tri
the resource inc.
for Community and Economic Development

Dear Homeowner:

Thank you for your interest in the Martha's Vineyard Housing Rehabilitation Program. The Housing Rehabilitation Program was funded by the MA Executive Office of Housing and Livable Communities based on two separate grant applications. The first application was submitted by the Town of Oak Bluffs on behalf of the Towns of Oak Bluffs, Chilmark, and Tisbury. The second application was submitted by the Town of Edgartown on behalf of the Towns of Edgartown, West Tisbury, and Aquinnah. Enclosed please find a copy of the following documents:

1. Program Guidelines
2. Required Income Documentation Worksheet
3. Full Application
4. 4506-T to be filled out and returned with the application
5. Required and Ineligible Housing Rehab items
6. Application and Rehabilitation Procedures

Community response to this program is always strong and we usually receive more "qualified" applicants than funds available. Therefore, we urge you to return the enclosed application and all supporting documentation as quickly as possible. Applications will be ranked according to the severity of need, ensuring those who need the assistance most will be best served. Feel free to call with any questions that you may have. Visit our website at www.theresource.org for more information regarding the Oak Bluffs Regional Housing Rehabilitation Loan Program, the Edgartown Regional Housing Rehabilitation Loan Program or the Housing Rehabilitation Loan Program in general. We will be happy to spend some time with you. We can be reached at 508-696-3285.

Very truly yours,

Melissa Norton Vincent
Director of Housing Rehab Programs

P.O. Box 4548
Vineyard Haven, MA
02658
508-696-3285

Housing Rehabilitation Loan Program

Program Overview

The Oak Bluffs and Edgartown Board of Selectmen, working in conjunction with The Resource Inc., seeks applicants for a regional housing rehabilitation program. The funding is provided by the Massachusetts Executive Office of Housing and Livable Communities and allows a **0% interest, deferred, forgivable loan** to make critical repairs to your home. This program is designed to improve existing housing conditions of low and moderate income resident households by eliminating code violations. Eligible repair activities will include, but not be limited to, electrical, heating and plumbing work; minor structural repairs; roof and siding repairs; insulation and window replacement; lead paint and asbestos removal; and handicap accessibility improvements.

ELIGIBILITY

Preliminary eligibility is defined as an applicant meeting the initial eligibility requirements, as laid out in the pre-application, in order to qualify to begin the housing rehabilitation application process. Final eligibility is determined after the fully completed loan application and all supporting documentation is received, reviewed and accepted by the TRI Housing Rehab Program Manager.

Applicants: This program is offered to owner-occupied single-family/multi-family and investor-owned units in Oak Bluffs, Tisbury, Chilmark, Edgartown, Aquinnah, and West Tisbury. If the structure is a single-family owner-occupied unit, the owner must meet income guidelines of low to moderate income. If the structure contains year-round rental units, at least 51% of all the households including rental units/renters must meet these income limits. The applicant must be the property owner of record for the proposed residential structure. *Please refer to the table for income levels based on household size.*

Family Size	1	2	3	4	5	6	7	8
Low Income	74,800	85,450	9 6,150	106,800	115,350	123,900	132,450	141,00

CONSTRUCTION

Structures: The primary purpose of the deferred payment loan program is to bring deteriorated residential units into compliance with all applicable Federal, State and Local codes. To be eligible, a structure or portion thereof must be residential and contain one or more code violations. Note: All code violations must be corrected as a condition of participating in the TRI Housing Rehabilitation Program. A Housing Rehab Specialist will conduct a site visit and develop a detailed work write-up and cost estimate. The Housing Rehab Specialist will then review these items with the homeowner. NOTE: TRI Housing Rehabilitation Program is a moderate rehabilitation program. If upon completion of a site visit, detailed write-up and cost estimate, the Housing Rehab Specialist determines that the dollars needed far exceed program limits, the project can be deemed infeasible and funding denied.

FUNDING MECHANISM-DEFERRED PAYMENT LOANS

The TRI Housing Rehabilitation Program offers Deferred-Payment Loans (DPLs) to finance the rehabilitation of eligible projects. The maximum DPL is $60,000 per unit to address code violations. An additional $10,000 per unit is available when improvements include removal of lead paint or asbestos, making handicapped access, septic system replacement or multiple energy-efficiency enhancements. The DPL is secured by a lien placed on the property for a period of 15 years. The interest rate is 0%. The DPL will be forgiven at a rate of 1/15th per year provided the property owner(s) are not in any way in default; therefore, Deferred-Payment Loans do not require monthly loan payments. If a property is sold or transferred within the 15-year period after rehabilitation completion, the funds will be recaptured on a prorated basis. After the 15-year recapture period expires, the loan is forgiven.

CDBG GRANT

Serving year-round LMI (low-moderate income) residents of
Oak Bluffs, Tisbury, Chilmark, Edgartown, West Tisbury, and Aquinnah MA

To be funded through a Community Development Block Grant (CDBG) from the
MA Executive Office of Housing and Livable Communities

PRIORITIES OF THE PROGRAM ARE TO:

☼Correct and update health/safety issues, building envelope updates, energy efficiency upgrades, address lead paint hazards in residences owned and occupied year-round by LMI residents☼

☼Improve the supply of affordable-re nt units for year-round LMI tenants☼

Up to $60,000 per unit is available for properties in Oak Bluffs, Tisbury, Edgartown, West Tisbury, Chilmark and Aquinnah

PROGRAM GUIDELINES

The Resource Inc. (TRI) is a private, non-profit organization dedicated to providing solutions to the affordable housing and economic development issues facing the Towns of Martha's Vineyard. TRI is currently accepting applications for the Housing Rehabilitation Loan Program, funded through the Massachusetts Department of Executive Office of Housing and Livable Communities. This responsibility includes all implementation, monitoring and reporting tasks according to the Executive Office of Housing and Livable Communities guidelines on behalf of the Grantee. These CDBG funds are applied for through a competitive grant process initiated by both the Towns of Oak Bluffs and Edgartown to help preserve existing housing stock for year-round residents of Oak Bluffs, Tisbury, Chilmark, Edgartown, Aquinnah, and West Tisbury. The program addresses critical repairs on private homes, owner-occupied and investor-owned rental units - who income qualify according to LMI (low-moderate income) guidelines set by HUD (per income tables at the end of this document). These guidelines are provided to those interested in a program overview. Deferred forgivable loans of up to $60,000 at 0% interest are available to qualified applicants.

