

P.A.L.S. PROGRAM

OAK BLUFFS, EDGARTOWN & CHILMARK

2026

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 **P.A.L.S Program**, funded by Community Preservation Funds in the Towns of Edgartown, Oak Bluffs and Chilmark. These guidelines are provided to those interested in a program overview. Deferred forgivable loans of up to \$50,000 at 0% interest are available to qualified applicants, whom meet the below 100% of area wide median income requirement.

The P.A.L.S Deferred Loan Program grant priorities are to:

- 1. Address the health and safety repairs in single-family, owner-occupied properties.**
- 2. Increase and maintain the supply of affordable, year-round rental housing.**

PROPERTY GUIDELINES: Multi-Family and Single-Family Units.

Owner Occupied Single-Family Homes

- A single-family property may be eligible for a rehabilitation loan based on the property owner's ability to meet grant income eligibility (low or moderate) guidelines. Please see the income eligibility chart to determine your eligibility according to household size.
- In some instances, single-family property owners may be required to provide a portion of the total rehabilitation costs. Funds beyond the portion provided by TRI are the sole responsibility of the property owner and must be verified prior to loan approval.
- The single-family property must be the property owner's (or direct heir, in the case of death prior to the end of the loan term) primary year-round residence. If at some point in the term of the loan the homeowner wishes to rent the property, it must be year-round to income-eligible tenants at a below-market rent rate. TRI or the Towns designee must be notified prior to renting the property.
- *Single Family homes* assisted with program funds if rented at any point during the fifteen (15) year lien, must be rented to year-round, income eligible tenants at an affordable rent level for a minimum of fifteen (15) years. The affordable rent levels will be determined in accordance the Dukes County Regional Housing Authorities "Rental Assistance" program guidelines.
- Program eligibility is based on repairs needed to secure the recipients building envelope.
- Rehabilitation costs incurred prior to acceptance into the Program will not be eligible for reimbursement (this includes the cost of Septic Plans and application/Permit fees that homeowners may have purchased or incurred prior to acceptance and application qualification)
- If you decide to rent your home after participating in the P.A.L.S. Program It will be the responsibility of the property owner to contact the Dukes County Regional Housing Authority and request information regarding rental rates based upon the amount of bedrooms in your home that you may charge for a person/persons blow 100% of area wide median income. It will also be the responsibility of the tenant to receive verification from the Dukes County

Regional Housing Authority that the proposed tenant meets the income requirements of below 100% of area wide median income as is required of a tenant living in a home that has received funds from the P.A.L.S. Program. If these criteria are not met the homeowner will be in violation of the Program Guidelines and the Town or its entity may require the Lien to be paid in full.

annual audits, including verification of tenants and rents may be done by the Town in which the house is located for the fifteen-year duration of the loan. If the property owner is considered to be in non-compliance, The Town will work with the property owner to address the non-compliance. If no resolution is met, the loan will be considered in default.

- Tenant selection beyond income eligibility is the sole responsibility of the property owner(s).

THE HOUSING REHABILITATION LOAN:

- The rehabilitation funds for owner-occupied single-family homes operate as a
 - **0% Deferred Forgivable Loan.**
 - The ~~0% Deferred Forgivable Loan.~~ will be forgiven after the 15th anniversary of the loan signing date, as long as the Owner has not defaulted on the terms of the loan and/or the Owner has not sold the property or passed away and the heirs sold the property. If none of these events have occurred the **entire loan** and the recorded mortgage will be eligible for discharge. The Homeowner will be given a recordable discharge by the Town or its entity that the Homeowner may take to the Dukes County Registry of Deeds and record.
 - Loans are secured by a property lien (Mortgage) for the term of the loan, recorded at the Dukes County Registry of Deeds/ Registry District of the Land Court.
 - Loan closing costs are included in the Mortgage and Promissory Note amounts. Loan closing costs may include, but are not limited to, title searches and Dukes County Registry of Deeds recording fees. Typical closing costs average between \$250 and \$450.
- If the property is sold or transferred before the loan term restriction has expired or if there is a default by the Borrower, the entire loan must be repaid.

