WORCESTER HOUSING NOW PROGRAM GUIDELINES & APPLICATION

Tier 1: Owner Occupied Rehab

Who? Owns one, 2-4 unit property in City of Worcester

Maximum Grant Amount:

CDBG: Up to \$25,000.00 per unit, for each restricted affordable housing unit

WLAP: Up to \$10,000.00 per unit, for each restricted affordable housing unit for lead abatement. Must have child under 6 in unit to qualify.

Affordable Housing Requirement:

- 5 Year Affordability Period
- Must remain owner occupied during 5 Year Affordability Period
- 51% of building must meet income eligibility, and HUD FMR
- Each qualifying unit must submit affordable housing eligibility application and income documentation
- If unit is vacant, City can still approve the unit, however, the City MUST approve future tenant

Displacement: No one shall be displaced as a result of this project.

If temporary displacement is necessary for rehab, owner must have relocation plan

Underwriting:

- Same procedure as regular CDBG owner occupied rehabilitation program
- City will ensure at least 51% of current/future occupants are low to moderate income and resides in the property throughout affordability period
- City will bid project out on behalf of owner to ensure cost reasonableness
- City makes direct payment to General Contractor
- City will conduct Environmental Review

Fees:

• Owner is responsible for \$105.00 Affordable Housing Restriction recording fee

Last Revised: April 2024

	HUD FY 2024 INCOME LIMITS – WORCESTER COUNTY effective April 1, 2024							
FY 2024								
Income Limit Category				Per	sons In Ho	usehold		
	1	2	3	4	5	6	7	8
Annual Income (80%)	\$68,500	\$78,250	\$88,050	\$97,800	\$105,650	\$113,450	\$121,300	\$129,100

HUD FY 2024 Fair Market Rents by Unit Bedrooms effective October 1, 2023 # of Bedrooms						
	Efficiency	1	2	3	4	
FY 2024 FMR	\$1,282	\$1,292	\$1,661	\$2,008	\$2,212	

^{*}Landlord must provide utilities to get these rents, if tenants pay for utilities, Landlord must decrease rent to account for a utilities allowance

HUD FY 2022 Utility Allowance Schedule effective August 1, 2023							
Unit Type – Low Rise (3 r 4 Stories) – Please review applicable Utility Allowance Schedule for Unit Type # of Bedrooms – Per month							
	Efficiency	1	2	3	4		
Heating- Gas	\$37	\$49	\$67	\$82	\$117		
Heating- Electric	\$86	\$115	\$158	\$193	\$235		
Heating- Oil	\$99	\$132	\$181	\$221	\$270		
Cooking- Gas	\$2	\$3	\$4	\$5	\$6		
Cooking- Electric	\$7	\$9	\$11	\$14	\$16		
General Electric	\$37	\$48	\$62	\$73	\$86		
Water Heating- Gas	\$7	\$9	\$12	\$14	\$18		
Water Heating- Elec.	\$34	\$45	\$60	\$72	\$86		

Utility Allowance Example:

3 Bedroom Apartment

\$1,990.00 – Maximum rent that can be charged per month if landlord is responsible for utilities. If tenant is responsible for utilities, then utility allowance has to be applied as below:

\$1,990.00

- -\$82.00 Gas Heating
- -\$5.00 Gas Cooking
- -\$73.00 General Electric
- -\$14.00 Gas Water Heating

^{=\$1,816.00} Maximum that can be charged after utility allowance deductions.

TIER 1: OWNER OCCUPIED REHABILITAION ONLY

Section I – APPLICANT GENERAL INFORMATION

Applicant:				Social Secu	ırity Number:	
Dependents (not l	isted by co-applicant)			DOB mm/	dd/yyyy	
Mailing Address			City:	State: Z	ip:	
Telephone No.:	Email:					
		Married	Unmarried	Separated	Widowed	
Co-Applicant				Social Secu	ırity Number:	
Dependents (not l	isted by co-applicant			DOB mm/	dd/yyyy	
Mailing Address			City:	State: Z	ip:	
Telephone No.:	Email:					
		Married	Unmarried	Separated	Widowed	

Section II – PROPERTY INFORMATION

	PI	ROPERTY INFORMATION			
Subject property address (S	No. of Units				
	,				
Legal Description of Subje	ect Property (attach descri	iption if necessary)		Year Built	
		•			
Year Property Acquired	Original Cost	(a) Present value of lot	(b) Cost of In	nprovement	
	\$	\$	\$		
Total (a+b)	Title is held in what no	ame:			
\$					

