

#### WAYLAND MUNICIPAL AFFORDABLE HOUSING TRUST FUND

# Affordable Homeowner Repairs Assistance Program Information for Potential Applicants

The Wayland Municipal Affordable Housing Trust Fund ("WMAHTF" or "the Trust") Affordable Homeowner Repairs Assistance Program ("the Program") helps preserve owner-occupied affordable units in Wayland by providing funding to offset the cost of repairs and improvements related to health or safety. The Program is not intended to fully fund the repairs, but as a supplement to money that you put toward the repairs.

There is no guarantee that the WMAHTF will provide funding for your request. The Trust will not pay for work already completed.

### BEFORE YOU APPLY, PLEASE READ THE FOLLOWING INFORMATION TO

- ightarrow SEE IF YOU, YOUR PROPERTY, AND THE WORK TO BE DONE QUALIFY FOR FUNDING AND
- → DECIDE WHETHER YOU WANT TO COMMIT TO THE TERMS OF THE PROGRAM.

COMPLETE THE SCREENING QUESTIONS BEFORE WORKING ON THE APPLICATION.

# Is your home eligible for the Program?

To be eligible, the property applied for must

- Be located in Wayland
- Be occupied by the owner as the owner's primary residence
- Have a recorded affordable housing restriction or similar device in accordance with Massachusetts Department of Housing and Community Development laws, regulations, and guidelines
- Not be in foreclosure
- Be current in payment of real estate taxes and other fees to the Town
- Be in compliance with the Zoning Bylaw or deemed to be a lawfully pre-existing nonconforming use or structure.

The property can be a single-family or multi-family home or a condominium unit. If the property includes more than one unit, the grant will not exceed the proportionate share of the cost relative to share of ownership.

# What kinds of work are eligible for the Program?

The Program covers only extraordinary expenses, such as those relating to substantial repairs, system replacements, and condominium assessments for capital improvements. The Program will not fund unit maintenance, regular condominium fees or betterments, mortgage payments, homeowner's insurance, or real estate taxes.

The work must be at least one of the following:

- necessary for or related to the health or safety of occupants of unit
- to address a structural deficiency
- imposed by a condominium trust or homeowner association for an extraordinary expense related to the physical condition of the property.

What i	s the work that needs to be done?			
List t	he contractors/tradespeople that you (or the cor		vner's association	
	have contacted and their estimates. Please also p			
	of individual or company	For the whole project?	Estimate \$	
33771			db.	
What is the amount that you are contributing to the cost?		\$		
What	is the amount that you are requesting from the	Trust?	\$	
			1	
Please	e attach documentation for each of the follow	r <b>ing. (</b> Examples of appro	priate documents	
are in 1	parentheses.)			
	A permanent affordability restriction on the un	it (a deed rider filed at the	e Registry of Deeds	
	or similar record)			
	<ul> <li>☐ Your ownership (the property deed)</li> <li>☐ You live in the unit (utility bills, mortgage bills, paycheck stubs, bank checks, etc.)</li> <li>☐ The income and assets of all owners and all adult household members, so if other people</li> </ul>			
_	own and/or also live in the unit, their income and assets are included (if aged 21 or older)			
	(tax returns, paycheck stubs, bank and brokera,	•		
	Your ability to pay for the balance of the work, beyond what the Program would cover			
(bank statements, letters or checks from other people, or similar commitment of funds)				
	The balance and monthly payments of your mortgage and other loans, if applicable (recent			
	mortgage bill, printout from your online mortgage account)			
Adequate coverage on your homeowner's insurance (the pages of your homeowner's				
insurance policy that show what is covered and the limits of that coverage)				
Ц	The current condition of the property needing repair or improvement (photos, inspection reports, citations, etc.)			
	The scope and cost of the work (usually by providing at least 2 estimates including scope of			
_	work from licensed and insured contractors and/or tradespeople)			
	Attempts to get funding from other sources, such as family, charitable funds, government			
	programs, faith communities, and non-profit o	rganizations (corresponde	ence, written	
	statement with details).			

Signature Date	
I attest that the information I am providing is accurate and true to the best of my knothat I will advise the WMAHTF Board of any changes to property ownership, house scope of work, and other material information immediately while the application is p	hold income,
If you refinance I mortgage for cash (exceptions may apply depending on the expenses associated with the cash-out).  I may make payments toward my loan principal at any time prior to when I am required to pay.	
<ul> <li>My unit is foreclosed</li> <li>There is a change in use or occupancy (e.g., if I move out, start renting the unit, or die)</li> </ul>	
If I am awarded more than \$7,500, I accept responsibility for repaying the full outstanding balance of the loan when any of these events occurs:  • I sell my unit	
If my application is not funded, I may re-submit this application or submit a new one unless I have made false statements, provided false information, failed to sign necessary documents, failed to pay fees that I and the Trust agreed to, or otherwise tried to get money from the Trust that I would not be entitled to receive.	
If awarded funds, I will use such funds in a manner consistent with my application and grant letter or loan terms. If I fail to do so, the Trust may rescind the grant to loan.	
I acknowledge that, as a condition of receiving funding, I may need to sign documents to ensure continued affordability and documents relating to the loan and repayment terms, as applicable.	
I understand that the Trust will only fund work at properties that are restricted as affordable housing and I warrant that my property qualifies.	
I acknowledge that I am responsible for vetting the contractor(s), reviewing licenses and insurance, checking references, and any other activities that a prudent owner would be expected to do.	
I understand the Trust is not liable for work undertaken at my property.	
I consent to one or more representatives of the Trust making an inspection of the part(s) of my property to be affected by the work.	
Initial each of the following if you agree:	

Submit your application and documentation to the WMAHTF at Town Building if on paper or by email to <a href="mailto:mahtfbmembers@wayland.ma.us">mahtfbmembers@wayland.ma.us</a>. Questions? Send an email to that same email address.