



CITY OF PROVIDENCE

Jorge O. Elorza, Mayor

## Home Repair Program Loan Application

PLEASE BE SURE TO PROVIDE ALL OF THE INFORMATION REQUESTED BELOW. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

### **APPLICATION CHECKLIST**

- Copy of **Applicant Photo ID**
- Copy of **Warranty Deed with Exhibit A**
- Death Certificate** required if spouse is deceased
- Copy of **Current Mortgage Statement**
- Copy of **Current Property Insurance**
- Four (4) most recent **pay stubs**, (2) if paid bi-weekly (for all adults 18 and over living in the household, if applicable)
- Dependents over 18 and in school full time need to submit a copy of their school schedule or submit a letter stating they are enrolled as a fulltime student from the school office.*
- Documentation of **Other Sources of Income** (i.e. SSI, Worker's Comp, Unemployment or Disability benefits; Pension statements; taxable interest and dividends; tax refunds; business income; rental income from real estate income; etc.)
- Last year's signed Federal income tax return **SIGNED** with all schedules and copies of W-2 forms
- If you did not file a return, you will have to request a Certification of Non-Filing with the IRS at: <https://www.irs.gov/individuals/get-transcript>*
- If self-employed, **year-to-date profit and loss statement**
- Copy of two (2) most recent monthly bank statements, from **ALL** accounts (for all adults 18 and over living in the household, if applicable)
- Tenant Income Certification Form(s) completed by all tenants.

### **Important Application Information:**

- **DUE TO THE COVID-19 PUBLIC HEALTH CRISIS, IN-PERSON MEETINGS AND APPLICATION DROP-OFFS ARE BY APPOINTMENT ONLY.**
  - TO SCHEDULE AN IN-PERSON MEETING OR TO DROP OFF A COMPLETED APPLICATION, CONTACT HOUSING OFFICER SHAYNA PRINCE at 401-339-1847 OR [SPRINCE@PROVIDENCERI.GOV](mailto:SPRINCE@PROVIDENCERI.GOV).
- ORIGINAL DOCUMENTS WILL NOT BE ACCEPTED NOR CAN COPIES OF THE ORIGINAL DOCUMENTS BE MADE IN THE OFFICE
- INCOME DOCUMENTATION SUBMITTED MUST BE 30 DAYS CURRENT AS OF THE DATE QUALIFIED FOR SERVICE.
- ONCE APPROVED TO RECEIVE SERVICES, INCOME CERTIFICATIONS ARE VALID FOR SIX MONTHS. IF MORE THAN 6 MONTHS LAPSES, APPLICANTS MUST BE RECERTIFIED TO RECEIVE SERVICES.

Updated: November 2020



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PROPERTY ADDRESS: \_\_\_\_\_ #UNITS \_\_\_\_\_

**BORROWER'S INFORMATION**

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status:  Married /  Single /  Separated

Gender Identity:  Male /  Female

**Race:**

- 1 - White
- 2 - Black/African American
- 3 - Asian
- 4 - American Indian/Alaskan Native
- 5 - Native Hawaiian/Other Pacific Islander
- 6 - American Indian/Alaskan Native & White
- 7 - Asian & White
- 8 - Black/African American & White
- 9 - American Indian/Alaskan Native & Black/African American
- 10 - Other Multi-Racial

**Ethnicity:** Hispanic/Latino:  Yes /  No

**Head of Household:**  Yes /  No

**Veteran:**  Yes /  No

**Disabled:**  Yes /  No

**CO-BORROWER'S INFORMATION**

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status:  Married /  Single /  Separated

Gender Identity:  Male /  Female

**Race:**

- 1 - White
- 2 - Black/African American
- 3 - Asian
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- 8 - Black/African American & White
- 9 - American Indian/Alaskan Native & Black/African American
- 10 - Other Multi-Racial

