

WORCESTER HOUSING NOW PROGRAM GUIDELINES & APPLICATION

Tier 1: Owner-Occupied Rehab

Owner Owns one, 2-4 unit property in City of Worcester

Maximum Grant Amount:

CDBG: Up to \$25,000.00 per unit, for **each restricted affordable housing unit**

WLAP: Up to \$30,000.00 per unit, for **each restricted affordable housing unit** for lead abatement. Must have child under 6 in unit to qualify.

Healthy Homes: Up to \$10,000.00 per unit, for **each restricted affordable housing unit** for addressing health hazards in the home.

Affordable Housing Requirement:

- 5 Year Affordability Period
- **Must remain owner occupied during 5 Year Affordability Period**
- 51% of building must meet income eligibility, and HUD FMR
- Each qualifying unit must submit affordable housing eligibility application and income documentation
- If unit is vacant, City can still approve the unit, however, the City MUST approve future tenant

Displacement:

- No one shall be displaced as a result of this project.
- If temporary displacement is necessary for rehab, owner must have relocation plan

Underwriting:

- Same procedure as regular CDBG owner occupied rehabilitation program
- City will ensure at least 51% of current/future occupants are low to moderate income and resides in the property throughout affordability period
- City will bid project out on behalf of owner to ensure cost reasonableness
- City makes direct payment to General Contractor
- City will conduct Environmental Review

Fees:

- Owner is responsible for \$105.00 Affordable Housing Restriction recording fee

HUD FY 2025 INCOME LIMITS – WORCESTER COUNTY effective April 1, 2025

FY 2025 Income Limit Category	Persons In Household							
	1	2	3	4	5	6	7	8
Annual Income (80%)	\$69,850	\$79,800	\$89,800	\$99,750	\$107,750	\$115,750	\$123,700	\$131,700

HUD FY 2026 Fair Market Rents by Unit Bedrooms effective October 1, 2025

	# of Bedrooms				
	Efficiency	1	2	3	4
FY 2026 FMR	\$1,588	\$1,599	\$2,056	\$2,548	\$2,825

*Landlord must provide utilities to get these rents. If tenants pay for utilities, Landlord must decrease rent to account for a utilities allowance

HUD FY 2025 Utility Allowance Schedule effective August 1, 2025

Unit Type – Low Rise (3 or 4 Stories) – *Please review applicable Utility Allowance Schedule for Unit Type*

	# of Bedrooms – Per month				
	Efficiency	1	2	3	4
Heating- Gas	\$38	\$52	\$71	\$86	\$105
Heating- Electric	\$105	\$141	\$193	\$235	\$287
Heating- Oil	\$86	\$116	\$159	\$193	\$236
Cooking- Gas	\$6	\$8	\$11	\$13	\$17
Cooking- Electric	\$8	\$10	\$14	\$16	\$20
General Electric	\$47	\$59	\$76	\$90	\$106
Water Heating- Gas	\$16	\$22	\$29	\$35	\$45
Water Heating- Elec.	\$42	\$55	\$73	\$88	\$104

Utility Allowance Example:

3 Bedroom Apartment

\$2,548.00 – Maximum rent that can be charged per month if landlord is responsible for utilities. If tenant is responsible for utilities, then utility allowance has to be applied as below:

\$2,548.00

-\$86.00 Gas Heating
 -\$13.00 Gas Cooking
 -\$90.00 General Electric
 -\$35.00 Gas Water Heating

= \$2,324.00 Maximum that can be charged after utility allowance deductions.

