

*City of East Providence*  
**HOME IMPROVEMENT PROGRAM**  
**APPLICATION**

App Rec: \_\_\_\_\_

The information requested in this form is to be used by the City in the accounting of your loan and grant, and in the monitoring of program funds. It will not be disclosed outside of our requirements to determine creditworthiness purposes and factuality of income.

Certain information (i.e. marital status, race, sex, etc.) is requested solely for the purpose of determining compliance with federal Civil Rights Law. Your response will not affect consideration of your application. The personal information is used for statistical purposes only.

**APPLICATION SHOULD BE SIGNED AND DATED ON PAGE 3.**

PROPERTY ADDRESS:		Year:	#UNITS:
APPLICANT:		Email:	
Street:		City:	Zip:
Phone:		Alt. Phone:	
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed <input type="checkbox"/> Single
Race/Ethnicity:	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Portuguese <input type="checkbox"/> Cape Verdean
<i>Check all that apply</i>	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other:
Female-Headed Household? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CO-APPLICANT:		Email:	
Street:		City:	Zip:
Phone:		Alt. Phone:	
Number of people in household:		Number of children under 6 yrs. of age visiting regularly (at least 14 times per year):	
<b>Single Family Household Members</b> (list all additional non-applicant members)			
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

<b>Multi-Family/Rental Property Information</b> (a <i>Tenant Information Form</i> must be completed for each unit)		
Is the property rented? <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner-Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of units:
Unit #:	Resident Name:	Phone:
Unit #:	Resident Name:	Phone:
Unit #:	Resident Name:	Phone:

**HOUSEHOLD INCOME INFORMATION**

Household Member Name:	
Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Employer:
Employer Address:	
Employer Phone:	Position:
Years Employed:	Gross <b>Monthly</b> Income:
Average Overtime Earnings:	Part Time/Seasonal Employment:
<b>Other Monthly Income</b>	
Social Security Benefits:	Retirement/Pension Income:
Child Support/Alimony:	Other:

## HOUSEHOLD INCOME INFORMATION, cont.

Household Member Name:	
Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Employer:
Employer Address:	
Employer Phone:	Position:
Years Employed:	Gross <b>Monthly</b> Income:
Average Overtime Earnings:	Part Time/Seasonal Employment:
<b>Other Monthly Income</b>	
Social Security Benefits:	Retirement/Pension Income:
Child Support/Alimony:	Other:

Household Member Name:	
Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Employer:
Employer Address:	
Employer Phone:	Position:
Years Employed:	Gross <b>Monthly</b> Income:
Average Overtime Earnings:	Part Time/Seasonal Employment:
<b>Other Monthly Income</b>	
Social Security Benefits:	Retirement/Pension Income:
Child Support/Alimony:	Other:

Household Member Name:	
Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Employer:
Employer Address:	
Employer Phone:	Position:
Years Employed:	Gross <b>Monthly</b> Income:
Average Overtime Earnings:	Part Time/Seasonal Employment:
<b>Other Monthly Income</b>	
Social Security Benefits:	Retirement/Pension Income:
Child Support/Alimony:	Other:

## BANK ACCOUNT INFORMATION

Type of Account	Balance	Institution
Savings	\$	
Checking	\$	
Other:	\$	

## DEBTS AND OBLIGATIONS

<b>HOME MORTGAGE:</b> Current residence	
Balance Owed:	Monthly Payment:
Yearly Taxes:	Yearly Insurance:
Mortgage Company/Bank:	

*If you own other properties, please list on a separate sheet of paper the above mortgage information for each.*

CREDIT CARDS OR OTHER INSTALLMENT ACCOUNTS	
Description	Monthly Payment

## ADDITIONAL ASSETS

Please list any additional assets owed, i.e. 2<sup>nd</sup> house, an investment, gems, jewelry, coin collections, antique cars, etc.

