



The City of **WORCESTER**

ELDER HOME REPAIR PROGRAM

Funded by
The United States Department of Housing and Urban
Development (HUD) through
The Community Development Block Grant Program



Executive Office of Economic Development
Housing Development Division
City Hall
455 Main Street, Suite 405
Worcester, MA 01608

PROGRAM DESCRIPTION

The City of Worcester's Elder Home Repair Program provides a maximum of \$25,000 per unit in grant assistance to income eligible seniors to rehabilitate their homes with U.S. Department of Housing & Urban Development, Community Development Block Grant funds. These funds must be used to rehabilitate major systems (ex. mechanical, heating, roof, siding, windows) of the home and code compliance or accessibility features.

HOMEOWNERS QUALIFICATIONS

1. Owner must be at least **62** years of age,
2. Owner must meet Household Income Limits (low to moderate income),
3. Owner must be able to provide income documentation (Social Security, Paystubs, Tax Returns etc.),
4. Owner must provide valid government-issued photo identification, or alternative verification or alternative identity verification method (e.g., notarized affidavit for applicants without an ID),
5. If property is over 2 units, at least 51% of the building must also meet Household Income Limits (tenants must also be low to moderate income),
6. If property is over 2 units, tenants must be able to provide income documentation (Social Security, Paystubs, Tax Returns etc.) and must provide valid government-issued photo identification,
7. Owner agrees to have a **five (5) year owner-occupied restriction** placed on the property.

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 CDBG 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	\$69,850
2	\$79,800
3	\$89,800
4	\$99,750
5	\$107,750
6	\$115,750
7	\$123,700
8	\$131,700



PROPERTY QUALIFICATIONS

1. The property must be in the City of Worcester,
2. The property must not be in foreclosure proceedings,
3. The property must be at least marginally habitable,
4. The property must be current on water/sewer/tax bills,
5. If work exceeds \$5,000 per unit, there must be a Lead Inspection,
6. If work exceeds \$25,000 per unit, the property must complete full de-leading, in addition to work requested,
7. If the cost needed to bring the property into minimum habitable quality is excessive, the project cannot be funded due to cost reasonableness concerns.
8. The repair funds will be used for issues with major systems and code issues ONLY.

The City bears no responsibility for the failure of an applicant to respond to any requests for documentation in a timely manner. The City reserves the right to third party verification of child support, employment income, and any other income source or asset deemed necessary to determine an individual's eligibility for the Elder Home Repair Program. Funding is limited and is allocated on a first-come/first-serve basis. If funding becomes unavailable, the City reserves the right to terminate an applicant's pre-approval at any time.

Privacy Statement: *The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a CDBG Program and the amount of assistance necessary using CDBG Funds. This information will be used to establish level of benefit on the CDBG Program; to protect the government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and Local Agencies when relevant, to civil, criminal or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility for approval. The department is authorized to ask for this information by the National Affordable Housing Act of 1990.*



HOMEOWNER'S APPLICATION

2025 CDBG ELDER HOME REPAIR PROGRAM

GENERAL APPLICANT INFORMATION

Applicant Name: _____

Spouse: _____

Mailing Address: _____ Zip: _____

Telephone #: _____ Work Telephone #: _____

E-mail Address _____

PROPERTY TO BE REHABILITATED

Address same as above _____

If address not same as above:

Address: _____ Number of Units _____

Do you live in the property? (*circle answer*)

YES

NO

Owner of Property as Listed on Deed: Book #: _____ Page #: _____

Have you accessed funds through the City of Worcester before?
(*circle answer*)

YES

NO

Are you planning to set up a trust, within the next five (5) years, for estate planning purposes?
(*circle answer*)

YES

NO

*****If so, this must be completed prior to applying for this program.



First Mortgage holder:	
Full address of mortgage holder	
Original amount of this mortgage	
Unpaid balance	

Is your mortgage an FHA mortgage? (*circle answer*)

YES

NO

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?	

INCOME INFORMATION

List all household members – Including yourself, all adults and children – even if an individual has no income

Name	Social Security #	Age	Relationship to Applicant	Type of Income/ Annual Income



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

- | | | | |
|-----|---|-----|----|
| 1. | Is any member of your household employed | YES | NO |
| 2. | Is any member of your household self-employed? | YES | NO |
| 3. | Does any member of your household receive alimony or child support? | YES | NO |
| 4. | Does any member of your household receive unemployment benefits? | YES | NO |
| 5. | Does any member of your household receive AFDC, SSI, EAEDC, VA or Social Security Benefits? | YES | NO |
| 6. | Does any member of your household receive income from a pension or annuity? | YES | NO |
| 7. | Does any member of your household receive <i>regular</i> income from anyone not living in the household or <i>any agency</i> ? | YES | 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, bonds? | YES | NO |
| 9. | Does any member of your household receive income from rental property? | YES | NO |
| 10. | Is anyone in the household a beneficiary of a Trust? | YES | NO |

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: _____



EMPLOYMENT INFORMATION

1. **Applicant'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 Name and Occupation:** _____
 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 Name and Occupation:** _____
 Employer's Name: _____ Length of time at this job: _____
 Part time Employer's Name: _____ Length of time at this job: _____

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? _____



APT. #	OCCUPANT NAME	# BEDROOMS	RENT	UTILITIES PAID BY TENANT	IS APT HANDICAPPED ACCESSIBLE?
	OWNER UNIT		NA		

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 %: _____

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. # of Apartment units on property: _____

2. Fill in the appropriate number for each question:

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

FOR OWNERS' UNIT:

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

LEAD Funds: (Optional - please complete *all questions*)

Do members of your household meet any of the following criteria:

- A child under 6 years old in residence, or
- A child under 6 years old spends a "significant amount of time"***, or
- A pregnant woman

YES NO

*** (A "significant amount of time visiting" is defined as three (3) hours a day on two (2) separate days a week and a total 60 hours per year).



If children under six live in your **unit**, have those children's lead levels been tested? **YES NO**

If yes, the results were: NORMAL ELEVATED POISONED

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

How did you hear about these programs?

REPRESENTATIONS AND CERTIFICATIONS OF THE PROPERTY OWNER/S

The undersigned hereby represents and certifies under the pains and penalties of perjury
respective to the Property located at:

_____ Worcester, MA

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 Housing 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 heating system analysis as a condition of applying for assistance through WLAP. 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."



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 ten days of receiving the denial letter. All appeals must be in writing to James Brooks, Director of Housing Development and Healthy Homes, City of Worcester, Executive Office of Economic Development, Housing Division, 455 Main Street 4th Floor, Worcester, MA 01608

Acknowledgement

Through my/our signature, I/we hereby certify the information provided in this application is complete and correct to the best of my/our knowledge. I am aware of eligibility requirements of the City of Worcester's Elder Home Repair Program as outlined in this application, as well as by the U.S. Department of Housing and Urban Development. I/we hereby certify that, to the best of my/our knowledge, I/we am/are eligible for assistance through the aforementioned program. Additionally, I/we hereby certify that I/we understand that if the City of Worcester finds my information to be fraudulently represented, I/we will be liable for repayment of all program funds, as well as other penalties, allocated under Federal Regulation 24 CFR Part 28.

I/we hereby authorize the City of Worcester's Executive Office of Economic Development's Housing Division to independently verify the information provided in this application.

***Eligible households must document that they have the funds necessary for rehabilitation.
CDBG assistance funds will be reimbursed after work is complete.***

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____
(If applicable)