Section III – SCOPE OF WORK

PLEASE GIVE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOUR PROPERTY NEEDS:						

Section IV – INCOME QUALIFICATION

AT LEAST 51% OF THE BUILDING MUST BE AFFORDABLE HOUSING

# of Units in building	Minimum # of Affordable Housing Units Required
2 🗌	1
3 🗌	2
4 🗌	3

HOW TO MEET DEFINITION OF AFFORDABLE HOUSING- MUST MEET TWO CRITERIA

1. Combined gross income of everyone over 18 years old in the household must be below HUD Annual Income Limits.

HUD FY 2024 INCOME LIMITS – WORCESTER COUNTY effective April 1, 2024								
FY 2024								
Income Limit								
Category				Persons In	ı Househol	d		
	1	2	3	4	5	6	7	8
Annual Income (80%)	\$68,500	\$78,250	\$88,050	\$97,800	\$105,650	\$113,450	\$121,300	\$129,100

2. Units that are rented must be under HUD Fair Market Rent.

HUD FY 2023 Fair Market Rents by Unit Bedrooms effective Oct 1, 2022						
	# of Bedrooms					
	Efficiency	1	2	3	4	
FY 2023 FMR	\$1,231	\$1,272	\$1,635	\$1,990	\$2,196	

^{*}Landlord must provide utilities to get above rents, if tenants pay for utilities, Landlord must decrease rent to account for a utilities allowance.

CURRENT UNIT MAKEUP

Unit #	Tenant Name (if owner, write owner. If vacant, write vacant)	Affordable Unit (current and or proposed)	Market Rate Unit (current and or proposed)	If vacant, how long has been vacant?
1				
2				
3				
4				

Please submit Affordable Housing Eligibility Application for each affordable housing unit.

Please submit Vacant Unit Statement Form if there are any vacant units.

Section V – STATEMENT OF APPLICANT

Through my/our signature, I/we hereby certify the information provided in this application is complete and correct to the best of my/our knowledge. I am aware of eligibility requirements of the City of Worcester's Worcester Housing Now Program as outlined in this application, as well as by the U.S. Department of Housing and Urban Development. I/we hereby certify that, to the best of my/our knowledge, I/we am/are eligible for assistance through the aforementioned program. Additionally, I/we hereby certify that I/we understand that if the City of Worcester finds my information to be fraudulently represented, I/we will be liable for repayment of all program funds, as well as other penalties, allocated under Federal Regulation 24 CFR Part 28.

I/we hereby authorize the City of Worcester's Executive Office of Economic Development's Housing Division to independently verify the information provided in this application.

Applicant Signature:	Date:	
Co-Applicant Signature:	Date:	
(If applicable)		

AFFORDABLE HOUSING ELIGIBILITY APPLICATION

Unit____out of____

	Owner	_ Tena	nt	
GENERAL APPLIC	ANT INFORMATION			
Applicant Name:				
Co Applicant:				
Mailing Address:			Zip:	
Telephone #:	Wo	ork telephone #	#:	
E-mail Address				
How many bedrooms i	in your apartment?	How many p	eople in your househo	old?
If Tenant				
Total monthly rent: \$_		_ Do you rece	vive a rental subsidy?	\square Yes \square No
If you do receive a rental	l subsidy is it: Section 8	\square MVRP		
Which utilities do you pa	ay? □ None □ Heat	☐ Hot Water	□ Electricity □	Cooking
HOUSEHOLD EMP	LOYMENT & INCOME	INFORMAT	ION	
Please list all persons withe age of 18.	ho intend to reside in the prop	perty. All incon	ie must be listed for all	household members over
tips, and bonuses fron income (if applicable)	ghlighted in 24 CFR 5.609(n all jobs, Net income from, SSI Disability, annuities, kman's compensation, welgh the Armed Forces.	n business, int pensions, ins	terest and dividends, s surance policies, une	Social Security mployment income,
Name	Employer	Age	Relationship to Applicant	Type of Income / Annual Income

FULL TIME STUDENTS:

List Household Members *Over 18* Considered Full-Time Students.

DOCUMENTATION FROM SCHOOL DESCRIBING ENROLLMENT STATUS IS REQUIRED.

