

NEEDHAM AFFORDABLE HOUSING TRUST SMALL REPAIR GRANT PROGRAM

APPLICATION

Application Form
Required Submissions
Affidavit
Attestation and Certification

PLEASE PRINT

APPLICATION FORM

HOUSEHOLD INFORMATION

Owner:		
Name:	_ Phone:	
E-mail:		
Co-Owner (if any)		
Name:	_Phone:	
E-mail:		
Address:Needham, MA 0249		
Number and age(s) of people currently living in the household in addition to the owner(s) identified above:		
If eligibility is based on the age of a household member, please provide member.	e the name and age of the	

If eligibility is based on the disability of a household member, please provide the name of the member and the nature of the disability:		
PROPERTY INFORMATION		
Have you or any member of your household received Small Repair Grant Program Funds for a project at your current address?		
Is the property your primary residence?		
Current assessed value of home:		
Remaining mortgage, if any:		
Identify any and all lienholders and amount of the lien(s) including mortgage(s) and Home Equity Line(s) of Credit, if any:		
Do you own additional property?		
If so, please provide the address:		
Assessed value(s):		
Remaining mortgage if any:		

Identify all lienholders and amount of the lien(s) including mortgage(s) and Home Equity Line(s) of Credit, if any:	
HOUSE REPAIR REQUESTED Please describe the proposed work:	
Please explain how the completion of this work will preserve the structural integrity of the dwelling or health/safety/welfare of its occupants?	
Total cost of project:	
How much funding are you requesting? \$	

REQUIRED SUBMISSIONS

- Completed Application Form, signed anD notarized Affidavit, and Attestation and Certification
- Copy of the most recent Federal tax return and supporting schedules for all members of the household

- Copy of the written estimate for work by professional contractor. (Please note that the contractor will be required to submit a W-9 to the Town in order to receive payment.)
- Photographs of work area
- Copy of most recent Needham property tax bill showing assessment
- Copy of most recent statement showing balances of outstanding mortgages, if any (Needham and non-Needham property). If there is no mortgage on the property, please provide a statement to that effect.

AFFIDAVIT

- 1. I (we), the undersigned, have applied to the Needham Small Repair Grant Program for monies from the Needham Affordable Housing Trust (NAHT) to cover the cost of repairs or adaptations to my (our) home.
- 2. I (we) authorize the NAHT or its designated representatives to verify the information in this application by personal inspection of appropriate documents, corroborating testimony or other available means.
- 3. I (we) certify that all the information in this application and any additional information provided in support of this application is, and will be, entirely accurate to the best of my (our) knowledge; and that no information relevant to that application has been, or will be, deliberately withheld.
- 4. I (we) agree to sign a Grant Agreement if the project is approved, and funds are awarded within thirty days of the Award Letter. I (we) understand that any Needham Small Repair Grant Program monies committed or used to pay for requested home repairs or adaptations will be subject to recapture should any information supplied by me (us) prove to be false or deliberately misleading, including all application materials.
- 5. If the project cost is higher than the grant amount, I (we) will pay the amount that exceeds the grant award prior to submitting an invoice to the Town for payment.

6.	I/we hereby confirm that the following documents are included as part of the Application (please
	place a check mark to confirm submission):
	Completed Application Form
	Signed and notarized Affidavit
	Signed Attestation and Certification
	Copy of most recent Federal tax return and supporting schedules for all household members who
	file tax returns
	Copy of the estimate for work by professional contractor. (Please note that the contractor will
	be required to submit a W-9 to the Town in order to receive payment.
	Photographs of the work area
	Copy of most recent Needham property tax bill showing assessment
	Copy of most recent statement(s) show balance(s) of outstanding mortgages, if any (Needham
	and non- Needham). If there is no mortgage on the property, please provide a statement to
	that effect.

7. By signing below, Applicant(s) requests the NAHT or its designees review this application for the purpose of receiving funding assistance through the Needham Affordable Housing Trust. Applicant(s)

declares that the information and statements provided herein are true and correct to the best of their knowledge.

Applicant(s) declare(s) that the information and statements provided in this application and affidavit are true and correct to the best of their knowledge.

Owner	 Date	
Print name		
Co-owner	Date	
Print name	ATTESTATION AND CERTIFICATION	
	ATTESTATION AND CERTIFICATION COMMONWEALTH OF MASSACHUSETTS	
County,		
On thisday of	,20 before me, the undersigned notary public,	,
identification, which were person(s) who signed the prece	ersonally appeared, proved to me through satisfactory evidence of the common of the co	be the firmed
 Notary Public		
My Commission expires:		

Submit ENTIRE APPLICATION to:

Alison Steinfeld, Community Housing Specialist
Department of Planning and Community Development
500 Dedham Avenue
Needham, MA 02492
asteinfeld@needhamma.gov