Fiscal Year 2025-2026

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
Application for Funding

TIER 1: OWNER-OCCUPIED REHABILITATION ONLY

Section I – APPLICANT GENERAL INFORMATION

Applicant:				Social Security Number:			
Dependents (not listed by co-applicant)				DOB mm/dd/yyyy			
Mailing Address			City:	State:	Zip:		
Telephone No.:		Email:					
		Married <input type="checkbox"/>	Unmarried <input type="checkbox"/>	Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>		
Co-Applicant				Social Security Number:			
Dependents (not listed by co-applicant)				DOB mm/dd/yyyy			
Mailing Address			City:	State:	Zip:		
Telephone No.:		Email:					
		Married <input type="checkbox"/>	Unmarried <input type="checkbox"/>	Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>		

Section II – PROPERTY INFORMATION

PROPERTY INFORMATION			
Subject property address (Street, City, State & ZIP)			No. of Units
Legal Description of Subject Property (attach description if necessary)			Year Built
Year Property Acquired	Original Cost	(a) Present value of lot	(b) Cost of Improvement
	\$	\$	\$
Total (a+b) \$	Title is held in what name:		

Section III – SCOPE OF WORK

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

[illegible]

Section IV – INCOME QUALIFICATION

AT LEAST 51% OF THE BUILDING MUST BE AFFORDABLE HOUSING

# of Units in building	Minimum # of Affordable Housing Units Required
2 <input type="checkbox"/>	1
3 <input type="checkbox"/>	2
4 <input type="checkbox"/>	3

HOW TO MEET DEFINITION OF AFFORDABLE HOUSING - MUST MEET BOTH CRITERIA

1. Combined gross income of everyone over 18 years old in the household must be below HUD Annual Income Limits.

HUD FY 2025 INCOME LIMITS – WORCESTER COUNTY effective April 1, 2025								
FY 2025								
Income Limit								
Category	Persons In Household							
	1	2	3	4	5	6	7	8
Annual Income (80%)	\$69,850	\$79,800	\$89,800	\$99,750	\$107,750	\$115,750	\$123,700	\$131,700

2. Units that are rented must be under HUD Fair Market Rent.

HUD FY 2026 Fair Market Rents by Unit Bedrooms effective Oct 1, 2025					
	Efficiency	1	2	3	4
FY 2026 FMR	\$1,588	\$1,599	\$2,056	\$2,548	\$2,825

*Landlord must provide utilities to get above rents. If tenants pay for utilities, Landlord must decrease rent to account for a utilities allowance.

CURRENT UNIT MAKEUP

Unit #	Tenant Name (if owner, write owner. If vacant, write vacant)	Affordable Unit (current and or proposed)	Market Rate Unit (current and or proposed)	If vacant, how long has been vacant?
1		<input type="checkbox"/>	<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>	

Please submit Affordable Housing Eligibility Application for each affordable housing unit.

Please submit Vacant Unit Statement Form if there are any vacant units.

Section V – STATEMENT OF APPLICANT

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 Worcester Housing Now 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.

Applicant Signature: _____ Date: _____

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

OWNER'S COPY

AFFORDABLE HOUSING ELIGIBILITY APPLICATION

Unit _____ out of _____

Owner _____

GENERAL APPLICANT INFORMATION

Applicant Name: _____

Co-Applicant: _____

Mailing Address: _____ Zip: _____

Telephone #: _____ Work telephone #: _____

E-mail Address _____

How many bedrooms in your apartment? _____ How many people in your household? _____

If Tenant

Total monthly rent: \$ _____ Do you receive a rental subsidy? ☐ Yes ☐ No

If you do receive a rental subsidy is it: ☐ Section 8 ☐ MVRP

Which utilities do you pay? ☐ None ☐ Heat ☐ Hot Water ☐ Electricity ☐ Cooking

HOUSEHOLD EMPLOYMENT & INCOME INFORMATION

Please list all persons who intend to reside in the property. All income must be listed for all household members over the age of 18.

Types of income, as highlighted in 24 CFR 5.609(b), to be included: gross wages, salaries, overtime, fees, tips, and bonuses from all jobs, Net income from business, interest and dividends, Social Security income (if applicable), SSI Disability, annuities, pensions, insurance policies, unemployment income, disability income, workman's compensation, welfare assistance, alimony, child support, and all regular and special pay through the Armed Forces.

Name	Employer	Age	Relationship to Applicant	Type of Income / Annual Income

List Household Members *Over 18* Considered Full-Time Students.
DOCUMENTATION FROM SCHOOL DESCRIBING ENROLLMENT STATUS IS REQUIRED.