Na	ame: School Attending:	
Na	ame:School Attending:	
SOI	URCES OF FIXED INCOME	
A.	Retirement Income (PENSION) or Disability Award	
	Name(s) of Recipient(s): Company Providing Pension: Amount of gross monthly income:	
В.	Social Security Income: Name of Recipient(s): Amount of gross monthly award:	
C.	Veterans Assistance: Name of Recipient(s): Amount of gross monthly award:	
D.	Public Assistance: Name of Recipient(s): Amount of gross monthly award:	
Е.	Unemployment: Name of Recipient(s): Amount of Biweekly award: When did benefits start?	
НО	OUSEHOLD SAVINGS AND ASSET INFORMATION	

Name on Acct.	Financial Institution	Type of Asset (checking, savings, CD, Stock/Bond, Etc).	Account #	Balance

AFFIRMATIVE MARKETING REQUIREMENTS:

Your response to this section is optional. This section will assist the City of Worcester in fulfilling affirmative marketing requirements. Check as many as apply.

Racial Makeup	
White	Asian
Native Hawaiian or Pacific Islander	American Indian/Alaskan Native
Black or African American	Black or African American & White
American Indian/Alaska Native & Black or African American	Hispanic
Other Multi-Racial	MaleFemale
Check if Head of House is Hispanic	
Check if Head of Household is Female	Check if Elderly Applicant (over 62)
ACKOWLEDGEMENT	
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Applicant Signature:	Date:
Co-Applicant Signature:(If applicable)	Date:

AFFORDABLE HOUSING ELIGIBILITY APPLICATION CHECKLIST

DOCUMENT CHECKLIST / APPLICATION REVIEW

Applicant Name:		Property Address:		
Date	Initials	Item	Notes	
		Application Filled and Signed		
		Tax Returns Years – 2023 (everyone who is 18+ in household)		
		Verification of Employment- (Most recent 4 Consecutive pay stubs, SSI award letter, pension verification etc.)		
		(everyone who is 18+ in household)		
		Last Months Checking & Savings Statements		
		(everyone who is 18+ in household)		

AFFORDABLE HOUSING ELIGIBILITY APPLICATION

Unit____out of____

	Owner	_ Tena	nt	
GENERAL APPLIC	ANT INFORMATION			
Applicant Name:				
Co Applicant:				
Mailing Address:			Zip:	
Telephone #:	Wo	ork telephone #	#:	
E-mail Address				
How many bedrooms i	in your apartment?	How many p	eople in your househo	old?
If Tenant				
Total monthly rent: \$_		_ Do you rece	vive a rental subsidy?	\square Yes \square No
If you do receive a rental	l subsidy is it: Section 8	\square MVRP		
Which utilities do you pa	ay? □ None □ Heat	☐ Hot Water	□ Electricity □	Cooking
HOUSEHOLD EMP	LOYMENT & INCOME	INFORMAT	ION	
Please list all persons withe age of 18.	ho intend to reside in the prop	perty. All incon	ie must be listed for all	household members over
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Name	Employer	Age	Relationship to Applicant	Type of Income / Annual Income

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A.	Retirement Income (PENSION) or Disability Award
	Name(s) of Recipient(s):
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C.	Veterans Assistance: Name of Recipient(s): Amount of gross monthly award:
D.	Public Assistance: Name of Recipient(s): Amount of gross monthly award:
E.	Unemployment: Name of Recipient(s): Amount of Biweekly award: When did benefits start?
НО	USEHOLD SAVINGS AND ASSET INFORMATION

on Acct.	Financial Institution	Type of Asset (checking, savings, CD, Stock/Bond, Etc).	Account #	Balance
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Check if Head of House is Hispanic	
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		household)	
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AFFORDABLE HOUSING ELIGIBILITY APPLICATION

Unit___out of___

	Owner	Tena	ant	
GENERAL APPLICANT	INFORMATION			
Applicant Name:				
Co Applicant:				
Mailing Address:				
Telephone #:	Wor	k telephone	#:	
E-mail Address				
How many bedrooms in yo	our apartment?	How many 1	people in your househ	old?
If Tenant				
Total monthly rent: \$		Do you rec	eive a rental subsidy?	□ Yes □ No
If you do receive a rental sub	sidy is it: Section 8	□ MVRP		
Which utilities do you pay?	□ None □ Heat	☐ Hot Water	Electricity	Cooking
HOUSEHOLD EMPLOY	MENT & INCOME I	NFORMA'	ΓΙΟΝ	
Please list all persons who in the age of 18.	tend to reside in the propo	erty. All inco	me must be listed for all	household members over
Types of income, as highlig tips, and bonuses from all income (if applicable), SS disability income, workma and special pay through th	jobs, Net income from I Disability, annuities, p n's compensation, welf	business, in pensions, in	terest and dividends, surance policies, une	Social Security mployment income,
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