

# Home Modification Loan Program (HMLP)

## Application Guide

Thank you for your interest in the Home Modification Loan Program. This is a lending program. It provides funding for individuals and families to modify homes for a household member with a disability. The loan program lends from \$1,000 to \$30,000 secured by a promissory note and mortgage that are recorded as a lien on the property.

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

**All of the information and documents required for this application are necessary for HMLP Provider Agencies to determine eligibility of the application and for which loan product you are eligible. Please review the checklist to make sure your application is complete. If you have any questions, or need assistance completing any part of the application, please do not hesitate to contact your Provider Agency.**

- **The modifications made to the home must relate to the beneficiary's ability to function on a daily basis.**
- **Income guidelines for eligibility** are shown on the enclosed Frequently Asked Questions sheet and in the Brochure.
- **If you are an employee or a relative of an employee of the Provider Agency** who sent you this application, call your local Provider Agency to be assigned to another Provider Agency.
- **Reasonable accommodations** will be provided as needed by the Provider Agency to assist in completion of the application. If you need any assistance with the application please let your Provider Agency know how they can be of assistance.

**Please Return this Application to:**  
Metropolitan Boston Housing Partnership  
125 Lincoln Street 5<sup>th</sup> Floor  
Boston, MA 02111  
**Attn: Jennifer Shaw**

Phone #:617-425-6637  
Fax #: 617-532-7539  
Email: [jennifer.shaw@mbhp.org](mailto:jennifer.shaw@mbhp.org)

# Home Modification Loan Program

## Application Checklist

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

- Completed and signed application including  
Applicant information  
Beneficiary information  
Home modification Project  
Property Information  
Signed PENALTY FOR FALSE OR FRAUDULENT STATEMENT  
Landlord Supplemental Form (if applicable)
- Documentation of income for all sources  
Acceptable proof of income may include: Tax returns, benefit statements, 1099 or W-2s
- Letter from Professional attesting to the need for a home modification and its relationship to a disability
- Proof of paid real estate taxes
- Proof of paid state income taxes
- Copy of deed for property being modified
- Release of Information Form
- Media Release of Information (Optional)
- Lead Paint Certification Form
- Historic Certification Form
- Evidence of commitment of other funds to complete modification if project is over \$30,000

**\* Please Note: The first disbursement payment from the loan proceeds will be to cover the closing costs (recording fee in the registry of deeds).**

# Home Modification Loan Program Application

## Applicant Information

\*Landlord applicants must complete the Landlord Form.

**Please print clearly.**

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

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

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

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

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

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

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

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

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

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

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

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

**Ethnic Background (Answer is Optional)**

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







## Property Information

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

**1. Type of property:**

Single Family  Multi-family  Mobile Home  Manufactured prior to 1978

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

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

**2. Certificate of Title:**

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

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

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

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

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

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

Yes – PLEASE CHECK



## Landlord Supplemental Form

To be Completed by Landlord:

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

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

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

**Name of Beneficiary (if different):**

\_\_\_\_\_

**Address of unit to be modified:**

Number	Street	Unit #
City	State	Zip Code

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

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

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

**Landlord Information:**

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

**Mailing address:**

Number	Street	Unit #
City	State	Zip Code

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

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

# Home Modification Loan Program

## Release of Information

I hereby give authorization to \_\_\_\_\_ (*Provider Agency*)  
To make inquiry as needed regarding information and documentation supplied by me to verify:

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

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

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

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

Address of the residence to be modified is:

\_\_\_\_\_

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

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

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

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

# Home Modification Loan Program

## MEDIA Release of Information

I, \_\_\_\_\_ (*Borrower*) hereby give authorization to  
\_\_\_\_\_ (*Provider Agency*) *MRC and CEDAC*.

**I authorize the HMLP Program staff and Provider Agencies to release to the media information regarding the modifications provided by loan for the purposes of advocacy and education.**

### Contact information

number	street	city/town	zip
phone	e-mail		

Address of the residence to be modified: \_\_\_\_\_

Beneficiary (if different from above): \_\_\_\_\_

This information is in regard to my request for a loan through the Massachusetts Home Modification Loan Program.

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

**This release is good until** \_\_\_\_\_.

# Home Modification Loan Program

## Lead Paint Certification Form

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

\_\_\_\_\_ ,  
Address

\_\_\_\_\_ ,  
Town

\_\_\_\_\_  
Zip

YES NO

(1) The home was built before 1978.

(2) A child under the age of six now resides in the property or will reside in the property as a result of the modification being undertaken with the loan proceeds.

(3) The property is subject to an emergency lead management plan and letter of interim control.

I understand that it is my responsibility to comply with all applicable laws and regulations regarding the presence of lead paint in my home. The Provider Agency for HMLP program is not responsible for lead paint abatement in my home.

### All Property Owner/Borrowers Must Sign:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Home Modification Loan Program

## Historic Certification Form

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

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

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

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

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

**Home Modification Loan Program (HMLP)**

**DOCUMENTATION OF NEED  
FOR HOME MODIFICATIONS**

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

Please ask the PROFESSIONAL who provides the DOCUMENTATION OF NEED to sign and date his or her statement, and to complete this form and attach it to the statement.

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

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

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

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