

# Home Modification Loan Program (HMLP)

## Application Guide

Thank you for your interest in the Home Modification Loan Program. This is a loan program, providing funds for individuals and families to modify their homes for a household member with a disability or who is an elder with a professionally documented limitation. The HMLP lends from \$1,000 to \$30,000 secured by a promissory note and mortgage that are recorded as a lien on the property.

**Please read the enclosed Frequently Asked Questions, and Brochure carefully before completing this application.**

**Additionally, please refer to the checklist with this application to make sure your application is complete.** If you have any questions, or need assistance completing any part of the application, please do not hesitate to contact your Provider Agency.

- **All of the information and documents required as part of this application are necessary for HMLP Provider Agencies to determine home modification project and loan product eligibility.**
- **The modifications made to the home must relate to the beneficiary's ability to function on a daily basis. This is not a home repair, septic or heating system replacement program.**
- **Income guidelines for eligibility** are shown on the enclosed Frequently Asked Questions sheet.
- **If you are an employee or a relative of an employee of the Provider Agency,** who sent you this application, call your local Provider Agency to be assigned to another Provider Agency.
- **Reasonable accommodations** will be provided as needed by the Provider Agency to assist in completion of the application. If you need any assistance with the application please let your Provider Agency know how they can be of assistance.

# Home Modification Loan Program

## Provider Agencies

Your completed application should be sent directly to the agency serving your community. If you are unsure of where to send your application, please visit our website where you can search by city/town to determine which agency serves your community or call MRC at 617-204-3739

### **Western MA**

#### **HAP, Inc**

322 Main Street  
Springfield, MA 01105  
Contact: Marta Alvarez  
413-233-1615

[malvarez@haphousing.org](mailto:malvarez@haphousing.org)

*Serving: Agawam, Chicopee, Holyoke, Northampton, Springfield,  
West Springfield and Westfield*

#### **Pioneer Valley Planning Commission (PVPC)**

60 Congress Street  
Springfield, MA 01104  
Contact: Laurel Foley  
413-781-6045

[lfoley@pcpv.org](mailto:lfoley@pcpv.org)

*Serving: all other Western MA communities*

### **Central MA**

#### **RCAP Solutions Financial Services, Inc**

205 School Street  
P.O. Box 159  
Gardner, MA 01440  
Contact: Jennifer Toler  
978-630-6725

[jtoler@rcapsolutions.org](mailto:jtoler@rcapsolutions.org)

### **Northeast/North Shore MA**

#### **Community Teamwork, Inc (CTI)**

167 Dutton Street  
Lowell, MA 01852  
Contact:  
978-459-0551

**Metrowest MA**

**South Middlesex Opportunity Council (SMOC)**

300 Howard Street  
Framingham, MA 01702  
Contact: Christina Cutting  
508-620-2682  
[ccutting@smoc.org](mailto:ccutting@smoc.org)

**Southeastern MA/Cape/Islands**

**South Middlesex Opportunity Council (SMOC)**

Home Modification Loan Program  
3 Webster Sq. PMB 1000  
Marshfield, MA 02050  
Contact: Mary Ann Walsh  
508-202-5919  
[mawalsh@smoc.org](mailto:mawalsh@smoc.org)

**Metropolitan Boston**

**Metropolitan Boston Housing Partnership (MBHP)**

125 Lincoln Street  
Boston, MA 02111  
Contact: Jennifer Shaw  
[Jennifer.shaw@mbhp.org](mailto:Jennifer.shaw@mbhp.org)

**How Did You Learn About the Home Modification Loan Program?**

- Internet Search  Radio/TV/Print Advertisement  Informational Poster
- Friend or Relative  Senior Center/Council on Aging  Independent Living Center
- Community or Housing Organization  Municipal Office  Regional MRC office
- Other State Agency (DDS, DPH, DMH, MCB, MCDHH)  Disability Organization
- Healthcare Agency (home health, skilled nursing facility, doctor's office or hospital)

**Other** \_\_\_\_\_

**Home Modification Loan Program**  
**Application Checklist**

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

**Complete and Signed Application Including:**

- Applicant Information**
- Beneficiary Information**
- Home Modification Project**
- Household Income Information, Proof of income may include: tax returns, benefit statements, 1099, W-2s or current paystubs**
- Property Information**
- Signed PENALTY FOR FALSE OR FRAUDULENT STATEMENT**
- Landlord Supplemental Form (if applicable)**
- Release of Information Form**
- Media Release of Information (optional)**
- Lead Paint Certification Form**
- Historic Certification Form**
- Documentation of Need for Home Modification Form, signed by a Professional**

**Additional Application Documentation Required**

- Letter from Professional attesting to need for home modification(s)**
- Proof of paid real estate taxes**
- Proof of paid state income taxes**
- Copy of deed for property being modified**
- Evidence of commitment of other funds, if project is over \$30,000**

**Additional Application Documentation from Selected Contractor Required**

- Itemized and Detailed project estimate or bid**
- Contractor's License (copy)**
- Contractor's Certificate of Liability Insurance with Borrower listed as Certificate holder (copy)**

# Home Modification Loan Program Application

## Applicant Information

\*Landlord applicants must complete the Landlord Form.