GRANT PRACTICES AND PRIORITIES:

It is part of the TRI's mandate to identify and solicit eligible applications from property owners in Oak Bluffs, Tisbury, Chilmark, Edgartown, Aquinnah, and West Tisbury. We do this through a variety of outreach initiatives, which include working with the active support of community partners in the participating towns.

Applications for loans are processed on a first-come, first-served basis. Once qualified, a project may be assessed and ranked against other qualified applications in terms of code priorities; any emergency need takes priority (e.g., failed heating system in winter). On occasion, TRI must reject applications despite the presence of eligible work. Reasons for this may include: lack of program funds; conditions requiring substantial rehab beyond scope of the program; costs exceeding program limits; title issues; ineligible tenants; and factors that suggest the borrower may be unable to comply with the terms of the program.

I. PROPERTY GUIDELINES

A. Owner-Occupied Single-Family Units (Primary Residence)

1. Declining loans structured as mortgages are made to owner-occupied single-family units to cover essential upgrades on a primary residence. The declining loan is secured by a property lien recorded at the Dukes County Registry of Deeds. This lien is removed by a mortgage discharge after 15 years of compliance by the borrower has passed; the loan balance declines by 1/15th in each year of compliance until it reaches zero.
2. Borrowers must hold title to the property (LMI life tenants may apply as long as owner agrees and signs).
3. All those named on a deed must agree to the loan by signing all legal documents even if they do not occupy the premises.
4. The maximum loan amount of $60,000 is available to rehab dwellings only.
5. All loans are developed within a "moderate" rehabilitation framework for code, health, and safety upgrades.
6. Borrowers must meet LMI income guidelines set out in the chart below according to household size.
7. Borrowers whose property does not remain their primary residence throughout the loan term must either pay back the loan balance or rent the property to a LMI tenant year-round at a fair market rent set by HUD.
8. No penalties will be assigned provided borrowers remain in compliance and notify TRI of any changes of property status. (Participating Towns will document compliance annually, by letter, for the term.)
9. The borrower may sell the property during the 15-year term. Upon the sale or transfer of the property, the owner will repay the unforgiven portion of the loan. (Participating Towns allocate this income to community projects.)
10. Direct heirs may assume the loan and its obligations if title to the property transfers before term ends. They may live in the property, find eligible LMI year-round tenants for the property, or sell the property and pay back the remaining balance due.
11. On occasion, borrowers are permitted or may be required to provide a portion of total costs; such funds are the sole responsibility of the property owner and must be verified prior to loan approval.

B. Rental Units: Single, Multi--Family, or Accessory Units in a Single-Family Residence

1. Declining loans structured as mortgages are made to owners of units in existing buildings to be upgraded rental units that house LMI (low-moderate income) tenants year-round at fair market rents set by HUD.
2. The loan is secured by a property lien recorded at the Dukes County Registry of Deeds. This lien is removed by a mortgage discharge after 15 years of compliance by the borrower has passed; the loan declines in each year of compliance by 1/15th until the balance reaches zero.
3. The 15-year deed restriction remains with the property for the full term of the loan. In the event of a sale, the buyer must assume the rental restriction on the property for the remainder of term of the loan.
4. Direct heirs may assume the loan and its obligations if title to the property transfers before term ends.
5. Properties with up to 7 rental unit(s) may be eligible for funding of up to $60,000 per unit if they are not already deed restricted as "affordable." Decisions on rental units are based on the

income of the owner and tenant(s) in the property, the degree of construction required, and availability of program funds.

6. Landlords who qualify within LMI guidelines are eligible to apply for loans which will cover 100% of the rehab costs.
7. Landlords who are determined to be "above income" may apply for loan covering up to 50% of the rehab costs; they must contribute the other 50%.
8. Landlords must have income-certified existing or prospective tenant(s) in order to qualify for a loan. The CDP provides forms for certification; tenant selection otherwise is the sole responsibility of the landlord.
9. Participating Towns perform an annual audit by letter, including verification of tenants and rents, throughout the 15-year term of the loan. (Non-compliance by owner's risks default penalties.)
10. Acquisition of zoning variances and special permits are the sole responsibility of the property owner.

II. HOUSING REHABILITATION LOAN TERMS

A. Up to $60,000 per owner-occupied or rental unit is conveyed in a declining Deferred Forgivable Loan (DFL) at 0% interest for a 15-year term, secured by a property lien recorded at the Dukes County Registry of Deeds.
B. The 0% DFL is forgiven (declines) by 1/15th annually, provided the borrower(s) remain in compliance. The entire loan is forgiven, and the recorded mortgage is discharged at term end.
C. Loan-related costs are included in the DFL and are reflected in closing documents, including but not limited to recording fee, credit check, and lead inspection fees.
D. A key aspect of this program is the ability to "leverage" funds to supplement funding by the TRI Housing Rehabilitation Loan Program. Cape Cod Five Cents Savings Bank offers up to $50,000 for loans at more competitive rates than otherwise offered. Other possible sources of leveraged funds include: property owner's funds; Martha's Vineyard Savings Bank offers up to $50,000 for loans at more competitive rates than otherwise offered. Other possible sources of leveraged funds include: property owner contribution, Dukes County Septic Program, DOE's Weatherization Program, the "HEARTWAP" heating assistance program, Cape Light Compact, and Key span Energy programs all offered through Housing Assistance Corp, and the USDA Section 504 loan/grant program; and South Shore Housings (SMOC) Home Modification Program. *Lack of available dollars or credit will not preclude participation in this Program.*

III. PROPERTY CODE, HEALTH AND SAFETY REPAIRS AND UPGRADES

The priority of the program is to correct all code violations, structural and sanitary; this includes deleading if circumstances require it. Within EOHLC guidelines, the program covers the repairing/upgrading of exterior items, including roofs, trim, gutters, entry doors, et al. Improving energy efficiency is also a key program goal. All repairs and upgrades must align with State, Federal and local building and safety codes and be approved according to State and local historic and environmental regulations. Some examples of typical rehabilitation work performed include: roof and siding replacement or repairs, window and door upgrades, well and septic replacements, weatherization and heating upgrades, electrical and plumbing upgrades, handicapped accessibility, and egress improvements.