ELIGIBLE PROPERTY REPAIRS:

- This Program was designed to help income qualified homeowners secure their building envelope. This is not a program that will address maintenance issues, or items that add to the "material comfort" of the homeowner.
- Types of eligible work that could/can be performed include, but are not limited to: roof replacement, Failed Septic System replacement, heating system replacement, failing electrical and plumbing, siding and windows that have lost their integrity to keep the elements out. If a home is built prior to 1978 and children under six years of age live in it a Lead Paint inspection may be required.
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PROGRAM TECHNICAL ASSISTANCE:

- The P.A.L.S. Program provides the services of a construction consultant who inspects the property and provides specifications and estimates for the repair(s). Once a project is under construction, the consultant, and the TRI Program Manager, or their designee will inspect the ongoing work through the completion of the construction.

PROGRAM PRIORITIES:

- Once accepted into the Program, each unit in which an income eligible homeowner resides will be inspected and ranked against the other applications in process, according to need. In an emergency situation (e.g. failed heating system in winter or failed Septic system

constituting a health hazard), the eligible applicant will become a priority so that critical needs can be corrected. These steps will assure that the Program will address the neediest properties.

- On occasion, the P.A.L.S. Program must reject applications despite the presence of eligible work. Reasons for ineligibility may include: lack of program funds; property repairs in excess of program budget; ineligible repairs, required rehab exceeds program limitations, property title issues; ineligible tenants; or other factors that suggest the borrower may be unable to comply with the terms of the conditions of the program.

Income Eligibility Chart
(Below 100% of Area Median Income
Dukes County MA
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<u>Household Size</u>	<u>Maximum Income Limits</u>
1	\$114,200
2	\$130,500
3	\$146,800
4	\$163,100
5	\$176,200
6	\$189,200

Single-family property owners cannot exceed income limits.

Tenants residing in units cannot exceed income limits.

QUESTIONS?

Please feel free to call Melissa Vincent, Program Manager for The Resource Inc. on Martha's Vineyard, or Kaitlyn Devine Assistant Program Director at (508) 696-3285 or Fax (508) 696-3295.

REQUIRED DOCUMENTATION CHECK LIST

REQUIRED INCOME DOCUMENTATION

- | | |
|--|---|
| ☐ Completed Application | ☐ Interest |
| ☐ 8 Weeks (or 4 bi-monthly) of Pay Stubs or Letter | ☐ Alimony |
| ☐ Unemployment-Monetary Determination/Weekly Deposits | ☐ Foster Care |
| ☐ Veteran's Benefits/Current Year Letter | ☐ Worker's Comp. |
| ☐ Social Security/Current Year Benefit Letter | ☐ Non-Income |
| ☐ Pension (2 Months Statements or Benefit Letter | ☐ Other Income (Explain) |
| ☐ Child Support (Divorce Decree) | |
| ☐ 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.
- ☐ 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 First **TWO PAGES** of Home Equity
- ☐ Copy of Entire Reverse Mortgage Doc. ☐ Copy of most recent Loan Statement of a Reverse Mortgage
- ☐ PROOF OF PAID PROPERTY & FLOOD INSURANCE (Proof from Agent at Insurance Co. – can send by email)
- ☐ PROOF OF PAID REAL ESTATE TAXES (PRINT OUT FROM THE TOWN REQUIRED) please contact the town
- ☐ Complete Copy of Trust Documents – if applicable
- ☐ Complete Copy of Condo Documents – if applicable

****PLEASE NOTE W-2'S, 1099'S, YEARLY SUMMARIES UPON REQUEST ONLY

REQUIRED INCOME DOCUMENTATION

In addition to general household information, complete, accurate and up-to-date income documentation is required of all applicants. This requires applicants to collect copies of several forms, statements and notices. Some important reminders to help with your collection of required documents.

*Please remember that **ALL HOUSEHOLD** income must be included. Additional documentation may be required for income and assets after TRI performs the initial review. However, the initial review cannot be completed without the documentation called for below and on the Tenant Application Checklist.*

DO NOT SEND ORIGINALS.

Some documentation requires notarization. Notaries can be found at most local banks and Town offices. Call ahead for an appointment or for the hour's notary services are available.

In order to be eligible for the program, **RETURN A COMPLETED APPLICATION** plus the following valid confirmations:

EMPLOYMENT INCOME

For any members of your household 18 years or older, who work for someone else, you need to provide the following:

1. **Current** pay stubs for all working members of the household 18 years or older*. Pay stubs for 8 **CONSECUTIVE WEEKS** are required (**4 stubs if paid bi-weekly**). If you do not have paystubs, then a notarized payroll letter on your employer's letterhead listing the last consecutive 8 weeks of gross pay or 4 if bi-weekly will suffice
2. *If a member of your household is **18 YEARS OLD OR OLDER** and enrolled as a **FULL-TIME STUDENT** A LETTER FROM THE REGISTRAR'S OFFICE STATING SUCH IS REQUIRED. IF OVER 18 and NOT currently working, a NOTARIZED STATEMENT stating such is needed. This also pertains to Applicant and Co-Applicant.