**Ethnicity:** Hispanic/Latino:  Yes /  No

**Head of Household:**  Yes /  No

**Veteran:**  Yes /  No

**Disabled:**  Yes /  No

Does either borrower have current loans with the City of Providence?  Yes /  No

If yes, please provide borrower name, type of loan, and loan

date: \_\_\_\_\_



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## Home Repair Program Loan Application

### BORROWER'S INFORMATION

#### **Present Employer:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Gross **Monthly** Income \$ \_\_\_\_\_

#### **Additional Monthly Income:**

Average overtime earning: \$ \_\_\_\_\_

Part Time/Seasonal Employment: \$ \_\_\_\_\_

Retirement/Pension income: \$ \_\_\_\_\_

Social Security SSI: \$ \_\_\_\_\_

Child Support/ Alimony: \$ \_\_\_\_\_

FIP Benefits: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

Explain Other: \_\_\_\_\_

### CO-BORROWER'S INFORMATION

#### **Present Employer:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Gross **Monthly** Income \$ \_\_\_\_\_

#### **Additional Monthly Income:**

Average overtime earning: \$ \_\_\_\_\_

Part Time/Seasonal Employment: \$ \_\_\_\_\_

Retirement/Pension income: \$ \_\_\_\_\_

Social Security SSI: \$ \_\_\_\_\_

Child Support/ Alimony: \$ \_\_\_\_\_

FIP Benefits: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

Explain Other: \_\_\_\_\_



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### Home Repair Program Loan Application

**PLEASE LIST ALL PERSONS IN YOUR HOUSEHOLD:**

*(if 18 years or older please provide income documentation listed on the last page of this application)*

Name:	Relationship:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL HOUSEHOLD SIZE** \_\_\_\_\_

**APPLICATION INFORMATION & INSTRUCTIONS:**

1. All required documentation must be submitted with this application (see Application Checklist on Page 1).
2. Required back up documentation must be submitted for all **borrowers listed on the title to the home.**
3. The City of Providence reserves the right to request further information or make further inquiry about an applicant’s financial status or history.
4. Applications must be resubmitted if loan does not close within 6 months.



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## Home Repair Program Loan Application

### Borrower's Certification

I/We certify that the statements contained in this application and certification are true and correct to the best of my/our knowledge and belief.

I/We certify that the information given on household composition and income is accurate and complete to the best of my/our knowledge and belief.

I/We understand that if any statement contained in this application and certification is not true or correct, I/we may be subject to criminal prosecution or, as applicable, my/our loan application may be denied or the property improvements with the proceeds of the loan maybe foreclosed upon.

I/We further understand that the final decision regarding approval of this application will be made by the City of Providence, Division of Community Development.

I/We certify that no illegal unit(s) exists within the subject property. Any property containing one or more illegal units shall be disqualified from participation in this program. If upon mandatory inspection, an illegal unit is discovered, the unit must either be deconstructed or appropriately permitted through the Department of Inspections and Standards, or this application will be terminated. An illegal unit is defined as an additional housing unit not originally intended for occupancy which includes living space, plumbing and electrical service, full bathroom, and kitchen facilities.

_____ Name	_____ Signature	_____ Date
_____ Name	_____ Signature	_____ Date
_____ Name	_____ Signature	_____ Date



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### Home Repair Program Loan Application

#### Tenant Income Self-Certification (form required to be completed by any tenants)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Rental Amount: \_\_\_\_\_

Mark next to the income range that best fits the annual GROSS income & household size. Household size includes any persons that live in your residence that are related by blood, adoption, or marriage. Income must include all adults aged 18 years and older.