Certain code deficiencies must be addressed regardless of client expectations if program funds are to be made available at all. These are determined in advance as part of an overall work plan agreed with the client. Typical small maintenance repairs, cosmetic upgrades and/or remodeling are not program-approved uses of CDBG funds.

IV. PROGRAM TECHNICAL ASSISTANCE ON PROJECT DEVELOPMENT AND IMPLEMENTATION

The TRI Housing Rehabilitation Loan Program develops and implements projects through the services of licensed and insured rehab specialists and general contractors who have registered their credentials, including excellent references, to the staff program manager. The housing rehab specialist inspects the property and prepares a work write-up based on code issues that are present, in consultation with the homeowner and within the Executive Office of Housing and Livable Communities budget limits. The work write-up is submitted to the homeowner for review and agreement before being sent out to bid by general contractors registered with the program. Once a project is under contract and construction, the TRI rehab specialist and program manager, or their designee, inspect the ongoing work through to completion of the project.

V. REQUIRED INCOME DOCUMENTATION

In addition to providing information requested on the application form, complete, accurate and up-to-date documentation of income is required of all applicants according to your particular circumstances.

We recommend that you read through completely the notes charted on page 4 to understand what is required. Please call the office with questions so that we can help you avoid unnecessary delays.

- *Income documentation is required for all members of the household 18+ years old and must be submitted before the TRI can perform the initial review.*
- *Provide photocopies of all documents, not originals.*
- *Some documentation requires notarization. Notaries can be found at most local banks and Town offices.*

Please return a fully completed, signed, and dated application form, including all information requested, *along with the following valid documents:*

Salaried income or Unemployment income - for all Household Members 18+ years old
1. Pay stubs for most recent 8-week period for every member of your household working for an employer. 2. Pay stubs for most recent 8-week period weeks of Unemployment Benefits. 3. Full-time students or unemployed household members must provide a notarized statement affirming this status.
Self-employment income - for all Household Members 18+ years old
1. Copies of your entire IRS Tax Return 1040 for 2024 and 2025. NOTE: We do NOT need MA Tax Returns. 2. If the self-employed earner does not file taxes, a **Notarized Statement** reflecting earnings and expenses for 2024 and 2025, including dates, addresses of jobs, amounts paid, related expenses - to determine net profit.
OTHER INCOME: Verification of other income as applicable to Household Members 18+ years old **Benefit statements** for Public Assistance, VA, Unemployment, SS, SSI, disability and a verification letter or periodic statement from each pension/investment income source stating the amount and frequency of benefits.

Child Support, either 1) Child Support Order and Divorce Decree; or 2) Notarized Statement that you are not receiving child support.

_____

ALL applicants and household members 18+ years old must submit:

1. **Complete financial statements:** spanning the past 2 months for any/all checking, savings, investment, and retirement accounts.

2. **Copies of signed 1040 Tax Returns** for tax years 2024 and 2025. Please include Schedule C if you are self-employed and/or Schedule E if you receive rental income.

3. **IRS Verification: "Tax Return Transcripts" for every adult for tax years 2024 & 2025:** You are responsible for obtaining your IRS Tax Return Transcripts for tax years 2024 and 2025. Please refer to the ***3 Easy Options Guide*** included in this packet. When ordering your Tax Return Transcript, please use the same information used when filing your 1040 return. **If you do not file taxes** because your taxable income is not enough to meet the minimum filing requirements, you must select the **request a Verification of Non-Filing option**. Your Tax Return Transcript will be sent to you directly. Please forward this information onto the TRI in order to complete your qualification. Eligibility cannot be determined without this information.

INCOME GUIDELINES

LMI (low-moderate income) limits for Dukes County

Below are the total allowable LMI (low-moderate income) limits per size of household for qualifying for the TRI Housing Rehab Loan Program. LMI limits are set by HUD at 80% average median income for Dukes County. Total income means income from all Adults 18 years old or over living in the household. Household size means adults *and children living in a household regardless of their relationship.*

Landlords or potential landlords who are *above LMI Income* are eligible to provide and receive matching funds up to $40,000 per unit to rehab or create a unit for year-round rental to house LMI tenants per HUD guidelines.

FY2026 HUD AREA MEDIAN INCOMES

	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
80% AMI	74,800	85,450	96,150	106,800	115,350	123,900	132,450	141,000

QUESTIONS?
Please feel free to call
Melissa Vincent - Executive Director for The Resource Inc on Martha's Vineyard
Kaitlyn Devine- Assistant Director at **(508) 696-3285** or fax (508) 696-3295.

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HOUSING REHABILITATION ~ HERE'S HOW IT WORKS

HOW DOES THE HOUSING REHAB PROGRAM WORK?

The program is funded through a grant awarded to the lead grants Towns of Edgartown and Oak Bluffs. Up to $70,000 can be spent on repairs to your home that include:

- lead paint abatement
- building and sanitary code violations
- windows, doors, roofs, furnaces
- foundation work
- replacement of failed septic systems
- handicap accessibility
- other critical repairs

Professional staff and experts in their field work with the homeowner through each step of the process, from application to bidding, construction oversight, and project completion.

