="checkbox"/>	\$
PARKING TICKETS	<input type="checkbox"/>	<input type="checkbox"/>	\$
OTHER MUNICIPAL LIENS/LOANS	<input type="checkbox"/>	<input type="checkbox"/>	\$

Treasurer's/Collector's Office representative signature: _____

Date: _____

DEMOGRAPHIC INFORMATION FORM

THE FOLLOWING IS USED FOR HUD REPORTING PURPOSES ONLY

IMPORTANT: HUD requests information for both **Ethnicity** (#1 below) and **Race** (#2 below). Please answer both questions and select **only one** for **Ethnicity** and **at least one** for **Race**.

1. Indicate **Ethnicity** (check one)

- Hispanic or Latino
- Not Hispanic or Latino

2. Indicate **Race** (select one or more)

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Other Multi-Racial

Contact Information for Verification of Income and Assets

Please provide contact information for all household employers and bank accounts.

Income

Employer Name: _____

Address: _____

Telephone: _____ Email: _____

Name of contact person: _____

Employer Name: _____

Address: _____

Telephone: _____ Email: _____

Name of contact person: _____

Employer Name: _____

Address: _____

Telephone: _____ Email: _____

Name of contact person: _____

Employer Name: _____

Address: _____

Telephone: _____ Email: _____

Name of contact person: _____

Assets

Bank Name: _____

Address: _____

Telephone: _____ Email: _____

Account Number: _____

Bank Name: _____

Address: _____

Telephone: _____ Email: _____

Account Number: _____

Bank Name: _____

Address: _____

Telephone: _____ Email: _____

Account Number: _____