SELF EMPLOYMENT INCOME

For anyone in your household 18 years or older who is self-employed, you must provide the following:

1. Copies of your IRS Tax Form 1040 including all Schedules for the years 2024 and 2025 **The requirement is to two years of timely FILED tax returns.** If you are self-employed tax returns without Schedule C attached will not be accepted.
2. You will need to fill out IRS for 4506 T attached in this packet for TRI-The Resource Inc to receive computer printouts of your federal income tax return transcripts for the years **of the tax returns that you are supplying** Even if you did not file taxes, we will need to request the federal income tax return transcript (it will state that the IRS has nothing on file). The transcript will be mailed to our address within 10 days. This is **REQUIRED** for income verification.
3. If either the Applicant or Co-Applicant is self-employed and does not file taxes, a **NOTARIZED STATEMENT** reflecting your earnings and the expenses for the years 2024 & 2025 **will be required.** This statement must include dates and addresses of jobs, and the amounts paid.

CHILD SUPPORT

If you have children and do NOT receive child support, you must provide a **NOTARIZED STATEMENT** to that effect. Otherwise, you must provide a Child Support Order and a Copy of the Divorce Decree.

OTHER INCOME

Verification of all other household income: Benefit statements for Public Assistance, VA, Unemployment, Social Security, SSI, disability and a verification letter from each pension/investment income source stating the amount and frequency of benefits.

ALL APPLICANTS

1. Submit statements for past two months **for ALL CHECKING, SAVINGS and INVESTMENT** including IRA's, 401k's Pension and CD accounts
2. We will need to send a Request for Transcript form (IRS form 4506) to the IRS Office as well as receiving copies from you of the two most current filed tax returns for now 2024 and 2025. A copy of form 4506T is included in this packet. Please fill this out and **return the signed 4506T form to our office with your application.** Even if you did not file taxes, we will need to request the federal income tax return transcript (it will state that the IRS has nothing on file). The transcript will be mailed to our address within 10 days. **If you did not file,** you will also need a notarized statement stating so that your income is below the Federal filing threshold. The statement is available from the TRI office.

P.A.L.S. Program Loan Application
TRI -The Resource Inc.

Applicant Information

Last Name	First	Middle	Home Phone	
Present Street Address	City/Town	State	Zip	No. of Years Own Rent
Mailing Address		State	Zip	Email:
Married Unmarried Separated Divorced	No. Dependents (living at home)	Ages _____		
Employment Information Employer Name & Address			Self Employed? Yes No	
Type of Business	Business Tel.No.	Position/mtitle	Years with company	
<i>if at current company less than 2 years</i>		Tel. No.	Years with Company	
Previous Employer Name & Address		_____		

Co-Applicant Information

Last Name	First	Middle	Home Phone	
Present Street Address	City/Town	State	Zip	No. of Years Own Rent
Married Unmarried Separated Divorced	No. Dependents (living at home)	Ages _____		
Employment Information Employer Name & Address			Self Employed? Yes No	
Type of Business	1sus. Tel. No.	Position/Title	Years with company	
<i>if at current company less than 2 years</i>		Tel. No.	Years with Company	
Previous Employer Name & Address		_____		

Property Information

Street Location	Town of	State	Zip	Map No. Lot No.
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ANNUAL INCOME

Source	Applicant	Co-Applicant	Other Household Member 18 or older	Total
Salary				
Overtime pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest and/or Dividends				
Net Rental Income				
Social Security, Pension Retirement Funds, ect. Received Periodically				
Unemployment Benefits				
Workers Compensation, etc.				
Alimony, Child Suooort				
Other(decribe)				
TOTALS	\$	\$	\$	\$

ASSETS

Type	Cash Value	Annual Income from Assets	Bank Name	Account Number
Checking Account(s)				
Savings Accounts(s)				
Credit Union Account(s)				
Stocks				
Life Insurance				
Other (describe)				
Home				
Estimated Value				
Mortgage Balance				
Other Real Estate				
Estimated Value				
Mortgage Balance				
TOTALS	\$	\$	\$	\$

