



HOUSING EMERGENCY LOAN PROGRAM (HELP) HOMEOWNER DOCUMENTATION CHECKLIST

Thank you for requesting an application for the Housing Emergency Loan Program, a collaborative program of the Harwich Ecumenical Council for the Homeless, Inc. (HECH) and the Town of Eastham. Your application will be handled with confidentiality. Please read carefully to make sure that you submit a complete application with all the required attachments. **Please read and understand the HECH Housing Emergency Loan Program (HELP) Guidelines prior to completing the application.**

REQUIRED INCOME DOCUMENTATION

- | | |
|---|------------------------------|
| _____ Completed application | _____ Interest |
| _____ 8 Consecutive Weeks of Pay stubs or VOE letter | _____ Alimony |
| _____ Unemployment-Monetary Determination/Weekly deposits | _____ Foster Care |
| _____ Veteran's Benefits/Current Year Letter | _____ Worker's Comp. |
| _____ Social Security/Current Year Benefit Letter | _____ No Income Letter |
| _____ Pension (2Mo.s Statements or 1099 if no statements) | _____ Other Income (Explain) |
| _____ Child Support (include Divorce Decree) | |
| _____ Bank Statements – Checking & Savings (2 months most recent statements, all pages) | |
| _____ Investment Account Statements (2 months most recent statements, all pages) | |
| _____ IRAs & 401Ks Account Statements (2 months most recent statements, all pages) | |

REQUIRED SUPPORTING DOCUMENTATION

- _____ Copy of the property Deed
- _____ 2 most recent years IRS **TAX RETURN TRANSCRIPTS**. Forward to HECH upon receipt - See instructions
- _____ 2 most recent years 1040 IRS TAX RETURNS signed & filed.
 - ***SELF-EMPLOYED** include Schedule C and provide current year profit & loss statement
 - ***RENTAL INCOME** include Schedule E and current year rent vs expenses statement
- _____ PROOF OF **PAID PROPERTY INSURANCE** (PROOF FROM INS. CO.)
- _____ PROOF OF **PAID REAL ESTATE TAXES** and **WATER BILL** (PRINT OUT FROM THE TOWN REQUIRED)
- _____ Copy of most recent mortgage statement
- _____ Complete copy of Trust Documents – if applicable

HOUSING EMERGENCY LOAN PROGRAM APPLICATION

Applicant Information

Last Name:	First Name:	Middle Name:
Present Address:		
<i>Street:</i>		
<i>City/Town:</i>		
<i>State:</i>		<i>Zip Code:</i>
Mailing Address:		
<i>Street:</i>		
<i>City/Town:</i>		
<i>State:</i>		<i>Zip Code:</i>
Email Address:		<i>Home Phone #:</i>
<i>Cell Phone #:</i>		<i>Work Phone #:</i>
<i>Primary Contact/Preferred Method:</i>		
Number of dependents living at home:		Age of dependents:
Employment information		
<i>Employer Name:</i>		
<i>Self Employed?</i>		
<i>Unemployed?</i>		<i>How Long?</i>

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

Last Name:	First Name:	Middle Name:
Present Address:		
<i>Street:</i>		
<i>City/Town:</i>		
<i>State:</i>		<i>Zip Code:</i>
Mailing Address:		
<i>Street:</i>		
<i>City/Town:</i>		
<i>State:</i>		<i>Zip Code:</i>
<i>Email Address:</i>		<i>Home Phone #:</i>
<i>Cell Phone #:</i>		<i>Work Phone #:</i>
Employment information		
<i>Employer Name:</i>		
<i>Self Employed?</i>		
<i>Unemployed?</i>		<i>How Long?</i>
What are you home preservation needs?		

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	\$0	\$0	\$	\$0

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) <i>Stocks, bonds etc.</i>				
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, mortgage/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 EXPENSES

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 Are your real estate taxes included in your mortgage?		Total Town Assessed Value: 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.				

Potential Conflict of Interest Information:

Do you work for the Town of Eastham or are you an immediate family member (spouse, parent, child, brother or sister) of a Town of Eastham employee or locally appointed official?	Yes ____ No ____
Do you work for HECH or are you an immediate family member (spouse, parent, child, brother or sister) of an employee at HECH?	Yes ____ No ____
Do you work as a consultant or agent to the Town of Eastham?	Yes ____ No ____
Do you work for another agency that administers Town of Eastham funding for the community?	Yes ____ No ____
If you answered yes to any of the questions above, please explain: _____ _____ _____	

Briefly describe repairs needed: _____ _____ _____

TO BE SIGNED BY ALL HOUSEHOLD MEMBERS OVER 18 YEARS OLD

I understand that a false statement or misrepresentation may result in the withdrawal of my application for the Housing Emergency Loan Program. I certify that the information I have given in this application is true, complete and correct. I hereby acknowledge that by signing this application I agree to let HECH know if my income changes at any time during the process of obtaining the Town of Eastham HELP loan.