IS THERE A LOT OF PAPERWORK?

Yes! The grant comes from federal funds so there is significant paperwork required. We are required to obtain documentation to determine an applicant's eligibility to receive funds like going to a bank for a mortgage or home equity loan. Your information is held in a highly secure platform that is HIPPA-certified and confidentiality is maintained throughout the process.

WHAT DOCUMENTATION IS REQUIRED?

Acceptance into the program is based on income eligibility. To prove that you are eligible, you will be asked to fully complete and sign the application forms, provide certified copies of your taxes, document income from ***ALL*** sources for ***ALL*** household members, and provide assorted paperwork related to your home. This includes bank statements from all accounts, homeowners' insurance documents, etc. We know that it takes time to gather this information, however, you will not be considered for acceptance until all the documentation is received. *A **complete** application holds your spot in line.* Staff will assist you as needed and can provide more detailed guidance for what items to submit.

Documenting Household Income for Tenants, Boarders and Houseguests

The Department of Housing & Urban Development (HUD) defines a household as "*All the people who occupy a housing unit. A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit*." Income documentation is required for ***ALL*** household members.

There are a few exceptions on counting household income:

1) Short-term rentals (3 months maximum) are allowable. If a room is rented for up to 3 months the owner can income qualify the household without the boarder, however, the rental agreement must be provided along with proof that the rent was declared in the homeowner's taxes. Signed notarized statements are also required from the tenant and the homeowner.
2) The earned income of minors who are "full-time students" (household members under age 18) is not counted up to an annual amount of $480.
3) Income for full-time students who are 18 years of age or older and are members of the household but away at school is counted the same as "full-time students".
4) Government payments for the exclusive purpose of caring for foster children or adults are not counted in the household income.

If you have questions regarding your household's eligibility, please contact the housing rehab program manager.

WHEN WILL I BE ACCEPTED INTO THE PROGRAM?

The program operates on a first come/first served basis. When you file a pre-application, you are placed on a waitlist based on the date it was received. When you are near the top of the waitlist, you will be sent a full application to complete.

Acceptance into the program is confirmed only once:

- ***ALL*** of your required documentation is received;
- Your household successfully income qualifies; ***and***
- A site visit has been conducted.

This often includes professional lead paint testing. The initial site visit is completed by the Rehab Specialist, who is a licensed construction supervisor, and will spend time in each room of your home, including the basement, evaluating all systems and the building exterior. This site visit sets the priorities for the rehabilitation and provides the homeowner with the information needed to move forward.

ONCE MY APPLICATION IS ACCEPTED, WHAT HAPPENS NEXT?

- A lead paint inspection will be ordered if the home was built before 1978.

- The program Rehab Specialist will come to the home for an initial inspection and "Walk Thru". They will document code violations and conditions of all systems and infrastructure.
- A prioritized "Work Write-Up" will be completed once the lead paint test results are received. This "write-up" outlines the repairs to be made to the house and will be sent to the homeowner for review and approval.
- After homeowner approval, the project will go out to bid (a request for pricing by contractors). Any licensed and insured general contractor can bid on the project. The Program Manager screens contractors to ensure their licenses are active and in good standing.
- A "Contractor Walk Thru" is conducted with all bidders. This allows them to understand the full scope of work to be conducted to prepare pricing.
- Bids received for the work are reviewed by program staff and sent to the homeowner.
- The contractor providing the lowest bid to complete the work will be hired ***UNLESS*** the homeowner chooses a different bidder. If the homeowner selects a different bidder, they are responsible for paying the difference between the low bid and their preferred contractor.
- A closing on the contract is scheduled between the homeowner and the General Contractor and a construction timeline is reviewed.
- The contractor obtains required permits and construction begins. The Rehab Specialist inspects work and "progress payments" are made to the contractor with the homeowner's approval.
- Once the project is completed, a final inspection is conducted, and final payment is made by the program to the contractor.

WILL I HAVE TO LEAVE MY HOME WHILE WORK IS BEING DONE?

It is possible that you won't be able to stay in your home during construction. Lead paint abatement, replacement of bathrooms and similar work may require that residents temporarily relocate for their health and safety. While it does not happen often, it IS a possibility. Program staff can assist you with this and, if necessary, the cost of temporary relocation can be included in your housing rehab loan in accordance with policy.

HOW LONG DOES THIS TAKE?

THIS PROGRAM TAKES TIME. Although the program does handle occasional emergency repairs, there is a process that must be followed to satisfy the funding source and to operate the program according to state and federal regulations. Our goal is to complete construction within four months of going out to bid for a contractor. Sometimes, depending on the complexity of your project, obtaining products and how busy the contractor is, it takes longer.

WHAT IS A DEFERRED PAYMENT FORGIVABLE LOAN? WILL I HAVE TO PAY IT BACK?

You will not make any payments on your loan unless you sell your house. Each year, your loan will be automatically "forgiven" by 1/15th. After 15 years, your loan balance is "$0" without ever paying a penny!

Examples:

IF: You sell your home after five years, at the closing you'll owe 2/3 of the original loan from the sale proceeds. ***HOWEVER,*** the housing rehab work has increased the value of your home, so this should not be a burden.

IF: You sell your home to an income-eligible person, the loan can transfer to the new homeowner.

IF: The homeowner passes away and leaves the home to a family member, the loan continues and is not paid back.

WHAT HAPPENS IF I WANT TO REFINANCE MY HOME?

If you wish to refinance your home at some point in the future, you should have your new finance company contact the Grant Administrator or the Town Planning Office. They will be asked to submit a "Subordination Form", that will be signed by the Town and returned to them. You must leave enough equity in your home to cover all financing and the balance of your housing rehabilitation loan.