List outstanding obligations(your debts) including auto loans, credit cards.charge accounts, 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 Suport		\$		
Monthly Child Day Care		\$		
TOTAL		\$	\$	

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

1. Doyouhaveanyoutstandingunpaidjudgements?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	Total Yearly I Unpaid Payments I Principle	Balloon Pymt. Yes No	Balloon Amt. \$	Date Due
a. First Mortgage (P&I)	\$ 1\$	Describe any special circumstance relative to your housing or its financing on an attached sheet		
b. Other Financing Secured by Property (P&I)	\$ 1\$			
c. Hazara ana t- tooa insurance tnctuaaea m your mongage? Yes No	lii	Name of insurance Agent: A0dress:		
d. Real Estate Taxes Included in your mortgage? Yes No		Total Town Assessed Value:\$ _____		
e. Back Taxes Due		Which year(s)		
f. Other (specify)	\$	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	SSNo	Relationship	Date of Birth
1				
2				
3				
4				
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 ex

County_____

Deed recorded on: Book_____Page_____

Age of Home:_____ # of Bedrooms: _____

PROPERTY INFORMATION

Water &/or Sewer Betterments	\$_____
Monthly average Electric Bill	\$_____
Monthly average Gas Bill	\$_____
Monthly Oil Bill	\$_____
Quarterly Septic Bill	\$_____
Quarterly Water Bill	\$_____

Is your property located in a flood hazard area? Yes __ No__

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

Are you receiving fuel assistance? Yes __ No__

Is your home connected to the town's Water System? Yes___ No__

Sewer System? Yes___ No__

Briefly describe repairs needed:

Has your property been sited for any code violations within the past 12 months? Yes No

Is your property legally zoned for its current intended use? Yes___ No ___

Is your property listed as a Historical Property? Yes___ No ___

Is your property located in a Wetlands Conservation Area? Yes___ No ___

Income Eligibility Chart

<u>Income Limits</u>	
<u>Household Size</u>	Dukes County
1	\$114,200
2	\$130,500
3	\$146,800
4	\$163,100
5	\$176,200
6	\$189,200

Please check as appropriate.

2) 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.

E3**INCOME ELIGIBLE**

Demographic Information - TRI

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 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 complete this section for yourself, other homeowners/household members may complete a new section

Gender

- ☐ Female
- ☐ Male
- ☐ Prefer not to answer

Ownership Check all that apply

- ☐ US Veteran
- ☐ Female Head of Household
- ☐ Single parent
- ☐ 60 years of age or older
- ☐ Under 30 years of age
- ☐ Have a disability
- ☐ None of the above

Check one of the following that best applies to you:

- ☐ White
- ☐ Black/ African American
- ☐ Asian
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian/Other Pacific
- ☐ American Indian/Alaskan Native and White
- ☐ Asian and White
- ☐ Black/African American and White
- ☐ Other
- ☐ Prefer not to answer

Demographic Information - TRI

Voluntary Information Requested

Second Homeowner or Household Member

Gender

- ☐ Female
- ☐ Male
- ☐ Prefer not to answer

Ownership Check all that apply

- ☐ US Veteran
- ☐ Female Head of Household
- ☐ Single parent
- ☐ 60 years of age or older
- ☐ Under 30 years of age
- ☐ Have a disability
- ☐ None of the above

Check one of the following that best applies to you:

- ☐ White
- ☐ Black/ African American
- ☐ Asian
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian/Other Pacific
- ☐ American Indian/Alaskan Native and White
- ☐ Asian and White
- ☐ Black/African American and White
- ☐ Other
- ☐ Prefer not to answer

The Resource Inc. (TRI)
Principal Borrower and Co-Borrower(s) Acceptance of
the CPC Housing Preservation 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



CPC REGIONAL HOUSING REHAB PROGRAM

CPC FUNDED PROJECTS, REIMBURSABLE COSTS & WHO IS RESPONSIBLE

____ I/We certify and acknowledge this program, **funded by the Community Preservation Funds under the Towns of Edgartown, Oak Bluffs, and Chilmark**, 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 of affordable 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 **PALS Program**, will require me/us to 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 PALS 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, and local regulations customary in the residential construction industry.

