

BEDFORD MUNICIPAL AFFORDABLE
HOUSING TRUST

SMALL GRANT PROGRAM APPLICATION

Town Hall
10 Mudge Way
Bedford, MA 01730-2144
Phone 781-275-1111

Dear Bedford Resident,

Thank you for your interest in the Bedford Municipal Affordable Housing Trust Small Grant Program. The purpose of this program is to provide financial assistance to rehabilitate existing housing units occupied by income eligible households. It is sponsored by the Bedford Municipal Affordable Housing Trust (herein referred to as the Trust) for the benefit of Bedford residents.

The attached confidential application and grant process is designed to be simple and quick. There is minimal documentation required. A completed application, estimates for work requested, and copies of recent tax returns are all that is needed.

Grants are reviewed and awarded two times per year. Completed applications received by the end of April and October will be reviewed by the end of June and December respectively.

These grants are given on an unsecured basis; there is no repayment required of the funds awarded to you.

You must meet the following requirements to be eligible:

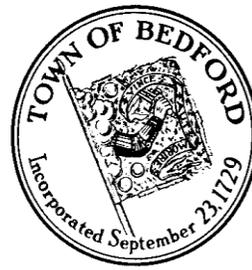
1. Property is in Bedford and is owned by the applicant, is the primary residence of the applicant, and applicant intends to remain a resident of Bedford for the next 12 months, and agrees to notify the Trust prior to listing their home for sale. Applicant agrees to pay back the funds if they sell their home with 12 months.
2. Maximum gross income of 80% of the Area Median Income, to include 2% of the equity in their current home.
3. Property is assessed less than 120% of the town median assessed value.

The grant limit for this program is \$3,000. Applications will be evaluated and prioritized based on health and safety considerations, and financial need of the applicant.

If you have questions regarding this program or if you require assistance in filling out the application, please contact us at the information below. Applicants are encouraged to discuss their needs with program staff prior to submitting a full application.

Submit application and attachments to:

Elizabeth Rust
Regional Housing Services Office
141 Keyes Road
Concord MA 01742
978-287-1090, liz@rhsousing.org
Office Hours: Monday-Friday 8:00 A.M.-4:00 P.M.



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Eligible Projects

The Small Grant Program provides financial assistance to correct conditions dangerous to health and safety; and to correct substandard conditions. Some examples of eligible projects are listed below.

Minor plumbing, carpentry, window repairs, gutters or downspouts, door repairs or replacements, step or porch repairs, lock repair or replacement, cement work or masonry repair, tiling, plaster patching and wallpapering, sheet-rock repair, smoke/CO2 detectors, weather stripping, electrical, heating, floors, installation, masonry, siding, roofing, bathroom grab bars, raised toilets or toilet seats, hand-held shower heads, railings or other adaptive projects.

Financial Assistance

The grants are offered as unsecured and unconditional funds, with no repayment clauses. The maximum grant available is \$3,000 per grant period and a cap of no more than \$10,000 total from the Small Grants Program over the lifetime of the program for a household at a given property address. A one year wait period, from the date the last payment was issued, is required before an applicant can re-apply to the Small Grant Program. This wait period can be waived in an emergency situation upon approval by the Program Administrator in a situation that poses a danger to the health/safety of the occupant.

Applicant Qualification

1. **Income – 80% of Area Median Income, as published.** The combined gross income of all parties living in the home must be less than 80% of the Boston Area Median Income. Income limits as of March, 2015 are:

Household of 1: \$ 48,800, Household of 2: \$ 55,800, Household of 3: \$62,750, Household of 4: \$ 69,700

Income includes all sources of regular income such as; earnings, Social Security, Pension, and Interest Income. It is calculated from the most recent IRS 1040 form, adding all non-taxable amounts to the Adjusted Gross Income. Additionally 2% of the equity in the home (computed as the current tax assessment minus the outstanding amounts of any liens on the property, including mortgages and home equity line of credit) is counted towards income.

2. **Home-owner – Bedford resident.** The Applicant must be the owner of the property, have no ownership interest in other residential property, use the property as their primary residence for the entire year (12 month period) following the completion of the repair, and the property must be in Bedford. The applicant agrees to pay back the funds if they sell their home with 12 months.

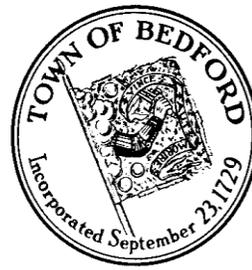
3. **Home Value – Up to 644,400.** Property is assessed less than 120% of the town median assessed value, which for 2015 is \$599,863, and 120% is \$719,835.