HOW TO FAST TRACK YOUR APP

- Call your local fire department for an assessment of your smoke and CO detectors.
- Are you on fuel assistance? Please call for an energy audit of your home as soon as you can. Not on fuel assistance – please contact your local council on aging or South Shore Community Action Council. Fuel assistance can unlock many additional benefits besides savings on your fuel costs; many of these benefits are free. We like to work with other agencies to help homeowner leverage funds to address as many repairs as possible at the lowest (or zero) cost.
- Make sure you complete all the sections of your application.
- Your jumpstart on these items can save you a lot of time and money!

If you'd like additional information or have questions, contact **The Resource, Inc.**

508 696-3285

email: melissa@theresource.org or mvadmin@theresource.org

website: www.theresource.org

Fast-Track Your App!

Did You:

- ✓ Complete ALL Sections of the Application?
- ✓ Sign & Initial ALL Sections of the Application?
- ✓ Provide ALL Required Documents?

Fuel Assistance

Did you know that receiving Fuel Assistance unlocks extra benefits such as FREE Heating Systems and FREE Appliances for eligible households?

Have you applied for Fuel Assistance?

- □ Yes – I'm eligible! My Fuel Assistance Approval Letter is enclosed.
- □ No – I'm over income for the program.
- □ No – I didn't know about it! I'll contact my local senior center for more information.

Smoke Detectors

There are many FREE resources to help your family stay safe if there's a fire. Reaching out NOW will save time and money if your Housing Rehab Program is approved!

Step 1: Call your local Fire Department and ask for a smokes inspection. This is FREE, and you'll receive details on what's needed to achieve compliance.

Step 2: If the Fire Department recommends additional smoke / CO detectors, call the Red Cross. Their Home Fire Campaign can install up to 3 Smoke Detectors and 1 CO Detector for FREE! Call them at 1-800-564-1234 to set up an appointment.

Bank Statements – Extra Deposits

Identifying extra deposits into your bank accounts will help us process your application more quickly. If you have deposits that are not paychecks or monthly benefits, please let us know the source(s) of the deposits. (Use the back of this page if you need more room).

Deposit Date	Amount	Source
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____

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HOUSING REHAB LOAN PROGRAM HOMEOWNER DOCUMENTATION CHECK LIST

REQUIRED INCOME DOCUMENTATION

_____ Completed application

_____ **8 Weeks** of Pay stubs or letter

_____ Unemployment-Monetary Determination/Weekly deposits

_____ Veteran's Benefits Letter **2026**

_____Social Security Benefit Letter **2026**

_____ Pension (**2 Months** Statements or 1099 if no statements)

_____ Child Support (Divorce Decree)

_____Interest

_____Alimony

_____Foster Care

_____Worker's Comp.

_____Non-Income

_____Other Income (Explain)

_____Bank Statements – Checking & Savings (**2 Months** Recent Statements, **all pages**)

_____Investment Account Statements (**2 Months** Recent Statements, **all pages**)

_____IRAs & 401Ks Account Statements (**2 Months** Recent Statements, **all pages)**

REQUIRED SUPPORTING DOCUMENTATION

____Copy of the property Deed

____2 most recent years 1040 IRS TAX RETURNS signed & filed. (Federal Only) 2024 & 2025

____2 most recent years SELF-EMPLOYED – **Schedule C** ___ 2 most recent years INCOME FROM RENTAL –**Schedule E**

____2 most recent years IRS **TAX RETURN** TRANSCRIPTS. Forward to TRI upon receipt (see instructions)

____ Copy of First two pages of Mortgage

____ Copy of Entire Reverse Mortgage Doc.

____Copy of First two pages of Home Equity

____Copy of most recent Loan Statement of a Reverse Mortgage

____PROOF OF PAID PROPERTY & FLOOD INSURANCE (**PROOF FROM INS. CO.**)

____PROOF OF PAID REAL ESTATE TAXES (**PRINT OUT FROM THE TOWN REQUIRED)**

____Complete copy of Trust Documents – if applicable

____Complete copy of Condo Documents – if applicable

****_**PLEASE NOTE W-2s, 1099s, YEARLY SUMMARIES UPON REQUEST ONLY**_

THE RESOURCE INC.
HOUSING REHAB LOAN PROGRAM APPLICATION

Applicant Information

Last Name	**First Name**	**Middle Name**

Present Address	Own
Street:	Rent
City/Town:	Number
State: *Zip Code:*	of Years
Mailing Address	Married _____
Street:	Widowed _____
City/Town:	Separated _____
State: *Zip Code:*	Divorced

Email Address:	Number Dependents living at home:			
Home Phone Number:	Ages Dependents living at home:			
Cell Phone Number:				
Work Phone Number:				

Employment Information		***Self Employed? Yes ___ No ___***
Employer Name:		
Address:		***Unemployed? Yes ___ No ____***
Type of Business:		***How Long?***
Business Tel.No:	*Position/Title:*	*Years with company* _____
If at current company less than 2 years		
Previous Employer		
Address:		
Business Tel.No.	*Position/Title*	*Years with company* _____

Co-Applicant Information - *Name is also on the Deed or you are a Spouse*

Last Name	**First Name**	**Middle Name**

Present Address	
Street:	
City/Town:	
State: *Zip Code:*	
Mailing Address	Married _____
Street:	Unmarried _____
City/Town:	Separated _____
State: *Zip Code:*	Divorced _____
Email Address:	*Home Phone Number:*
Cell Phone Number:	*Work Phone Number:*

Employment Information		***Self Employed? Yes ___ No ____***
Employer Name:		
Address:		***Unemployed? Yes ___ No ____***
Type of Business		***How Long?***
Business Tel.No:	*Position/Title*	*Years with company* _____
If at current company less than 2 years		
Previous Employer		
Address:		
Business Tel.No.	*Position/Title*	*Years with company* _____

ANNUAL INCOME - *Please fill in ALL applicable income*

Source	Applicant	Other Household Members 18 +		Total
Salary				
Overtime pay				
Commissions				
Fees				
Tips				
Bonuses				
Self Employed				
Interest and/or Dividends				
Net Rental Income				
Income Received Periodically				
Social Security Benefits				
Pension Benefits				
IRA Redemptions				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
Other(describe)				
TOTALS	$	$	$	$

ASSETS - *Please include ALL Financial Accounts*

Type	Cash Value	Annual Income from Assets	Bank /Financial Institution Name and last 4 digits of Acct number
Checking Account(s)			
Savings Accounts(s)			
Credit Union Account(s)			
Investment Account(s)			
Stocks, bonds etc.			
IRA Account(s)			
Life Insurance			
Other-Inheritance			
Home			
Estimated Value			
Mortgage Balance			
Other Real Estate			
Estimated Value			
Mortgage Balance			
TOTALS	$	$	$ $

List all outstanding financial obligations(your debts) including auto loans, credit cards, credit union loans, real estate loans, and all other loans.