____ I/We acknowledge that the funds will be distributed by TRI to a pre-qualified general contractor through a 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 customary in 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 EOHLIC will then release the project funds to TRI for the disbursement of payment for services rendered in relation to the project. Such reimbursable costs will/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)



CPC REGIONAL HOUSING REHAB PROGRAM

I/We certify that I/we have been explained the program and process to my/our satisfaction and that should I/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 detailed invoice 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

**P.A.L.S 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 or financially benefitted any related party of the Town of _____ P.A.L.S. Program or an organization under contract to manage a P.A.L.S. Program and are not related to any employee or officer of an organization under contract to manage the P.A.L.S. program or the Commonwealth of Massachusetts who has a decision making or monitoring relationship with P.A.L.S 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 Community Preservation 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 Community Preservation-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 Community Preservation funds.

All covered person in paragraph (c) who do not violate paragraph (b) must first obtain a waiver from the Commonwealth of Massachusetts before receiving Community Preservation Fund assistance.

APPLICANT SIGNATURE(S):

Application Signature Page
and
Acceptance of The P.A.L.S. Program Application/ Terms

I/We the applicant(s) understand the information provided in this application will be utilized by utilized by TRI-The: Resource Inc. to determine income eligibility for the P.A.L.S. Program for which we are applying to and is funded with Community Preservation funds.

I/We understand that additional information including but not limited to verification of income, employment. tax statements, and credit information are required by State Regulations, and Uwe agree to provide such information as required.

In reference to multi-family dwelling units, I/We understand that rental units rehabilitated under this Program must be rented to income qualified tenants for a period of fifteen (15) years at rental rates as determined in accordance with the lower of HUD Fair Market rent guidelines or High Home rent guidelines . The Dukes County Regional Housing Authority should be consulted regarding Rental Rates for those under 100% of median income.

If the property is transferred (whether by gift, law, sale or any other type of transfer) in which the Grantor does not retain a life estate in the property or if I/We fail to abide by the Program Guidelines and 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 documents must accompany your signed application

- 8current consecutive weeks of paystubs(4 if paid bi-weekly) for all household member-. over the age of 18 "who are not enrolled in school/college
- If you receive Social Security or SSDI a copy of your Benefit Statement
- Copy of current Homeowners Policy
- copy of property deed (may be found on masslandrecords.co)
- Certified copy of the two most recent year tax returns if Self Employed with all Schedules especially Schedule C. If not Self-Employed please provide copies ofyo last two years tax. returns.
- Copy of your most recent paid Property Tax Invoice
- Copy of the first two pages of your Mortgage and or Equity Line of Credit
- Bank Statements for the last two consecutive month for all savings and checking accounts.

I/We certify that all of the information given for the purpose of obtaining assistance under the P.A.L.S. Program administered by TRI-TheResource Inc. is true to the best of my/our knowledge.

Borrower _____

Date _____

Co-Borrower _____

Date _____

THE RESOURCE INC.
TOWN(S) OF CHILMARK, EDGARTOWN and OAK BLUFFS
P.A.L.S. Program

Applicant Credit Check Release Form

In consideration for applying for this P.A.L.S. Loan, I, Applicant, do represent all information in this application to be true and accurate and that the The Resource Inc. may rely on this information when investigating and accepting this application. Applicant hereby authorizes the The Resource Inc. to make independent investigations to determine my credit and financial standing. Applicant authorizes any person, or credit-checking agency having any information on him/her to release any and all such information to the The Resource Inc. or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, the 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

Applicant Name (Print)_____

Applicant Signature_____

Social Security#_____Date of Birth_____

Other Name(s) you have used_____Date_____

Co-Applicant Credit Check Release Form

In consideration for applying for this P.A.L.S. Loan, I, Co-Applicant, do represent all information in this application to be true and accurate and that the The Resource Inc. may rely on this information when investigating and accepting this application. Co-Applicant hereby authorizes the The Resource Inc. to make independent investigations to determine my credit and financial standing. Co-Applicant authorizes any person, or credit-checking agency having any information on him/her to release any and all such information to the The Resource Inc. or their agents or credit checking agencies. Co-Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, the 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.

