

Home Modification Checklist

- Completed Application w/all required documentation
- W9 Completed and signed by homeowner
- 3 Quotes are in file
- Contractor Selected by Homeowner
- Town Owner Agreement Signed (total amount is minus the match)
- Homeowner to pay Contractor 10%, 5% or 0% of project over \$1,000
- Send Chad Thompson a faxed copy of W9 so that he can enter into Munis
- Requisition Entry into Munis with Homeowner as payee
- Update Home Modification User List
- Once Requisition/ P.O comes back, complete Accounts Payable/Check Request
- Owner-Contractor Agreement
- When checks are ready, meet with homeowner and have homeowner sign off on Check Disbursement Form.
- Before Final Payment is given to homeowner, complete Owners Statement of Completion and Acceptance of Punch List

Longmeadow Adult Center

231 Maple Road, Longmeadow, MA 01106

Tel. (413) 565-4150 Fax (413) 565-4012

Longmeadow Home Modification Fund

The creation, preservation and support of community housing with funding provided by the Community Preservation Act.

The goal of the Longmeadow Home Modification Fund is to provide financial support for home modification projects for Longmeadow Residents of limited means. More specifically, the project will assist residents with necessary home modifications and adaptations so they may remain in the community as long as is safely possible.

Longmeadow Home Modification Eligibility Criteria:

Resident must complete an initial request application to be considered. Applications are available at the Longmeadow Adult Center and at the Longmeadow Assessor's office.

- Fund may provide up to a maximum of \$9,999 per household per 2 year grant cycle. Approved home modification projects are for residents who meet the program eligibility criteria. Funds will be considered taxable income.
- For Projects over \$1,000.00, the fund requires a 10% match from those that fall into the Low Income Bracket (\$52,850 for 1 person), a 5% match for those that fall into the Very Low Income Bracket (\$35,400 or 1 person) and a 0% match from those that fall into the Extremely Low Income Bracket (\$21,250 for 1 person). Income Brackets are determined by HUD annually.
- Income Eligibility: The fund allows for Longmeadow to support housing modifications for persons or families earning up to 80% or less of the local area median income. Applicable area median income is established annually by the United States Department of Housing and Urban Development (HUD). HUD income limits are available from its website: <http://www.huduser.gov>. 80% of the Local Median Income Limits for 2019: 1 person household: \$52,850; 2 person household: \$60,400; 3 person household: \$67,950; 4 person household: \$75,500.
- Projects are only for Owner Occupied Properties (No Renters).

For Further information, please contact Erin Koebler, Outreach Coordinator, Longmeadow Adult Center at 413-565-4150, 8am-3pm M-F or via email at ekoebler@longmeadow.org

Longmeadow Home Modification Fund 2019 - 2020

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PROPERTY OWNER APPLICATION

1. Home Owner Information

- A. Name of Owner(s): _____
Mailing Address: _____
Home Telephone: _____ Cell: _____
- B. How did you hear about the program? _____
- C. Total Number of Persons in Household: _____
Number of Children 18 and Under: _____

2. Property Information

- A. Address of Property proposed for Modification:

Is this your primary residence? _____ Year Home Built: _____
- B. Are there currently any liens or attachments recorded against your property? Y N
(If yes, explain).

3. Income Verification:

Please submit the following information with your application:

- A. Income verification for "all adult household members". IRS tax return must be provided.

4. Additional Documentation

- A. Certification of Title
- B. Tax Collectors Certification (if outstanding assessments are due to the town, payment of all or partial of outstanding balance may be required as a condition of receiving assistance.
- C. Evidence of homeowner's insurance adequate to cover all received loans/mortgages on the property. (Copy of policy or certificate from insurance company)
- D. Assessor's Statement of Property Valuation.
- E. W9 form

5. Description of Work Needed:

Please check all that apply	TYPE OF REPAIR
	Door Repair
	Electrical Repair
	Foundation Repair
	Handicap Accessibility
	Heating System Repair
	Insulation
	Lead Paint Removal
	Plumbing Repair
	Roof Repair
	Weatherization
	Window Repair/Replacement
	OTHER: Please Describe

I understand that the information given in this application will be used only to determine eligibility for this program and will otherwise be treated as confidential. I consent to inspections of my property by program staff and building and other inspectors. I further state that the information in this application has been given freely and is true to the best of my knowledge. It is my understanding that falsification of income information may lead to immediate recapture of funds by the town.