LIABILITIES

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date
Monthly Alimony		$		
Monthly Child Support		$		
Monthly Child Day Care		$		
TOTAL		$	$	

If a "Yes" answer is given to any question below, please explain on a separate sheet

1. Do you have any outstanding unpaid judgments? Yes ___ No ___ Amount $_____
2. In the past 7 years, have you declared bankruptcy? Yes ___ No ___
3. Are you a party in a law suit? Yes ___ No ___

MONTHLY HOUSING EXPENCES

Item	Monthly Payments	Unpaid Principal	Balloon Pymt.	Balloon Amt.
a. First Mortgage		$	Yes _____	$
b. 2nd Mortgage		$	No _____	
c. Home Equity Loan		$		
d. Other Financing Secured by Property		*Describe any special circumstance relative to your housing or its financing on an separate sheet*		
e. Homeowner's Insurance Yes No		Name of Insurance Agent:		
f. Flood Insurance Yes No	$	Address:		
Is your insurance included in your mortgage?		Yes No		
g. Real Estate Taxes		Total Town Assessed Value:		
Are your real estate taxes included in your mortgage?		Yes No		
h. Back Taxes Due		Which year(s): _____ _____ _____		
		If necessary, supply further details on an attached sheet:		
TOTAL				

HOUSEHOLD COMPOSITION - *List the head of the household and all members who live in your home*
Give relationships of each family member to the head

Member No.	Full Name	Relationship	Date of Birth	Ages
1. *Applicant*				
2. *Co-Applicant*				
3. *Dependent*				
4. Dependent				
5				
6				
7				
Does anyone live with you now who is not listed above?			Yes	No
Does anyone plan to live with you in the future who is not listed above?			Yes	No
If either is "yes", please explain.				

PROPERTY INFORMATION

LOCATION

Street: _____

Town: _____ Plan # _____

State: _____ Lot # _____

Year the home was built: _____

Is your property listed as a Historical Property? Yes No

To your knowledge, is there any lead-base paint in your home?

Interior Yes No

Exterior Yes No

Are there any Children under six residing in your home? Yes No

Is your home connected to the town's Water System? Yes No

Sewer System? Yes No

Is your property located in a Wetlands Conservation Area? Yes No

Is your property located in a flood hazard area? Yes No

Has your property been sited for any code violations within the past 12 months?

Yes No

Do you need Energy Upgrades? Yes No

Briefly describe repairs needed:

The Resource Inc.
Housing Rehab Loan Program

Commonwealth of Massachusetts Income Limits

Income Eligibility Chart

	Income Limits	2026
	80% of Median Income	
Household Size	**Duke's County**	
1	$72,950	
2	$83,400	
3	$93,800	
4	$104,200	
5	$112,550	
6	$120,900	
7	$129,250	
8	$137,550	

Please check as appropriate.

1) **INCOME ELIGIBLE CATEGORY** – ***Available for income eligible homeowners – or income eligible property owners with rental units.*** If your present gross income falls within the HUD Income Limit Guidelines (see the income eligibility chart above), you may qualify as an INCOME ELIGIBLE property owner, and receive rehabilitation funds. Additional income information must accompany this application. Please check the box below and refer to the INCOME VERIFICATION REQUIREMENTS FOR ELIGIBLE PROPERTY OWNERS, and continue with the Employment Income Information.

☐ INCOME ELIGIBLE

2) **ABOVE INCOME CATEGORY** – ***Available for property owners with rental units only*** .
gross income exceeds the HUD Income Limits for income eligible property owners (see the income
If your present eligibility chart above), you may declare yourself ABOVE INCOME. You may qualify for a loan to cover a match of the total rehabilitation costs. If the majority of the rental units are occupied by households that DO meet the income limits, then additional household/income documentation will be requested from the tenants.
If you wish to declare yourself ABOVE INCOME, please check the box below.

☐ ABOVE INCOME

The Resource Inc.
Housing Rehab Loan Program

APPLICANT CREDIT & INFORMATON RELEASE FORM

I/We, the undersigned certify that the information provided in the application is true and complete to the best of my/our knowledge. I/We authorize you to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquires pertaining to my qualifications for a mortgage loan from you. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such a copy as an original. I also understand that if my application is not acted upon within six (6) months of the applications anniversary the application will become null and the information must be resubmitted or updated.

Additionally, I/We hereby release, remise forever discharge, from any action whatsoever, in law and equity, The Resource Inc., or agents, and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

Privacy Act Notice:
This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required or permitted by law. You do not have to provide this information, but if you do to your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

Borrower's Signature	Co-Borrower's Signature
Borrower's Social Security Number	Co-Borrower's Social Security Number
Borrower's Date of Birth	Co-Borrower's Date of Birth
Date	Date

The Resource Inc. (TRI)

Principal Borrower and Co-Borrower(s) Acceptance of the CDBG Housing Rehabilitation Loan Program Terms

Please initial on all lines

_____ I/We, the applicant(s), understand the information provided on this application will be utilized by the TRI Housing Rehabilitation Loan Program to determine income eligibility for a housing rehabilitation.