Application Due Date	Grant Awarded
April 30	June 30
October 31	December 31

Grant Applications

Grants are accepted any time and awarded two times per year. The applicant completes the application with the information as noted on page 5. Town employees, including special municipal employees, are not eligible contractors in accordance with MGL Chapter 268A, section 20. The application with income information will be kept confidential.

If awarded, the repair must be completed within 12 months from the award date. The Trust will pay the amount approved to the repair provider upon signed receipt of the invoice with the contractor's W9 form, photo of the finished repair, and approval from the applicant. The Trust will not reimburse homeowners unless specifically approved beforehand. The grant funds may be combined with other funds to complete a project.



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1. Household Information

Applicant Name _____ Phone Number _____ E-mail _____

Address _____ City/State/Zip _____

Co-Applicant Name _____ Phone Number _____ E-mail _____

Address _____ City/State/Zip _____

Number of people currently living in household, their names and their ages: _____

Any person in the household* (optional):

Veteran: No Yes Disabled: No Yes Minority: No Yes

Minority categories include Native American or Alaskan Native, Black, Cape Verdean, Asian, Hispanic

2. Property Information)

Is there a mortgage on the property? No Yes, Balance: _____

Please attached tax bill showing assessed value, and mortgage/lien balance

Is the property your primary residence? No Yes

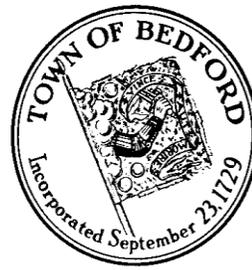
Do you own additional real estate? No Yes, Address: _____

Please attached tax bill showing assessed value, and mortgage/lien balance

3. House Repair Needed

Please describe the work needed below and note amount requested: \$ _____

Is completion of this work item related to preserving the structural integrity of the dwelling or health/safety/welfare of its occupants? _____



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AFFIDAVIT

Whereas I, the undersigned, have made application to the Bedford Municipal Affordable Housing Trust for monies from the Bedford Municipal Affordable Housing Trust to cover the cost of repairs or adaptations to my home as stated, and the Program Administrator or their designated representative may verify the information in this application by personal inspection of appropriate documents, by hearing corroborating testimony or by other available means; and,

Whereas I certify that all the information in this application and any additional information provided by me in support of this application is, and will be, entirely accurate to the best of my knowledge; and that no information relevant to that application has been, or will be, deliberately withheld; now,

Whereas I understand that if the project is over the grant amount, I will pay for the amount over the grant award, and that I will be required to fund my portion of the project in advance of the grant funds.

Therefore, I understand that any Bedford Municipal Affordable Housing Trust Small Grants Program monies committed, or used to pay, for my requested home repairs or adaptations will be subject to recapture at any time during the contracted work or during the first year following the contracted work or at any time after the first year should any information supplied by me prove to be false or deliberately misleading, including all application material, or if I rent or sell my home in the first year after Bedford Municipal Affordable Housing Trust Small Grants Program work is completed.

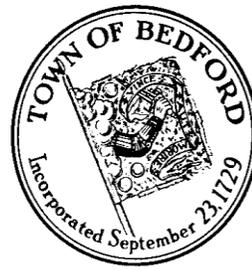
Therefore, I agree to notify the Bedford Municipal Affordable Housing Trust at least 60 days prior to listing my home for sale.

By signing below, Applicant(s) requests the Program Administrator to review this application for the purpose of receiving funding assistance through the Bedford Municipal Affordable Housing Trust. Applicant(s) declares that the information and statements provided herein are true and correct to the best of their knowledge.

THIS APPLICATION IS NOT COMPLETE IF NOT SUBMITTED WITH:

- _____ Completed application with signed and notarized affidavit
- _____ Copies of 2014 Federal tax return, and supporting schedules
- _____ Copies of current property tax bills for all properties
- _____ Copies of all current mortgage balances, including home equity lines of credit
- _____ Copies of three estimates for work by professional contractor
- _____ Picture of area to be worked on
- _____ Copy of Picture Identification (Driver's License or similar)

TOWN OF BEDFORD
BEDFORD, MASSACHUSETTS 01730



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Date

Applicant

Date

Co-Applicant

Date

Signed, sealed and delivered on this _____ day of _____, 20__.

Applicant

Co-Applicant

COMMONWEALTH OF MASSACHUSETTS

_____ COUNTY, ss _____, 201__

On this date the above named personally appeared before me and proved to me through satisfactory evidence of identification, which was [] a current driver's license, [] a current U.S. passport, [] my personal knowledge, to be the person/s whose name is signed on the preceding instrument, and acknowledged the same to be his/her free act and deed.

Notary Public
My Commission Expires: