## **SUDBURY MORTGAGE ASSISTANCE PROGRAM (MAP)**

The Sudbury Housing Trust recognizes that people are struggling during the COVID-19 pandemic. The Mortgage Assistance Program is funded by federal ARPA funds to help residents maintain housing. If eligible the Program will provide mortgage assistance in the form of a grant to be paid directly to lenders.

Funding will be provided to owners who meet the eligibility requirements and complete this application process, including ALL ATTACHMENTS. Funding is available on a first-come, first-served basis until funds are exhausted.

#### **Grant Amount:**

Up to \$3,000 of assistance, in monthly payments payable to the holder of first mortgage, towards arrears of outstanding principal (since April 2020) or upcoming payment. Other housing costs (e.g., condo fees, escrowed insurance or taxes, home equity line of credit, or second mortgages, etc.) are not covered expenses.

### **Eligible Properties and Owners:**

- Properties must be located in Sudbury and be occupied by Owners.
- Owners must have a reduction of income due to COVID-19
- Household\* income cannot exceed HUD's 100% Area Median Income (AMI).

	100% AMI Income Limits					
Household	1 person	2 person	3 person	4 person	5 person	6 person
Income Limit	\$84,560	\$96,640	\$108,720	\$120,800	\$130,464	\$140,128

<sup>\*</sup> Household is defined as an individual or two or more persons who will live regularly in the property as their principal residence and who are related by blood, marriage, law or who have otherwise evidenced a stable inter-dependent relationship.

- Property is either a single-family home or condominium.
  - o Property must be assessed under 110% of the FY22 median assessment (\$813,560 for single family and \$691,680 for condominium).
- Property cannot be in foreclosure, or forbearance, and Owner cannot be in current bankruptcy.
- Owner cannot be receiving other state or federal assistance; such as RAFT or ERMA. (Owners can be receiving local or private funding; such as HOPEsudbury, SWAN, St. Vincent de Paul, etc.)

### **Program Details:**

- Applications are accepted on a rolling basis, and eligibility is determined.
- If approved, Owner provides Lender's W9, and Owner and Trust sign Participation Agreement.
- Town issues payment/s payable to the Lender, forwarded by Owner to Lender. Owner is responsible for remaining amounts for taxes and insurance portion of payment.

#### **Application Assistance:**

- Ouestions? Email info@RHSOhousing.org or call 978-287-1092
- Need assistance filling out the application? Contact the Town Social Work Office at <a href="mailto:socialworker@sudbury.ma.us">socialworker@sudbury.ma.us</a> or call 978-440-5476
- Favor de comunicarse en 978-287-1092 para ayuda gratis con el idioma.

## SUDBURY MORTAGE ASSISTANCE (MAP) APPLICATION

**Return electronically to:** <u>info@RHSOhousing.org</u> (in a PDF legible format)

Mail or Drop-off hard copy to: RHSO, 37 Knox Trail, Acton MA 01720 (Black mail box in front)

Please use fillable form to complete electronically or print clearly and complete all information requested. Do not leave blanks or we may be unable to process your application. NOTE that funding will be provided to owners who are able to meet the eligibility requirements and complete the application process. Funding will be available on a first-come, first-served basis, until funds are exhausted.

Applicant Na	me:	Last 4 SS#:	
Address:			
Telephone:		Email:	
Current mont	hly Income (List total	amount from all sources):	
Average Mont	thly Income for pre- A	pril 2020 (or 2019 gross annual income):	
Brief summar	y of loss of income and	d job description:	
Co-Applicant	Name:	Last 4 SS#:	
Telephone:		Email:	
Cummont moont		. 6	
Current mont	hly Income (List total	amount from all sources):	
		pril 2020 (or 2019 gross annual income):	
Average Mont	thly Income for pre- A	•	
Average Mont Brief summar	chly Income for pre- A y of loss of income:	pril 2020 (or 2019 gross annual income):	
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Average Mont Brief summar Other member ORTGAGE INF Primary Mort Balance(s) of	chly Income for pre- A y of loss of income: ers of the household  FORMATION gage Balance: \$ Other Mortgages, Hon hly mortgage paymen	pril 2020 (or 2019 gross annual income):	r 18):

RHSO Mortgage Assistance Program Application, November, 2022

o If yes, how much in arrears?	\$
Is your mortgage currently under forbearar o If yes, provide details. Use a separ	nce or under a loan modification? (Y/N) rate sheet if needed:
Lender's Contact Information:	
Name:	
Street Address:	
City/Town:	State: Zip Code:
Best Phone Number:	Email:

## III. HOUSEHOLD INCOME:

Include all forms of income for <u>all adult household members (over 18 years of age)</u>, including but not limited to: Employment Income, Self-Employment Income, Unemployment Compensation, Social Security, TANF, Disability Income, Child Support, Pensions, Baby-Sitting Income, etc. See application checklist for required documentation.

Household Member Name	Income Source:	Current Gross Amount	Frequency i.e. every week, month, year
,	Employer Name:		
	Employer Name:		
	Unemployment Assistance:		
	Unemployment Assistance:		
	Child Support		
	SSI/SSDI		
	Pensions/Retirement:		
	Other: Please specify		
	Other: Please specify		

# IV. HOUSEHOLD ASSETS

Please provide all information on assets accounts held by all family members

Household Member Name	Account (Bank Name)	Current Balance
	Checking:	
	Checking:	
	Savings:	
	Savings:	
	-	
	IRA, 401K, specify:	
	Investment/retirement/trust,	
	etc, specify	

APPLICATION MUST INCLUDE THE FOLLO	DWING DOCUMENTATION:
☐ Mortgage Information: Current Mo	ortgage, Home Equity Line of Credit, other lien
Statement, on bank letterhead show	
bank deposits, social security or ot	ent paystubs, unemployment statement, explanation of ther government assistance, child support, alimony, etc.
lost (reduction of hours, laid off, et	ef description of pre-pandemic job and how income was c.) Provide prior paystub or 2019 tax return showing
annual gross income.	
•	statements all pages on bank letterhead from all bank nvestment, Retirement, Pensions, Annuities, etc.)
The Sudbury Housing Trust and/or the Fadditional information if necessary to m	Regional Housing Services Office may request ake a determination of eligibility.
V Signatures / Contification of True and Comm	a at Information
V. Signatures/Certification of True and Corre Please be sure you have completed the appli	ication. All completed applications will be reviewed for
eligibility to receive mortgage assistance under	the program guidelines. If it is determined that your the W9 form from the bank and sign a Participation
ngreement with the Town.	
By signing below, you certify the following:	
correct, and that I/we have not knowingly with affect this application unfavorably. I/We hereb given in this application. <b>Assistance will be ca</b>	rm that the answers to the foregoing questions are true and held any fact or circumstances which would, if disclosed, by authorize inquiries to be made to verify the information ancelled and/or application will be rejected if any to be false or information has been withheld.
, .	thorize the information obtained with this application may be ogram rules and policies in compliance with guidelines.
	e Regional Housing Service Office are final and that any ust which has authority over the program funding.
I/We give consent to speak with the below rega	arding my application as needed:, Agency/Relationship:
Phone:	email:
shall be considered as an original signature for original signature. Without limitation, "electron	oplication may be executed by electronic signature, which all purposes and shall have the same force and effect as an nic signature" shall include faxed versions of an original itted versions (e.g., via pdf) of an original signature.
(Owner Signature)	( Date )
(Co-Owner Signature)	( Date )