_____ I/We understand that loan funds are limited and will be distributed to those projects that reflect the grant guidelines and goals.

_____ I/We understand that additional information including, but not limited to, verification of employment, income, tax statements and credit information are required by Federal and State regulations and I/We will provide such information required.

_____ In reference to multi-family dwelling units, I/We understand that rental units rehabilitated under this program must be rented to income-eligible tenants for a period of fifteen (15) years at rental rates determined in accordance with the lower of HUD Fair Market Rent Guidelines or High Home Rent guidelines.

_____ If the property is transferred (whether by gift, law, sale or any other type or transfer), or if I/ We fail to abide by the Program Agreement, the full amount of the loan will become due and payable immediately. Property that is inherited by a direct heir is not subject to this clause.

The following MUST accompany your signed and dated application:

- 8 current consecutive weeks of pay stubs, from all household members
- A copy of homeowner's insurance policy
- Copy of current property deed
- Signed copy of your most recent two years Federal tax returns (1040 Form submitted to the IRS)
- Copy of your most recent paid property tax invoice
- A copy of the first page of any outstanding mortgage or home equity loan
- Bank statements for the past two consecutive months for all checking & savings accounts and Financial Statements
- IRS Verification for the two most recent years can be obtained by requesting your tax transcripts (instructions attached)

_____ The applicant certifies that all information furnished in support of this application given for the purpose of obtaining financial assistance under the TRI Housing Rehabilitation Loan Program is true and complete to the best of the applicant's knowledge and belief. Verification may be obtained from any sources identified herein. Willful misrepresentation of the information provided herein may be grounds for the denial of participation in the TRI Housing Rehabilitation Loan Program. If a Deferred Payment Loan has already been awarded and a misstatement is discovered, the amount of the Deferred Payment Loan shall be due and payable immediately to Town.

_____ Furthermore, the applicant understands that by applying for a Deferred Payment Loan under the TRI Housing Rehabilitation Loan Program, that he or she is agreeing to have the property inspected by a representative of the TRI Housing Rehabilitation Loan Program including a Lead Paint test and may be required to carry out and pay for lead testing and removal, if required. He or she also understands that such inspection may disclose code violations, requirements for lead paint (inspection and/or removal) and /or other requirements, which may result in additional costs or expenses beyond those that may be included in the TRI Housing Rehabilitation Loan Program.

_____

Principal Borrower Date

_____

Co-Borrower (If Applicable) Date

Please return completed application to:

Melissa Vincent, Director of Housing Rehab Loan Programs
The Resource Inc, 18 State Rd, Vineyard Haven MA 02568
Email: melissa@theresource.org

CDBG REGIONAL HOUSING REHAB PROGRAM

CDBG FUNDED PROJECTS, REIMBURSABLE COSTS & WHO IS RESPONSIBLE

_____ I/We certify and acknowledge this program, **funded by the Community Block Grant under the Department of Housing and Urban Development and overseen by the MA Executive Office of Housing & Livable Communities,** is benefiting low to moderate income persons, based on their household income. Further, that the purpose of this program is to improve the aging housing stock in our area, to address the lack ofaffordable housing for year-round residents in our communities and to strengthen and preserve safe housing for our local families.

_____ I/We acknowledge that the terms of the **CDBG Housing Rehab Program**, will require me/usto sign a Mortgage, a Promissory Note, and a Deferred Forgivable Loan Agreement which have been explained to us and a copy of the documents are available for me/us review at any time.

_____ I/We acknowledge and understand our participation in the Housing Rehab Program is first and foremost because we are a part of a greater community, that there is always a higher demand than there are funds to meet the growing need for home repairs; that funding for all projects draw from a single allocation to the CDBG Housing Rehab Program, and that only necessary repairs will be made and that special attention be paid to incurring costs only essential to the completion of the project according to the federal, state, andlocal regulations customary in the residential construction industry.

_____ I/We acknowledge that the funds will be distributed by TRI to a pre-qualified general contractor througha bidding process for the purposes set forth in a scope of work (the Work Write Up/WWU) as prepared by the licensed Housing Rehab Specialist and will be used for only those purposes laid out in the WWU. Further, that I/we will ask questions concerning the program, the process and that I/we will agree and accept the results of a Final WWU and that all specified work will be done according the federal, state, and local regulations customaryin the residential construction industry.

_____ I/We acknowledge that there are costs incurred leading up to and subsequent to the loan closing that are considered essential and/or required by law that TRI will pay; that ***those costs will be wrapped into the loan amount and identified as "Reimbursable Costs"***. I/We acknowledge these costs are covered by TRI to relieve the recipient of undo financial burden and to move the process/project along in a smooth, efficient, and timely manner ***but are 100% the responsibility of the recipient*** and are expected to be reimbursed with signing of the mortgage documents. Upon receipt of the mortgage documents, MA EOHLC will then release the project funds to TRI for the disbursement of payment for services rendered in relation to the project. Such reimbursable costswill/may include but are not limited to:

a. Credit report
b. Mortgage Recording fees at the Registry of Deeds
c. Lead Inspection – lead paint hazards
d. Engineering services – septic design, approvals, and inspections
e. Water test
f. Housing Rehab Specialist fees (while not part of the mortgage this is part of the overall grant allocation)

CDBG REGIONAL HOUSING REHAB PROGRAM

_____ I/We certify that I/we have been explained the program and process to my/our satisfaction and that **shouldI/we renege on the terms of this agreement and fail to move forward with the project after incurring the reimbursable costs to TRI, that I/we will be responsible for those costs.** TRI will present to me/us a detailedinvoice of those costs and provide copies of the services paid; in turn I/we remit a check payable to TRI for that amount. In the event the reimbursable costs are considerable and payment to TRI has not been received, TRI reserves the right to place a lien on your property for that amount.

I/we agree to all of the above terms and certify that all of the information is correct.

