



Revitalize CDC
Rebuilding our Community Since 1992

***Application for the
HUD Healthy Homes Production Program***

Support for this program is provided by:



Revitalize Community Development Corporation

240 Cadwell Drive, Springfield, MA 01104

Tel: 413-788-0014

www.RevitalizeCDC.com

Updated October 21, 2024



The goal of this program is to Identify and remediate housing-related health and safety hazards.

When you have completed this application entirely, which includes ALL required Items to Provide (pg.3), the next step is to return your application (6 pages total) to: Revitalize CDC, 240 Cadwell Dr, Springfield, MA 01104. The application and documents can also be emailed to: info@revitalizecdc.com

- Is your home located in Hampden County? (circle one): Yes No
*Funding is only available for homes located in Hampden County
Mobile homes are not eligible for the program
- Do you have a child under 18? (circle one): Yes No
- Are 62 years of age or older? (circle one): Yes No
- Do you have a disability? (Physical, health, i.e. asthma, etc.) (circle one): Yes No
- Residence of families with income at or below eighty percent (80%) of the area median income level (circle one):
Yes No

****If you answered “yes” to any of these questions, you may be eligible for this program.***

There may be a waiting list to receive assistance with Revitalize CDC’s HUD Healthy Homes Production Grant. All the information provided is confidential and must be retained by Revitalize CDC’s Healthy Homes Production Grant. If your home was built prior to 1978 a lead inspection risk assessment will be completed.

All homes enrolled in this program are required to be tested for radon gas. **Please note this is not a beautification program.** This program is designed to assess triggers that already or have the potential to make health concerns worse in your home. **Completing this application process is not a guarantee that Revitalize CDC will receive funding to work on your home.**

Property Address: _____

Name: _____ Cell Phone: _____

Mailing Address: _____

EmailAddress: _____

Year house was built: _____ Pets (if yes, how many): _____

How many children, age 6 or under, live at this address? _____

How did you find out about our program? _____

What health or safety concerns do you have about your home? _____

NOTE: To be eligible, the occupant(s) must qualify under the HUD FY 2024 Income Limit noted below (income guidelines are subject to change). Income is based off ANNUAL GROSS INCOME before taxes.

Household Size: Circle the number people currently living in this unit below:

Family Size	1	2	3	4	5	6	7	8
Income Level	\$61,350	\$70,100	\$78,350	\$87,600	\$94,650	\$101,650	\$108,650	\$115,650

***Income is based off of ALL household income of those 18 years old and older in the home**

Household Members (names)	Date of Birth	Age	Social Security Number	Race See Chart Below*	Hispanic Y/N	Disabled Y/N

* For Statistics Only (circle one)

1. White / Caucasian 4. American Indian

2. Black / African American 5. Native Hawaiian / Pacific Islander 3. Asian 6.

Other

LIST ALL HOUSEHOLD INCOME as per **IRS form 1040** definition of gross income, includes but is not limited to: wages, salary, bonuses, interest, dividends, rents, royalties, income from operating a business, alimony, pension, annuities, share of income from partnerships, and S corporates, and income tax refunds.

Income: List all household members with income	Gross Amount Received	How often received (weekly, biweekly, etc)	Provide the name of Employer	Provide the City/Town of Employer

OWNERS MUST PROVIDE THE FOLLOWING:

- Application completed in full and signed by owner(s)
- Proof of up-to-date Mortgage payment(s)
- Proof of Property Insurance
- Copy of Photo ID of Head of the Household
- Social Security Benefit Letter - (if applicable)
- Proof of Pension Income - (if applicable)
- Copy of last 2 months of paystubs for anyone employed - (if applicable)
- Most recent 2 months of bank statements (BOTH savings and checking accounts) • Copy of most recent Income Tax Return for ALL Parties in the Household (Full return if applicable) • Printout of: Food stamps, child support, FIP, Medicaid if applicable
- If owner or occupant over the age of 18 does not work, a zero-income affidavit form must be submitted- (please request form if needed)
- If the owner or occupant over the age of 18 is self-employed, a self-certification affidavit form must be submitted.

I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. I understand that any false

Disinformation provided on or attached to this application will cause me to be disqualified for Revitalize CDC's Healthy Homes Production Grant Program.

Applicant(s) (Homeowners):

_____ Applicant Name

Printed Applicant Name Printed

_____ Applicant

Signature Applicant Signature

_____ Date Date

CONSENT OF THE FOLLOWING

Release of Information Authorization

I authorize and direct any federal, state, of local agency, organization, business, or individual to release to Revitalize CDC any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the Healthy Homes Repair Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

Consent for Photographs

I hereby give my permission and consent for a representative of the Revitalize CDC Healthy Home Repair Program to take photographs of my home and property. I understand that the photograph(s) may be used in the application for improvements with the Revitalize CDC Healthy Home Repair Program. I hold the Revitalize CDC's partners harmless and free from any claims in connection with the consent and use of pictures. This consent is valid indefinitely unless revoked in writing.

Relocation Notification I understand that I am a voluntary participant in this program, and if I am approved for the Revitalize CDC Healthy Home Repair Program, occupants may need to vacate from my residence for a period of time while lead removal activities occur.

Information Covered

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to: identity or birth verification, employment, income, assets, bank statements, mortgage, property insurance, residence, rental activity, ownership, property taxes, MA Immunization Registry Information System, child support documentation, daycare/childcare provider or facility etc.

Background Checks

I authorize Revitalize CDC, its officers, agents, and employees to conduct a background criminal and abuse check. I release and hold harmless Revitalize CDC, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or results of this check.

Conditions

I agree that a photocopy of this authorization may be used for the purposes stated above and will stay in effect for a period of five years from the date signed. I agree to the Consent for Photographs, Relocation Notification, Release of Information, Information covered, and Conditions.

_____ Applicant Signature Date
 _____ Applicant Signature Date
 _____ Other Adult Applicant
 Signature Date

PROPERTY OWNER ACKNOWLEDGEMENTS

Relocation During Construction:

All residents and pets living at the subject property may be relocated during the period of the construction for health and safety reasons. Relocation to be paid for and provided by the program. Relocation during construction is determined by Revitalize CDC and this strictly based on health hazards which may necessitate relocation.

Owner's Initials: _____

_____ Applicant Name
 Printed Applicant Name Printed

_____ Applicant
 Signature Applicant Signature

_____ Date Date