Co-Applicant Name (Print)_____

Co-Applicant Signature_____

Social Security#_____Date of Birth_____

Other Name(s) you have used_____Date_____

Request for Transcript of Tax Return

- Do not sign this form unless all applicable lines have been completed.
► Request may be rejected if the form is incomplete or illegible.
► For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

- 6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►
- a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☐
 - b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days ☐
 - c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days ☐
- 7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . ☐
- 8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

- 9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.
- | | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

- ☐ Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

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

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an

Individual return and

lived in:

Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
Stop 6716 AUSC
Austin, TX 73301

855-587-9604

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Internal Revenue Service
RAIVS Team
Stop 37106
Fresno, CA 93888

855-800-8105

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Internal Revenue Service
RAIVS Team
Stop 6705 S-2
Kansas City, MO 64999

855-821-0094

Chart for all other transcripts

If you lived in

or your business was

in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

855-298-1145

Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont

Internal Revenue Service
RAIVS Team
Stop 6705 S-2
Kansas City, MO 64999

855-821-0094

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 6b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number should not contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer. **Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

P.A.L.S. Program

What happens once I turn in my application?

1. Application is received by the P.A.L.S Program staff and is date stamped and put in order of receipt.
2. Once application has come up n the list of receipt said application is reviewed by staff and Program manager to insure all supporting documentation has been received and is less than 60 days old in regards to paystubs and bank accounts. If information is needed client will be contacted and given a time frame to submit missing or outdated information without losing their slot.
3. Once all information is reviewed client is income qualified based upon the information submitted by applicant (s) that is no more than 60 days old unless client is self-employed in which case income qualification will be based on the most current tax return. If your application is reviewed after April 15 of a tax year the current due tax return for that year will need to have been filed and reviewed for income qualification purposes. P.A.L.S. staff is required to use the most current HUD Median Income guidelines which may differ slightly from ones on submitted applications depending on when you received your application and when HUD Guidelines were updated for the year.
4. If Application is approved Applicant will receive a letter of Application approval and notice of Inspections to be done. If your home was built prior to 1978 and you have child under six living in your home a lead paint inspection is required when State Funds are being used to rehabilitate a property. TRI Staff will contact you regarding the scheduling of a Lead Paint Inspection by a certified Lead Paint Inspector if said inspection is necessary. The cost of the Lead Paint Inspection will be covered with your P.A.L.S. funds. Once the Lead Paint Inspection is complete (again if necessary) a property inspection will be done by the Programs Housing Rehabilitation Specialist. The inspection will determine minimum quality housing standards and structural safety repairs. Rehab Specialist and Program Manager will discuss work to be done in the home at this time with the homeowner to determine if the project is a viable one. this is not a home renovations program.
5. If after the initial inspections it is determined that the project is not feasible for this Program for documented reasons, a letter of denial of Project will be mailed to the applicant.

6. If project is determined to be feasible a formal Work Write Up is developed and sent to Homeowner for review and approval.

7. Rehab Staff will conduct an Environmental review with Town Boards and the Massachusetts Historic District Commission.

8. A bid package is developed by the P.A.L.S Program staff based on the approved Work Write Up and a bid call is put out to qualified contractors who have an application on file with the Program Management staff along with all required supporting documentation. Homeowner will be notified of date and time for Contractor Walk through/Bid call. Contractors accompanied by the Rehab Specialist and P.A.L.S. Program Manager will convene at the property to review the Proposed Work in the Work Write Up and take measurements if necessary to insure accurate bids by the Contractors. Contractors are given a 7 day date of return for the bidpackage.

9. Bids are reviewed by Program Manager, Rehab Specialist and Homeowner. The lowest qualified bid is chosen. Homeowner may pick someone on the bid results sheet other than the lowest qualified bid but homeowner is responsible for paying the difference between the lowest qualified bid and the bidding contractor that they choose from said bid results sheet.

10. A Lien closing date is determined. The P.A.I.S Program Staff will draw up the documents needed to be signed by the Homeowner. The contractor will be present towards the end of the signing so that the Contractors and Homeowners Agreement may be executed by both parties and a construction schedule can be agreed upon.

11. Construction progress is monitored by Rehab Specialist and Program Manager. No Payments will be made unless Homeowner, Rehab Specialist and Program Manager sign off on contractor payment requests. No payment to Contractor will be unreasonably held up.

12. Once a completed payment request is submitted and all parties have signed off the Program Manager will forward the request for payment to the Town.

13. Once it is determined that all Work according to the Work Write Up has been completed the contractor will call for a Final Inspection. At that time the contractor will have completed all Town required inspections (ie: Building Dept, Plumbing Inspector etc). The Rehab Specialist will do a Final Inspection on the property note punch list items if any a release of liens certificate is required from the Contractor along with a Warranty for the work. Once the Final Inspection is signed by the Rehab Specialist, Homeowner and Program Manager a Final payment is made to the contractor and the Project will be considered complete and will be closed out.