_____ _____

Borrower Signature(s) **Date**

_____

Print Homeowner Name(s)

_____

Property Address

_____

Mailing Address

_____

Email

Community Development Block Grant (CDBG) Program

AFFIDAVIT REGARDING CONFLICT OF INTEREST

I (we) the undersigned, being duly sworn, do certify that, to the best of my (our) knowledge:

I (we) have not granted any gratuitous funds of financially benefitted any related party of the Town of Edgartown and Vineyard Haven CDBG Program or an organization under contract to manage a CDBG grant and are not related to any employee or officer of an organization under contract to manage a CDBG program or the Commonwealth of Massachusetts or of the U.S. Department of Housing and Urban Development (HUD) who has a decision-making or monitoring relationship with CDBG program.

I (we) understand the following citation from 24 CFR Part 570.611 (b) and to the best of my (our) knowledge none of the following situations or relationships applies to me (us):

24 CFR Part 570.611 (b) Conflicts prohibit. No persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to activities assisted with CDBG funds or who are in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

24 CFR Part 570.611 (c) Persons covered. The conflict-of-interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official to the recipient, or of any designated public agencies, or of subrecipients that are receiving CDBG funds.

All covered person in paragraph (c) who do not violate paragraph (b) must first obtain a waiver from the U.S. Department of HUD before receiving CDBG assistance.

APPLICANT SIGNATURE(S):

_____

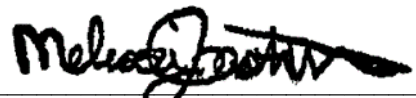
_____

The Resource Inc. (TRI)
Housing Rehab Program

GRIEVANCE POLICY & PROCEDURE

A. The TRI Director of Housing Rehab Programs will be responsible for handling any initial grievance with a goal of resolving any issues.
B. The Grant Administrator will be responsible for overseeing the investigation of any grievance or serious complaint lodged against the grant employees or programs, or not resolved at the program level.
C. Grievances should be submitted to the Grant Administrator in writing. Individuals interested in filing a grievance may contact the Grant Administrator for assistance in doing so.
D. The Grant Administrator has ten (10) business days to investigate the grievance and respond in writing to the party filing the grievance. The Grant Administrator will gather all facts and information to the best of his or her ability. Persons named in the grievance shall be interviewed. The Executive Office of Housing and Livable Communities CDBG Program Representative will be notified of any grievance.
E. The Grant Administrator will initiate a file that includes the original grievance, a report of findings, and a copy of the Grant Administrator's determination and notification. The outcome of the grievance will also be documented.
F. If the person or group filing the grievance does not agree with the outcome, an appeal may be filed. The Town Administrator will conduct his/her own investigation and report their findings to the filer of the grievance within ten (10) business days.
G. If the person or group filing the grievance does not agree with the outcome, an appeal may be filed. The Board of Selectmen will conduct their own investigation and report their findings to the filer of the grievance within ten (10) business days. The findings of the Board of Selectmen are final.

Assistance is provided, if necessary, to facilitate any individual in participating in this grievance process.



TRI Director of Housing Rehab Programs

Grant Administrator contact information

Alice Boyd
Bailey Boyd Associates-
9 Hillside Road
Scituate MA 02066
Tel: 508 430 4499 ext 1
Email: aboyd@baileyboyd.com

I/We have read and understand the grievance procedure.

Signed: _____Date_____

Signed: _____Date_____

VOLUNTARY INFORMATION REQUESTED

The information regarding race, natural origin, sex designation, marital status, disability status and veteran status on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against program or tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. While you are not required to furnish this information, you are encouraged to do so.

Please provide this information for **each** member of your household.

ETHNIC CATEGORY:	Hispanic _____	Non-Hispanic _____
RACE:	White _____ Asian _____	Black/African American _____ Asian and White _____
American Indian / Alaskan Native _____	Native Hawaiian / Other Pacific Islander _____	American Indian / Alaskan Native and White _____
Black / African American and White _____	American Indian / Native Alaskan and Black / African American _____	Other (Multi-Racial) _____
SEX:	Male _____	Female _____
OTHER, CHECK IF APPLICABLE:	U.S. Veteran _____ Elderly (Over 60) _____	Female Head of Household _____ Disabled _____

ETHNIC CATEGORY:	Hispanic _____	Non-Hispanic _____
RACE:	White _____ Asian _____	Black/African American _____ Asian and White _____
American Indian / Alaskan Native _____	Native Hawaiian / Other Pacific Islander _____	American Indian / Alaskan Native and White _____
Black / African American and White _____	American Indian / Native Alaskan and Black / African American _____	Other (Multi-Racial) _____
SEX:	Male _____	Female _____
OTHER, CHECK IF APPLICABLE:	U.S. Veteran _____ Elderly (Over 60) _____	Female Head of Household _____ Disabled _____

IRS **Taxpayer Assistance Center**

Need a Tax Return Transcript?

We offer 3 Easy Options

1 **Online** — Go to **IRS.gov/transcript** to download a copy of your tax return transcript immediately.

2 **Mail** — You can use the Get Transcript by Mail online at IRS.gov/transcript or complete **Form 4506-T to request your tax account transcript or Form 4506T-EZ** to get your tax return transcript and mail it to the IRS. **Form 4506-T** is available at **IRS.gov/form4506t. Form 4506T-EZ** is available at **IRS.gov/form4506tez.**

3 **Call** — **800-908-9946** and follow the voice prompts.

Transcripts sent to your home address will be mailed free of charge. Please allow 5 - 10 calendar days from the time the IRS receives the request for delivery.

You can order an exact copy of a previously filed and processed tax return, including attachments and **Form W-2**, by completing **Form 4506**, *Request for Copy of Tax Return.* Mail the completed form with $50 for each tax year requested to the address in the instructions. **Form 4506** is available at **IRS.gov/form4506.** Generally copies are available for the current year and the past six years. Either spouse can submit and sign **Form 4506** to request copies of jointly filed tax returns. Allow 75 calendar days to receive your copies.