



**INVESTOR'S APPLICATION
CHECKLIST
Worcester Lead Abatement Program
2023 LHD Grant**



REQUIRED INCOME/HOUSEHOLD INFORMATION

- **Your application will not be considered for eligibility unless all questions are answered and all required documents have been submitted.**

Property related items:

- ☐ Completed tenant applications for each unit to be rehabbed along with relevant documentation (tenant can submit application & copies of documentation directly to our office)
- ☐ Your most recent mortgage statement
- ☐ A statement indicating the annual premium for your homeowner's insurance.
- ☐ If property is owned by an LLC, or corporation, we need you to have an active registration on SAM.gov.

Individual Items:

- ☐ Valid government-issued ID
- OR
- ☐ 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 federal lead hazard control 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.

INVESTOR APPLICATION

Worcester Lead Abatement Program
2023 LHD Grant

Applicant Name: _____

Primary contact name (if different from applicant): _____ Phone #: _____

Work #: _____ E-Mail: _____

Property to be rehabilitated: _____ Units #: _____

When did you purchase this property? _____ When was the property built? _____

Is this property **HISTORIC**: ☐ Yes ☐ No

Is this property under an **Order to Correct**: ☐ Yes ☐ No

(An Order to Correct is an order issued by Worcester Inspectional Services or by Mass. Department of Public Health Childhood Lead Poisoning Prevention Program (MA DPH CLPPP) to correct lead paint violations)

List **all owners of record**, their addresses and social security numbers:

Name/Corporate Entity	Address	SS#
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Name/Corporate Entity	Address	SS#
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Name/Corporate Entity	Address	SS#
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Bank holding mortgage	
Address of mortgage holder	
Original mortgage amount	\$
Unpaid balance:	\$

What is your monthly mortgage payment?	\$	
Does mortgage payment include real estate taxes?	YES	NO
Does mortgage payment include homeowner insurance?	YES	NO
If NO, what is annual cost of insurance?	\$	

List any additional Mortgages or liens on Property - include any cross collateralization:

Mortgage Holder:	
Address of Mortgagee Holder:	
Monthly payment:	\$
Unpaid balance:	\$

RENTAL PROPERTY INFORMATION (List all units)

Please note the program is required to income qualify all occupied units that are requesting assistance. A separate tenant application is required for each unit.

APT #	TENANT'S NAME ON LEASE	HOUSEHOLD SIZE	# BEDROOMS	UTILITIES PAID BY LANDLORD	IS UNIT 504 ADA H/C ACCESSIBLE	TOTAL RENT

* If there are more than 8 units in the home, please contact our office at 508-799-1400.

Total Rental Income from dwelling units at **full occupancy** \$ _____

List any additional monthly income from this property including garage, parking, and storage spaces (specify source) _____

Monthly Income from Commercial Rent from this property: \$ _____

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 the property: _____

2. Statistical Information:

	Apt #1	Apt #2	Apt #3	Apt #4	Apt #5	Apt #6	Apt #7	Apt #8
a. # of persons per unit								
b. # of children under six years old								
c. # of elderly (over 62)								
d. # of handicapped (non-elderly)								
e. # of elderly handicapped								
f. Is head of household female?								

FOR PROPERTY OWNERS:

Ethnicity (select only one): Hispanic or Latino NOT Hispanic or Latino

RACE (select all that apply): American Indian/Alaska Native Asian Black/African American
Native Hawaiian/Other Pacific Islander White

ARE YOU OVER 62 YEARS OF AGE? ☐ YES ☐ NO

ARE YOU HANDICAPPED? ☐ YES ☐ NO

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:

Address of Property Requesting Rehabilitation Worcester, MA _____ Zip Code

1. 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: _____

2. 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: _____

3. 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.

4. 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, or material 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 Worcester Office of Housing and Neighborhood Services. 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.

5. OWNERS' PERMISSION TO ENTER AND INSPECT

I/We hereby give my/our permission for the employees and/or agents of the City of Worcester Executive Office of Economic Development-Housing Development to inspect my property including conducting Healthy Homes Inspection as a condition of applying for assistance through the Worcester Lead Abatement 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's Executive Office of Economic Development-Housing Development.

6. LEAD PAINT HAZARDS IN ACCORDANCE WITH 24CFR35.5

I/We, owners of the property certify that EOED has provided the **DISCLOSURE NOTIFICATION** pamphlet; ***Protect Your Family From Lead In Your Home***. I/We have been made aware of the hazards of lead that may affect the occupants of the property for which we are seeking assistance. I/We understand that as a condition of receiving assistance, I/we will be required to include ***Lead Hazard Reduction Activities*** that employ ***Safe Work Practices*** as part of the total rehabilitation project. Further, I/we have been made aware of my/our disclosure, protection and re-location rights and responsibilities.

7. 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.

8. AFFORDABILITY RESTRICTION:

I/we certify that notice has been given that upon completion of the project, a 5 year affordability restriction will be placed upon the property by the city beginning on the day of issuance of the “Letter of Compliance” for each unit.

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 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."

Preference Statement

If there is/are rental unit(s) associated with this property, I/we hereby pledge to provide preference to inhabitants with children under six years of age when leasing units assisted by the LHRD grant.

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
_____	_____	_____
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 4th Floor Street, Worcester, MA 01608.



CITY OF WORCESTER HOUSING REHABILITATION & LEAD ABATEMENT PROGRAMS

TEMPORARY RELOCATION POLICY FOR OCCUPANTS

The property owner is required to sign and date this form, which will be kept on file with the City of Worcester - Lead Abatement Program.

The City of Worcester through the Executive Office of Economic Development – Housing Division will provide necessary and reasonable relocation benefits for tenants, property owners, and owner occupants. These expenses shall be considered a part of the overall project financing costs and shall be included in the calculation of the total project loan amount. **In all cases, the maximum benefit provided shall not exceed \$1,200 per unit as that has been determined to be the most cost effective and economical when providing for safe, reasonable, and suitable temporary housing for those families or individuals affected by project eligible work.**

Preparing for the Deleading Process

Tenants and owners are expected to cooperate fully with the deleading contractor in order to expedite the process, reduce inconveniences and expenses resulting from the work.

Occupants are responsible for preliminary preparation of their units for deleading. Occupants are expected to remove any items that may fall from walls or shelves and other personal property that may be affected by the deleading process. Furniture should be placed into the center of the room.

The deleading contractor will cover all personal items with double 6 mil. plastic during the work process. Upon completion the contractor will clean the site for dust wipe inspection, remove all debris and plastic coverings and leave the unit in a broom clean condition ready for re-occupancy.

Occupants will be notified by the property owner when their unit has been completed and temporary re-occupancy certificates have been issued by the City of Worcester. Occupants may not reoccupy the unit until dust clearances of both HUD and Massachusetts have been achieved.

The City of Worcester is not responsible for any damaged or lost items that may occur during the deleading process.

I/We understand that a temporary relocation from our home will be necessary while it is being deleading. I/We have been notified of the City of Worcester's Relocation Policy as outlined above and I/We accept the terms of this policy as fair compensation for costs associated with my/our temporary relocation.

Street Address	Unit #	Worcester, MA City/State	Zip Code
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Property Owner Signature	Date
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I certify that the lead abatement work conducted in the above referenced unit requires moderate and/or high-risk deleading activities and the occupants must be relocated as part of the occupant protection plan.

City of Worcester - WLAP	Title	Date
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Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.