

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

The Sudbury Housing Trust recognizes that people are struggling to pay their mortgages, made worse by the COVID 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, 2023					
Household	1 person	2 person	3 person	4 person	5 person	6 person
Income Limit	\$104,230	\$119,120	\$134,010	\$148,900	\$160,812	\$172,724

\* 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.
  - Property must be assessed under 110% of the FY24 median assessment of \$1,090,100.
- 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:**

- Questions? Email [info@RHSOhousing.org](mailto:info@RHSOhousing.org) or call 978-287-1092
- Need assistance filling out the application? Contact the Town Social Work Office at [socialworker@sudbury.ma.us](mailto:socialworker@sudbury.ma.us) or call 978-440-5476
- Favor de comunicarse en 978-287-1092 para ayuda gratis con el idioma.

## SUDBURY MORTGAGE ASSISTANCE (MAP) APPLICATION

**Return electronically to:** [info@RHSOhousing.org](mailto:info@RHSOhousing.org) (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.*

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### I. OWNER AND PROPERTY INFORMATION

**Applicant Name:** \_\_\_\_\_ **Last 4 SS#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Current monthly Income (List total amount from all sources):** \_\_\_\_\_

**Average Monthly Income for pre- April 2020 (or 2019 gross annual income):** \_\_\_\_\_

**Brief summary of loss of income and job description:** \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_ **Last 4 SS#:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Current monthly Income (List total amount from all sources):** \_\_\_\_\_

**Average Monthly Income for pre- April 2020 (or 2019 gross annual income):** \_\_\_\_\_

**Brief summary of loss of income:** \_\_\_\_\_

**Other members of the household (names, relationship to applicant(s), and whether over 18):**  
\_\_\_\_\_  
\_\_\_\_\_

### II. MORTGAGE INFORMATION

**Primary Mortgage Balance:** \$ \_\_\_\_\_ **Loan #:** \_\_\_\_\_

**Balance(s) of Other Mortgages, Home Equity Lines of Credit, Property Liens:** \$ \_\_\_\_\_

**Current monthly mortgage payment:** \$ \_\_\_\_\_

- **Principal and Interest:** \$ \_\_\_\_\_
- **Taxes:** \$ \_\_\_\_\_
- **Insurance:** \$ \_\_\_\_\_

**Do you owe past mortgage payments?** \_\_\_\_\_ (Y/N)

- **If yes, how many months and starting when?** \_\_\_\_\_

○ If yes, how much in arrears? \$ \_\_\_\_\_

Is your mortgage currently under forbearance or under a loan modification? \_\_\_ (Y/N)

○ If yes, provide details. Use a separate 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 *all adult household members (over 18 years of age)*, 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 FOLLOWING DOCUMENTATION:**

- Mortgage Information:** Current Mortgage, Home Equity Line of Credit, other lien Statement, on bank letterhead showing outstanding amount
- Current Income:** For example, recent paystubs, unemployment statement, explanation of bank deposits, social security or other government assistance, child support, alimony, etc.
- Pre-Pandemic Income:** Provide brief description of pre-pandemic job and how income was lost (reduction of hours, laid off, etc.) Provide 2019 tax return showing annual gross income.
- Bank Statements:** Copies of last 2 statements all pages on bank letterhead from all bank accounts (Checking, savings, IRA, Investment, Retirement, Pensions, Annuities, etc.)

**The Sudbury Housing Trust and/or the Regional Housing Services Office may request additional information if necessary to make a determination of eligibility.**

**V. Signatures/Certification of True and Correct Information**

**Please be sure you have completed the application.** All completed applications will be reviewed for eligibility to receive mortgage assistance under the program guidelines. If it is determined that your household is eligible you will be asked to obtain the W9 form from the bank and sign a Participation Agreement with the Town.

By signing below, you certify the following:

**Certification of application:** I/We hereby affirm that the answers to the foregoing questions are true and correct, and that I/we have not knowingly withheld any fact or circumstances which would, if disclosed, affect this application unfavorably. I/We hereby authorize inquiries to be made to verify the information given in this application. **Assistance will be cancelled and/or application will be rejected if any information or statements given are found to be false or information has been withheld.**

**Release of Information:** I/We agree to and authorize the information obtained with this application may be given to and used to administer and enforce program rules and policies in compliance with guidelines.

I/We understand that all decisions made by the Regional Housing Service Office are final and that any appeals must be submitted in writing to the Trust which has authority over the program funding.

I/We give consent to speak with the below regarding my application as needed:

Name: \_\_\_\_\_, Agency/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

The parties acknowledge and agree that this application may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, "electronic signature" shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

\_\_\_\_\_  
(Owner Signature) ( Date )

\_\_\_\_\_  
(Co-Owner Signature) ( Date )