Signed under the pains and penalties of perjury,

Applicant's Signature _____
Date _____

Co-Applicant's Signature _____
Date _____

Co-Applicant's Signature _____
Date _____

AUTHORIZATION AND RELEASE

I _____ (please insert your name/s) authorize HECH to release this information to the Town of Eastham for review and acceptance.



Applicants are selected without regard to race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in any aspect of applicant selection or matters related to applicant qualification.

Applicant Release Form

In consideration for applying for this Housing Emergency Loan, I/We the undersigned certify that the information provided in this application to be true and accurate 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 copy as an original. I also understand that if my application is not acted upon within six (6) months of the application's anniversary the application will become null and the information must be resubmitted or updated.

Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, the HECH, 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. I understand that the credit report will be done thru the facilities of CoreLogic Credco LLC, 10277 Scripps Ranch Boulevard, San Diego, CA 92131, (1-800-523-0233).

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 mortgager under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not 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

***Have you placed your credit report on hold? _____**

Principal Borrower & Co-Borrower(s) Acceptance of the Housing Emergency Loan Program Terms

Please initial all acknowledgements listed below

_____ I/We the applicant(s) understand that the information provided on this application will be used by HECH/TOWN OF Eastham to determine eligibility for a Housing Emergency Loan.

_____ I/We understand that the 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 income, employment, tax statements and credit information are required by Federal and State regulations, and I/we will provide such information as required.

_____ I/We understand that if the property is transferred (whether by gift, law, sale or any other type of transfer), or if I/we fail to abide by the Program Agreements, the full amount of the loan will become due and payable immediately. *Property that is transferred to or inherited by a direct heir is not subject to this clause, as long as heir is income eligible and will use the property as a principal residence.*

_____ I/We understand that income documentation for all household members over the age of 18 and supporting owner-occupier documentation must accompany a completed application signed and dated by me/us. As indicated in the Program Guidelines and the Checklist, this includes but is not limited to:

- Pay stubs for past 8-week period (or DUA stubs).
- Copy of insurer's payment statement showing homeowners insurance policy paid current.
- Copy of current property Deed.
- 2 most recent years Federal Tax Returns or IRS Return Transcripts for the two most recent tax years (submit the enclosed 4506T form directly to IRS, and provide them to HECH).
- Proof of property taxes paid to most current date due.
- Copy of the first page of all existing mortgage or home equity loan/line document(s).
- Statements for the two most recent months or the most recent quarterly period for any/all checking, savings, investment, retirement/pension accounts that you and your adult household members hold.

_____ I/We certify that all of the information given for the purpose of obtaining assistance under the HECH/TOWN OF Eastham Housing Emergency Loan Program is true to the best of my/our knowledge.

The signature of *all persons named on the property deed, whether residents or non-residents of the property*, are required on this form and all subsequent legal documents.

Principal Borrower

Date

Co-Borrower (if applicable)

Date

Grievance Policy & Procedure

- The HECH Program staff will be responsible for handling any initial grievance with a goal of resolving any issues.
- The Town of Eastham 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.
- Grievances should be submitted to the Executive Director of HECH in writing. Individuals interested in filing a grievance may contact the Executive Director for assistance in doing so.
- The Executive Director has ten (10) business days to investigate the grievance and respond in writing to the party filing the grievance. The Executive Director will gather all facts and information to the best of his or her ability. Persons named in the grievance shall be interviewed. The Town of Eastham Community Preservation Program Representative will be notified of any grievance.
- The Executive Director will initiate a file that includes the original grievance, a report of findings, and a copy of the Executive Director’s determination and notification. The outcome of the grievance will also be documented.
- 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.
- 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.

Town of Eastham contact information:

Paul Lagg
Director of Community Development

Tel: 508-240-5900 x 3228
Email: plagg@eastham-ma.gov

I have read and understand the grievance policy and procedure.

Principal Borrower _____ Date _____

Co-Borrower (if applicable) _____ 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 ____	Black/African American ____	Asian ____	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 ____		
Check if applicable:	U.S. Veteran ____	Female Head of Household ____		
Elderly (over 60)	____	Disabled	____	

Ethnic Category:	Hispanic ____	Non-Hispanic ____		
Race:	White ____	Black/African American ____	Asian ____	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 ____		
Check if applicable:	U.S. Veteran ____	Female Head of Household ____		
Elderly (over 60)	____	Disabled	____	