**Please print clearly.**

**Name (Last, First, MI):** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_  
Number Street Unit #  
City State Zip Code

**Telephone:** Home: \_\_\_\_\_ Work and/or Cell: \_\_\_\_\_

**Fax:** \_\_\_\_\_ **TTY/TTD:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Address of Property (if different from above):**

\_\_\_\_\_  
Number Street Unit #  
City State Zip Code

**Please list the names of any other persons listed on the property deed:**

Name (Last, First, MI): \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_

Is any person listed in this application (including all property owners or beneficiary) an employee or a relative of an employee of the Provider Agency administering the Home Modification Loan Program? Yes  No

**Ethnic Background (Answer is Optional)**

a. Native American  b. White  c. Hispanic  d. Black  e. Asian  f. Other \_\_\_\_\_







## Property Information

***Proof of paid real estate taxes and paid state income taxes must be provided.***

**1. Type of property:**

Single Family  Multi-family  Mobile Home  Manufactured prior to 1978

If multi-family: number of units: \_\_\_\_\_

How many units are occupied? \_\_\_\_\_

**2. Certificate of Title:**

Who is (are) the Owner(s) of Record of the Property to be modified?

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Please verify by Book: \_\_\_\_\_ Page: \_\_\_\_\_ of deed at the Registry of Deeds in the County of Residence.

A certified copy of your deed can be purchased at the Registry of Deeds and is a requirement of this application. **Please attach a copy of your property's deed.** If you need help obtaining a copy of your deed, please contact your Provider Agency for assistance.

**3. During the pendency of this loan application I will notify the Provider Agency of any pending bankruptcy or foreclosure action against me:**

Yes – PLEASE CHECK

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT**

The applicant(s) certifies that all information provided herein, and all information in support of this application, is given for the purpose of obtaining assistance from the Home Modification Loan Program.

I/We hereby certify that all of the above statements are true, accurate and complete to the best of my/our knowledge and belief.

I hereby consent to the verification of any information given in this application. I understand that the information will be used to determine eligibility for this program and is subject to the requirements of HMLP Program Guidelines. The applicant(s) agree(s) to abide by the HMLP requirements in connection with any assistance received pursuant to this application.

All information generated as a part of this program is confidential between the program applicants and program administrators.

**Signature(s) of Property Owner/Borrowers:** The signatories below acknowledge that this document is signed under pains of penalties and perjury. All persons listed on the deed must sign below.

**Signature:**

**Date:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Landlord Supplemental Form

This Form is to be Completed by Landlord

The Property Owner/Landlord, must be the applicant for this loan. Only properties of less than ten (10) unit dwellings are eligible unless undue burden is proven.

For Non-Owner occupied properties the owner must demonstrate that the property is not covered by section 4 of Chapter 151B. i.e. has fewer than 10 units.

Name of Tenant: \_\_\_\_\_

Name of Beneficiary (if different): \_\_\_\_\_

Address of unit to be modified:

Number	Street	Unit #
City	State	Zip Code

Number of units in property: \_\_\_\_\_

Is the tenant a family member of the landlord?  Yes  No

(If yes, you may be able to apply for a 0% or 3% loan. Please discuss with your Provider.)

### Landlord Information:

Name (Last, First, MI): \_\_\_\_\_

Mailing address:

Number	Street	Unit #
City	State	Zip Code

Telephone: Home: \_\_\_\_\_ Work and/or Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ TTY/TTD: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Please Print Name)

## Release of Information

I hereby give authorization to \_\_\_\_\_ (*Provider Agency*) to make inquiries for the Home Modification Loan Program as needed regarding information and documentation supplied by me to verify:

\_\_\_\_\_ Household income

\_\_\_\_\_ Unsafe conditions noted at time of inspection

\_\_\_\_\_ My need for modifications to my residence as documented by

\_\_\_\_\_,  
(*a professional with whom I have a client history*)

Address of the residence to be modified is:

\_\_\_\_\_

number	street	city/town	zip
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\_\_\_\_\_

phone	e-mail
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This information is in regard to my request for a Home Modification Loan.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(*Please print.*)

**This authorization is valid until my loan has been closed and all modification work completed.**





## Historic Certification Form

I, the undersigned Borrower/Property Owner for the Home Modification Loan Program, affirm and attest that property to be modified under this program at

\_\_\_\_\_ ,                      \_\_\_\_\_ ,                      \_\_\_\_\_  
Address                                      Town                                      Zip

is **NOT** listed in, or located within or near another home or historic district listed in the Historic Register.

is listed in, or located within or near another home or historic district listed in the Historic Register.

Borrower/Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Home Modification Loan Program (HMLP)**

**DOCUMENTATION OF NEED FOR HOME MODIFICATIONS**

As required by HMLP Application, please attach a STATEMENT ON LETTERHEAD FROM A PROFESSIONAL with whom you have a history. The statement must identify the current need for home modifications to the primary residence of the beneficiary for the purpose of improving their day to day functions or to allow living independently in the community. The statement must be SPECIFIC, stating the current need for the particular requested modification based on the disability involved. (Please note: if the documentation provided is inadequate or insufficient, additional information may be required.)

Please ask the professional who provides the Documentation of Need, to sign and date his or her statement, and to complete this form and attach it to their written statement.

If an additional statement from a qualified physical therapist, occupational therapist or other professional with expertise in the home environment is needed to explain the specific needed modification, this additional statement should also be attached.

1. Name of Individual: \_\_\_\_\_
  
2. Does the individual have a disability? (Please check yes or no):  Yes  
 No
  
3. If yes, is the disability permanent or temporary? (Please check one):  
 Permanent  
 Temporary
  
4. If temporary, how long is the disability expected to last? \_\_\_\_\_
  
5. What types of limitations does the individual's condition involve? (Please check all that apply):
  - Mobility (uses wheelchair)
  - Mobility (does not currently use wheelchair)
  - Dexterity
  - Sensory
    - sight
    - hearing
  - Other – Please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Professional

\_\_\_\_\_  
Print Name