<b>1 PERSON HOUSEHOLD</b>
<input type="checkbox"/> \$0 – 18,300
<input type="checkbox"/> \$18,301– \$30,450
<input type="checkbox"/> \$30,451– \$48,750
<input type="checkbox"/> \$48,751 and over

<b>2 PERSON HOUSEHOLD</b>
<input type="checkbox"/> \$0 – \$20,900
<input type="checkbox"/> \$20,901– \$34,800
<input type="checkbox"/> \$34,801– \$55,700
<input type="checkbox"/> \$55,701 and over

<b>3 PERSON HOUSEHOLD</b>
<input type="checkbox"/> \$0 – \$23,500
<input type="checkbox"/> \$23,501– \$39,150
<input type="checkbox"/> \$39,150 – \$62,650
<input type="checkbox"/> \$62,651 and over

<b>4 PERSON HOUSEHOLD</b>
<input type="checkbox"/> \$0 – \$26,200
<input type="checkbox"/> \$26,201– \$43,500
<input type="checkbox"/> \$43,501– \$69,600
<input type="checkbox"/> \$69,601 and over

<b>5 PERSON HOUSEHOLD</b>
<input type="checkbox"/> \$0 – \$30,680
<input type="checkbox"/> \$30,681– \$47,000
<input type="checkbox"/> \$47,001– \$75,200
<input type="checkbox"/> \$75,201 and over

<b>6 PERSON HOUSEHOLD</b>
<input type="checkbox"/> \$0 – \$35,160
<input type="checkbox"/> \$35,161 – \$50,500
<input type="checkbox"/> \$50,501 – \$80,750
<input type="checkbox"/> \$80,751 and over

<b>7 PERSON HOUSEHOLD</b>
<input type="checkbox"/> \$0 – \$39,640
<input type="checkbox"/> \$39,641 – \$53,950
<input type="checkbox"/> \$53,951 – \$86,350
<input type="checkbox"/> \$86,351 and over

<b>8 PERSON HOUSEHOLD</b>
<input type="checkbox"/> \$0 – \$44,120
<input type="checkbox"/> \$44,121– \$57,450
<input type="checkbox"/> \$57,451– \$91,900
<input type="checkbox"/> \$91,901 and over

I/We certify that the information given on household composition and income is accurate and complete to the best of my/our knowledge and belief.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Home Repair Program Loan Application

### Property and Repair Questions

**Property Type:**                     Single Family                     Two-Family                     Three-Family

Are there currently more than two other lenders with liens on your home?    YES /  NO

*Note: Providence will not subordinate lower than 3rd position.*

Have you been cited for any Code Violations?    YES /  NO

If yes, please describe: \_\_\_\_\_

Please check the appropriate box below to indicate the type of repair or replacement needed:

- Roof repair or replacement.** The roof must be leaking to qualify for repair. Replacement of a roof shall be deemed acceptable only if the entire roof is determined to be at the end of its useful life.
- Ceiling repair or replacement.** If associated with roof repair or replacement.
- Accessibility Modifications.** Particular construction features and accessibility modifications are eligible to assist those with mobility challenges (i.e., handrails, ramps, wider doorways, grab-bars, etc.).
- Chimney repair or replacement.** Repair or replacement of a chimney shall be deemed acceptable only to the extent necessary to safely ventilate the furnace/boiler or hot water heater.
- Heating system repair or replacement.** Full heating system replacement including furnace/boiler and radiators shall be deemed acceptable only if components are deemed to have failed. Failed components only may be replaced.
- Exterior paint or siding.** Repainting or vinyl siding replacement of exterior of home if cited for code violation.
- Porch repair or replacement.** Entrance porches may be repaired only to the extent that they are made safe for normal entrance and exit.
- Electric service repair or replacement.** Electric service may be repaired or upgraded only to the extent that system safety hazards are eliminated.
- Gas service installation or replacement.** Replacement of service can be made only to the extent required to provide safe adequate service.
- Foundation repair.** An engineer's report must deem repair necessary for the safe occupancy of the property.
- Water service replacement.** If required.
- Waste line replacement.** If required.
- Other repair or replacement not covered by insurance.** Such work must be the result of a catastrophic event that renders the structure not habitable under City Code.

DEPARTMENT OF PLANNING AND DEVELOPMENT

444 Westminster Street, Providence, Rhode Island 02903

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[www.providenceri.gov](http://www.providenceri.gov)