Name: _____ School Attending: _____

[illegible]

STATISTICAL INFORMATION:

Your response to this section is optional. The following information is used to assist this office in reporting to our funding sources. Information will be kept completely confidential. Check as many as apply.

RACE and ETHNICITY

☐ White ☐ Asian
☐ Native Hawaiian or Pacific Islander ☐ American Indian/Alaskan Native
☐ Black or African American ☐ Black or African American & White
☐ American Indian/Alaska Native & Black or African American ☐ Hispanic
☐ Other Multi-Racial

☐ Check if Head of House is Hispanic ☐ Male ☐ Female
☐ Check if Head of Household is Female ☐ Check if Elderly Applicant (over 62)

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

ACKNOWLEDGEMENT

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

AFFORDABLE HOUSING ELIGIBILITY APPLICATION CHECKLIST

DOCUMENT CHECKLIST / APPLICATION REVIEW

Applicant Name: _____ Property Address: _____

Date	Initials	Item	Notes
		Application Filled and Signed	
		Valid Government-Issued ID or alternative identity verification method (e.g. notarized affidavit for applicants without an ID) (Applies to tenants, homeowner, or landlords)	
		Tax Returns Years – 2024 (everyone who is 18+ in household)	
		Verification of Employment- (Most recent 4 Consecutive pay stubs, SSI award letter, pension verification etc.) (everyone who is 18+ in household)	
		Last Months Checking & Savings Statements (everyone who is 18+ in household)	

AFFORDABLE HOUSING ELIGIBILITY APPLICATION

Unit _____ out of _____

Owner _____ Tenant _____

GENERAL APPLICANT INFORMATION

Applicant Name: _____

Co-Applicant: _____

Mailing Address: _____ Zip: _____

Telephone #: _____ Work telephone #: _____

E-mail Address _____

How many bedrooms in your apartment? _____ How many people in your household? _____

If Tenant

Total monthly rent: \$ _____ Do you receive a rental subsidy? ☐ Yes ☐ No

If you do receive a rental subsidy is it: ☐ Section 8 ☐ MVRP

Which utilities do you pay? ☐ None ☐ Heat ☐ Hot Water ☐ Electricity ☐ Cooking

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☐ Black or African American ☐ Black or African American & White
☐ American Indian/Alaska Native & Black or African American ☐ Hispanic
☐ Other Multi-Racial

☐ Check if Head of House is Hispanic ☐ Male ☐ Female
☐ Check if Head of Household is Female ☐ Check if Elderly Applicant (over 62)

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
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- 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).

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		Last Months Checking & Savings Statements (everyone who is 18+ in household)	

TENANT #2 COPY

AFFORDABLE HOUSING ELIGIBILITY APPLICATION

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Owner _____ **Tenant** _____

GENERAL APPLICANT INFORMATION

Applicant Name: _____

Co-Applicant: _____

Mailing Address: _____ Zip: _____

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☐ Other Multi-Racial

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TENANT #3 COPY

AFFORDABLE HOUSING ELIGIBILITY APPLICATION

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Owner _____ **Tenant** _____

GENERAL APPLICANT INFORMATION

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Co-Applicant: _____

Mailing Address: _____ Zip: _____

Telephone #: _____ Work telephone #: _____

E-mail Address _____

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Name	Employer	Age	Relationship to Applicant	Type of Income / Annual Income

List Household Members *Over 18* Considered Full-Time Students.
DOCUMENTATION FROM SCHOOL DESCRIBING ENROLLMENT STATUS IS REQUIRED.

Name: _____ School Attending: _____

A. Retirement Income (PENSION) or Disability Award

B. Social Security Income:

C. Veterans Assistance:

D. Public Assistance:

E. Unemployment:

HOUSEHOLD SAVINGS AND ASSET INFORMATION

[illegible]

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(If applicable)

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DOCUMENT CHECKLIST / APPLICATION REVIEW

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