All owners of record must sign application.

Signature

Date

Signature

Date

Signature

Date

Please return completed applications to the Longmeadow Adult Center, 231 Maple Road,
Longmeadow, MA. 01106.

TOWN-OWNER AGREEMENT
Longmeadow Home Modification Program

The agreement is entered into on this ____ day of _____, 2019 between _____ (the "Owner"), and the Town of Longmeadow (the "Town") and concerns the property located at _____, Longmeadow, Massachusetts (the "Property").

1. The Town has approved the Property for eligibility in the Longmeadow Home Modification assistance program in the amount not to exceed \$ _____. The approved scope of work is provided as attachment A to this agreement.
2. Approved projects over \$1,000 (one thousand) require a 10% match by the property owner payable to the Contractor for those falling into Low Income Bracket, 5% match payable to the Contractor for those that fall into the Very Low Income Bracket, 0% for extremely low.
3. It is recommended that the Owner seek (3) price quotes for the proposed work and provide copies of the quotes to the Town. The Town Building Inspector will review these quotes to verify within customary range for services.
4. The Owner acknowledges that the Owner and not the Town, owns and is legally responsible for the property at: _____. The Owner agrees that the Town is not liable for any personal injury or property damage which results from or is related to work performed by the Contractor selected to work on the property.
5. The Owner certifies that he/she possesses legal title to the property and that he/she will hold title to said property at the conclusion of the contractors work.
6. The Owner agrees to abide by the work description provided in Attachment A. No change orders may be authorized without prior written consent of the Town and Owner jointly.
7. The parties agree that the Town shall not be a party to the contracts entered into by and between the Owner and Contractor for work under this program. The parties also agree that the Owner shall indemnify and hold harmless the Town, its officers, boards, agents and employees from any loss, damage, cost, charge, expense or claim, which may be made as a result of any act, omission or default on the part of the Contractor, the Owner, and/or their employees, agents, successors or assigns related work performed pursuant to this program. The Owner shall provide a copy of this agreement to any subsequent owner or successor.
8. In consideration of the foregoing, the Owner agrees:
 - A. To utilize only the services of a licensed Contractor to carry out and oversee the work.
 - B. To use the programs standard Agreement with the Contractor who will perform the work.
 - C. The Owner shall be responsible for inspecting, approving, disapproving work performed by the Contractor. If the work has been satisfactorily completed, the Owner will sign and date the Contractors Invoice and submit the approved invoice to the Town of Longmeadow for who will provide a check written directly to the homeowner. It is the responsibility of the homeowner to sign the check over to the contractor for payment due. Homeowner is required to complete a W9 as the check to the homeowner will be taxable income.

- D. To allow the Town to inspect and photograph the property, as necessary, before, during and within two months after completion of the work.
- 9. The work must be completed and the Owner must notify the Town that the work has been completed within ninety (90) days of the date of this agreement.
- 10. The Town may suspend or terminate this agreement by providing the recipient with ten (10) days written notice for reasons outlined as follows:
 - A. Failure of the Owner, for any reason, to fulfill in a timely and proper manner its obligations under this contract.
 - B. Failure of the Owner to respond within a specified time.

Owner

I agree to participate in the Longmeadow Home Modification Program.

Owners Signature

Date

Owners Name (Print)

Phone Number

Town of Longmeadow

Employee Signature

Date

Owner/Contractor Statement of Completion and Acceptance of Punch List

Address _____

I/We the owner(s) of the property listed above and _____ (Contractor) agree that all work has been performed to satisfaction by both Parties. I/We certify that all the work items required in the Agreement between Owner and Contractor have been performed in accordance with the terms and conditions of this Agreement. I/We certify that all applicable manufacturing and equipment warranties have been given to us by the Contractor. I/We therefore agree to pay the contractor, _____, the final amount due \$ _____. If any further punch list items (non-warranty items considered to be part of the original scope of services) are listed as follows, statement of completion to be signed after all items are complete. Please initial and date as completed.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Property Owner

Date

Property Owner

Date

Contractor Signature:

Date:

Home Modification
Check Disbursement Form

Disbursement 1: Check Number _____ Amount _____

Received By: _____ Date: _____

Disbursement 2: Check Number _____ Amount _____

Received By: _____ Date: _____

Disbursement 3: Check Number _____ Amount _____

Received By: _____ Date: _____

Total Project: _____

Total Home Modification: _____

Total Match Due by Homeowner: _____