



Norwell Community Housing Trust

[http://www.townofnorwell.net/Public\\_Documents/NorwellMA\\_BComm/CHT](http://www.townofnorwell.net/Public_Documents/NorwellMA_BComm/CHT)

## SMALL HOUSING GRANT PROGRAM

Dear Norwell Resident,

Thank you for your interest in the Norwell Small Housing Grants Program. The purpose of this program is to provide financial assistance to rehabilitate existing housing units occupied by income-eligible senior households to make them safe and sanitary. It is sponsored by the Norwell Community Housing Trust for the benefit of Norwell senior residents. A senior residence is a property containing a single or two-family home owned by at least one person aged 60 years or older who principally resides in the home or one unit of a two-family home.

The attached confidential application and grant process is designed to be simple and quick. There is minimal documentation required. A completed application, an estimate for work requested, and copies of recent tax returns are all that is needed. The Council on Aging can assist you in submitting a complete application package.

Grants will be considered on a rolling basis. The Norwell Community Housing Trust has initially allocated \$25,000 to this program. In addition the Trust reserves the right to amend the program from time to time as we gain more experience with the program. Before you start this application, please check the Town of Norwell website to make sure you have the most current application.

There is no repayment required of the funds awarded to you.

The following requirements apply to the program::

- 1 Property is in Norwell and is the primary residence of the applicant, and applicant intends to remain a resident of Norwell for the next 12 months. All owners of the property must complete an application.
- 2 Household Income must be within affordable housing limits. (See application for current amounts)
- 3 Property assessment must be below the town average,
- 4 Agreement to notify the Norwell Community Housing Trust at least 60 days prior to listing your home for sale.
- 5 The Trust may add additional requirements on a case-by-case basis. This may occur if a larger than average grant is considered. The Trust also may, in its sole discretion, waive a requirement under exigent circumstances.

While it is expected that the average grant under this program will be \$2,500 or less, there is no fixed dollar limit initially. Applications will be evaluated and prioritized based on health and safety considerations, and financial need of the applicant, including income and asset information.

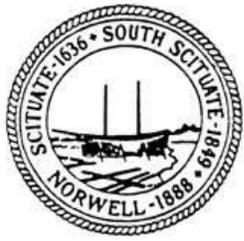
The Norwell Community Housing Trust, in line with its mission, continually searches for properties which can be added to the pool of properties in Norwell affordable to teachers, police, firefighters and other members of the community. In accepting grants from this program, you are required to notify the Norwell Community Housing Trust at least 60 days prior to listing your home for sale. Properties that appear to be a good fit as potential affordable housing will receive prioritization.

If you have questions regarding this program or if you require assistance in filling out the application, please contact the staff at the Norwell Council on Aging at (781) 659-7878. They are familiar with the program and can assist you in preparing an application.

**Submit application and attachments to:**

**Norwell Community Housing Trust, PO Box 345, Norwell, MA 02061**

*You may also leave the application with the Council on Aging who will forward the application to the Trust.*



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## SMALL HOUSING GRANT PROGRAM GUIDELINES

### Eligible Projects

The Small Grant Program provides financial assistance to eligible Norwell seniors to correct conditions dangerous to health and safety; to correct substandard conditions; and to improve weatherization and energy efficiency. Examples of eligible projects are listed below.

Small Jobs and/or Contractor Work: 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, interior painting or wallpapering or plaster/sheet-rock work, floors, installation, masonry, siding, roofing.

Adaptations: Bathroom grab bars, raised toilets or toilet seats, hand-held shower heads, tub transfer bench, tub seats/ rails, bed transfer bars, railings throughout the house, change door knobs to levers, hook-up bells to light switches, hook-up flashing light to phone, install various phone volume control devices, intercom entryway buzzer system, light switch height.

### Financial Assistance

The grants are offered with no repayment requirement. There is no grant limit but the Norwell Community Housing Trust expects grants to average under \$2,500 per senior residence. Grants to eligible Norwell homeowners who have not received a previous grant will receive priority over a prior grant recipient. In addition, a one-year wait period is required before an applicant can re-apply to the Small Grant Program. This wait period may be waived in an emergency situation upon approval by the Norwell Community Housing Trust in a situation that poses a danger to the health/safety of the occupant. The grant may be made payable directly to the contractor upon completion of the work.

### Applicant Guidelines

1. **Income** – The combined income of all parties living in the home must be less than the so called “Circuit Breaker” income limit determined by the Mass DOR. All sources of regular income such as; earnings, Social Security, Pension, Interest Income, are counted. Income limits as of January 2016 are: Single filing status \$56,000, Head of Household: \$70,000 and Married: \$84,000.