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## DESCRIPTION OF IMPROVEMENTS NEEDED

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## INSURANCE CLAIMS

Have you had any Homeowner's Insurance claims filed in the past? If yes, please explain and submit copies of paperwork (ex. Letter stating the amount that was reimbursed by Insurance Company and claim.)

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## APPLICANT'S CERTIFICATION

**IMPORTANT: Applicant please read before signing.**

The selection of a contractor, acceptance of materials used and work performed is the applicant's responsibility. The City of East Providence does not guarantee the material and workmanship performed. The Contractor will guarantee all material and workmanship for one year. Inspections are performed, however, by the City to ensure work performance and completion.

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

I/We **HEREBY** certify under penalty of perjury that all information in this application is true and accurate to the best of my/our knowledge and belief.

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Applicant's Signature

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Co-Applicant Signature

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Date

**Office Use Only:**

- |   |           |
|---|-----------|
| 1. HH with child under the age of 6 with elevated blood level and living in target area | YES _____ |
| 2. Rental property in target area   | YES _____ |
| 3. Property built before 1940   | YES _____ |
| 4. Property with moderate-severe interior or exterior deterioration                     | YES _____ |

Family Size \_\_\_\_\_ Total Income \_\_\_\_\_ HUD Income Limit \_\_\_\_\_

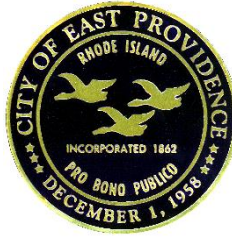
**Rental Property:**

Tenant 1: Family Size \_\_\_\_\_ Total Income \_\_\_\_\_ HUD Income Limit \_\_\_\_\_

Tenant 2: Family Size \_\_\_\_\_ Total Income \_\_\_\_\_ HUD Income Limit \_\_\_\_\_

Tenant 3: Family Size \_\_\_\_\_ Total Income \_\_\_\_\_ HUD Income Limit \_\_\_\_\_

INCOME ELIGIBLE: YES \_\_\_\_\_ NO \_\_\_\_\_



*City of East Providence*  
**HOME IMPROVEMENT PROGRAM  
APPLICATION CHECKLIST**

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**Property Documents:**

- Copy of deed to the property and legal description (Exhibit A)  
(You can get a copy of your deed at City Hall on 1<sup>st</sup> Fl. in City Clerk) \_\_\_\_\_
- Copy of current property insurance policy \_\_\_\_\_
- Copy of current flood insurance policy (if applicable) \_\_\_\_\_
- Copy of current property tax and water bill \_\_\_\_\_
- Copy of most recent mortgage statement with original and current balances \_\_\_\_\_

**Documents for each adult (excludes full-time students) living in the Owner's apartment or house:**

- Proof of Income – 2 recent pay stubs, self-employment income statement,  
and/or statements of gross income received (all that apply: Unemployment,  
Social Security, Pension, Veteran's Administration, Worker's Compensation,  
Child Support/Alimony, Foster Care, etc.) \_\_\_\_\_
- Signed copy of the most recent tax returns, with all schedules & W-2 forms \_\_\_\_\_
- Copy of most recent checking and savings account statements \_\_\_\_\_
- Copy of driver's license or photo ID \_\_\_\_\_

**Additional Documents Provided by the Borrower (if applicable):**

- Copy of rent receipts for each rental unit \_\_\_\_\_
- Blood Lead Testing Form, completed and signed \_\_\_\_\_  
(for children under 6 that live or that visit at least 14 days out of the year.) \_\_\_\_\_

**Rental Property: Documents Completed by Tenants (One set for each rental unit):**

- Tenant Information/Agreement Form, signed, dated, and returned by tenant \_\_\_\_\_

**Please submit this application along with  
copies of the above documents to:  
City of East Providence  
Community Development  
145 Taunton Avenue  
East Providence, RI 02914  
and/or call (401) 435-7536 for further assistance**