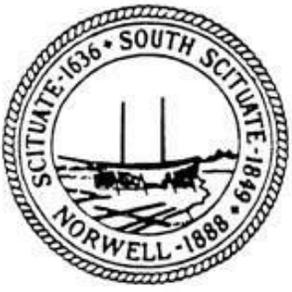
2. **Home Value – Up to \$729,000.** The current assessment of the home should not greater than the single family average home assessment in Norwell, which for FY2016 is \$729,000. This requirement may be waived in unusual circumstances.

3. **Homeowner – Norwell resident.** The Applicant(s) must be the owner(s) of the 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 Norwell. The resident also agrees to notify the Norwell Community Housing Trust at least 60 days prior to selling the house at any time in the future.

The Trust will review applications that do not meet the above guidelines in unusual and/or exigent circumstances.

### Grant Applications

A complete application shall include three estimates, including one photo, if applicable, of the area requiring work. The number of estimates may be reduced in appropriate circumstance such as small project size. Town employees, including special municipal employees, are not eligible contractors in accordance with MGL Chapter 268A, section 20. If awarded, the repair must be completed within 12 months from the award date. The Trust may pay the amount approved to the repair provider upon receipt of the invoice with Tax ID#/SS# of the provider, photo of the finished repair, and approval from the applicant. The Trust will not reimburse homeowners unless specifically approved in advance.



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## SMALL GRANT PROGRAM APPLICATION

### 1. Household Information

Applicant Name; \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_ Address \_\_\_\_\_ Norwell, MA 02061 Co-

Applicant Name (if any) \_\_\_\_\_ Phone Number \_\_\_\_\_

Names of all people currently living in household, and their ages:

\_\_\_\_\_

ALL OWNERS OF THE PROPERTY MUST JOIN IN THE APPLICATION

Any person in the household\* (optional): Veteran?:  No  Yes Disabled?:  No  Yes

### 2. Property Information (optional)

Is there a mortgage on the property?  No  Yes, 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*

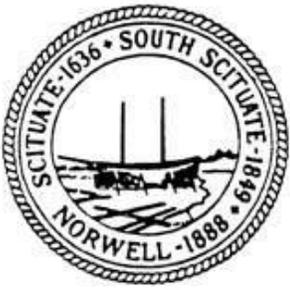
### 3. House Repair Needed

Amount of grant requested: \$ \_\_\_\_\_ (Please note that all grants will be paid to the contractors directly upon completion of the work.)

Please describe the proposed work needed:

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

Please attach three written estimates of the work that you have obtained and a photo of the area requiring work. If you have obtained less than three estimates, please state reason. Trust may waive this requirement under certain circumstances.



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## SMALL GRANT PROGRAM APPLICATION

### AFFIDAVIT

Whereas I, the undersigned, have made application to the Norwell Small Grants Program for monies from the Norwell Community Housing Trust to cover the cost of repairs or adaptations to my home as proposed, 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,

Therefore, I understand that any Norwell 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 Norwell Small Grants Program work is completed.

Therefore, I agree to notify the Norwell Community Housing Trust at least 60 days prior to listing my home for sale. This affidavit may be recorded.

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

Signed, sealed and delivered on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

ALL OWNERS MUST SIGN

\_\_\_\_\_

Applicant

\_\_\_\_\_

Co-Applicant

COMMONWEALTH OF MASSACHUSETTS

\_\_\_\_\_ COUNTY, \_\_\_\_\_, 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:

# Short Form Request for Individual Tax Return Transcript

▶ **Request may not be processed if the form is incomplete or illegible.**

**Tip.** Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Transcript" or call 1-800-908-9946.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number or individual taxpayer identification number on tax return
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	

**5** If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name

Telephone number

Norwell Community Housing Trust

Address (including apt., room, or suite no.), city, state, and ZIP code

PO Box 345

Norwell, MA 02061

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in this line. Completing this step helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return.

**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Phone number of taxpayer  
on line 1a or 2a

**Sign  
Here**

Signature (see instructions)

Date

Spouse's signature

Date

## APPLICATION CHECKLIST

### THIS APPLICATION IS NOT COMPLETE IF NOT SUBMITTED WITH:

- \_\_\_\_\_ Completed application with signed and notarized affidavit (signed by all owners)
- Copies of your most recent Federal and state tax returns with all pages.
- Signed IRS Form 4506-T.
- Picture of area to be worked on.\*
- Copies of three estimates for work by professional contractor.\*\*
- Copies of RE Tax Bills for all real estate owned (can be obtained at Town Hall)
- Copy of Driver's License or similar (passport, etc.) showing name, DOB and address.

\* A photo of the area requiring work is preferred. A photo from a cell phone can be emailed to the Trust. In lieu of a photo, a Town of Norwell employee can inspect the home and report to the Trust.

\*\*The Trust can accept less than three written estimates when the size of the project doesn't warrant it or if the homeowner is using a known vendor. Please contact the Council on Aging for assistance in obtaining estimates. At least one written estimate is always required in every circumstance.