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# City of New Bedford, Massachusetts

**OFFICE OF HOUSING & COMMUNITY DEVELOPMENT**  
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## HOUSING ACCESSIBILITY PROGRAM



### PROGRAM DESCRIPTION:

This program is intended to assist income eligible applicants with physical disabilities by providing financial and technical assistance to remove or alter architectural barriers and make the home handicap accessible. Applicants must reside in New Bedford.

<b>ELIGIBLE PROPERTIES</b>	Owner occupied dwelling. Applicants residing in rental units must have written authorization from property owner and must show proof of income for all household members.
<b>ELIGIBLE ACTIVITIES</b>	Funds are generally used to install handicap ramps, lifts, remodeling of bathrooms for handicapped accessibility and alterations to doorways, etc.
<b>INTEREST RATES</b>	Funding for this program is administered as a direct grant. Funds are disbursed upon the approved completion of the project.
<b>LOAN AMOUNTS</b>	Direct grant up to maximum of \$7,500

### ELIGIBLE BORROWERS:

**ALL HOUSEHOLD RESIDENTS' INCOME, INCLUDING APPLICANT'S INCOME,** cannot exceed 80% of the median family income for New Bedford as determined by HUD. The income limits are as follows:

2012	1 PER.	2 PER.	3 PER.	4 PER.	5 PER.	6 PER.	7 PER.	8 PER.
Household Income \$	36,050	41,200	46,350	51,500	55,650	59,750	63,900	68,000

**THE CITY OF NEW BEDFORD**

**OFFICE OF HOUSING & COMMUNITY DEVELOPMENT  
HAND Corporation  
HOUSING ACCESSIBILITY PROGRAM**

The Housing Accessibility Program is administered through the Office of Housing & Community Development (OHCD). The program will provide a grant not to exceed \$7,500. The grant will assist handicap individuals in the rehabilitation of existing housing conditions, addressing the specific handicap and making the housing unit more accessible for that individual. Please be advised that due to limited funding, applicants will be eligible to receive one grant only.

**Any work included in the application, which was undertaken prior to authorization, may be excluded from an approved list of eligible work items.**

**PROGRAM PROCEDURES**

1. **Please complete enclosed application, with brief description of work proposed, and submit it with the following documents it to this office:**
  - **All household residents, including applicant, must submit; most recent pay stubs, tax returns and W-2s, or Social Security statements**
  - **Physician's statement describing disability and the need for the grant**
  - **Written permission from landlord (if applicable)**
  - **Real estate taxes on the subject property must be paid up to date.**
2. Application is reviewed. **No application should be considered approved or rejected until notification is received from the Office of Housing & Community Development.**
3. Rehabilitation Specialist from OHCD contacts homeowner to schedule appointment to review proposed work.
4. A formal work write-up specification is completed by Rehab Specialist. Applicant is notified in writing when bid package is complete and of the 30day bid period.
5. Applicant solicits a minimum of two contractor's bids based on work write-up specifications provided by this office.
6. All bids are reviewed by the Rehab Specialist and applicant selects lowest qualified contractor.

**Note - Any work that disturbs lead based paint will have to comply with the Federal requirements regarding lead paint, which may require a "clearance examination" by a licensed lead paint inspector.**

**THE CITY OF NEW BEDFORD  
OFFICE OF HOUSING & COMMUNITY DEVELOPMENT  
HAND Corporation**

**HOUSING ACCESSIBILITY APPLICATION**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ # of units \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone #: \_\_\_\_\_

Head of Household: Male \_\_\_\_\_ Female \_\_\_\_\_

Number of Persons living in household: \_\_\_\_\_

What is the **TOTAL ANNUAL HOUSEHOLD INCOME** of all residents? \_\_\_\_\_

**\* Please provide most recent pay stubs, tax returns and W-2's, or Social Security statement.**

# of Bedrooms in your apt. \_\_\_\_\_

Contact Person & Tel. # (If different from applicant) \_\_\_\_\_

Name of Disabled Person: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

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

**\*Please submit a letter from your physician(s) on letterhead that describes the nature of your disability and the need for the Housing Accessibility Grant.**

**If renting:**

What is your monthly rent? \_\_\_\_\_ Does this include utilities? Yes \_\_\_ No \_\_\_

Do you receive Section 8 Certificate or other rent supplement? Yes \_\_\_ No \_\_\_

If yes, what is the amount of assistance? \$ \_\_\_\_\_

7. **Ethnicity:** (select only one)

- Hispanic or Latino
- Not** Hispanic or Latino

**Race:** (select one or more)

- |   |   |
|---|---|
| <input type="checkbox"/> White                                  | <input type="checkbox"/> Black African American/White                               |
| <input type="checkbox"/> Black or African American              | <input type="checkbox"/> American Indian/Alaskan Native<br>& Black African American |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> Other Multi-Racial   |
| <input type="checkbox"/> American Indian/Alaska Native          | <input type="checkbox"/> Asian/Pacific Islander                                     |
| <input type="checkbox"/> Native Hawaiian/other Pacific Islander | <input type="checkbox"/> Hispanic   |
| <input type="checkbox"/> American Indian/Alaskan Native & White |   |
| <input type="checkbox"/> Asian & White                          |   |

**(Written permission from landlord will be required prior to commencement of work if applicant does not own property) Please attach to application.**

Property Owner: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Please describe the work requested:

\_\_\_\_\_

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**ELIGIBLE HOUSING MODIFICATIONS**  
**FOR**  
**HOUSING ACCESSIBILITY GRANT**

1. Pathway/Sidewalk Construction
2. Fixed Access Ramp (no portable ramps) or Interior/Exterior Lift
3. Modification of Doorways
4. Modification of Steps
5. Modification of Closets
6. Modification of Counters
7. Modification of Kitchen Sinks
8. Mounting of Grab Bars and Handrails
9. Modification of Bathroom (sinks, showers, water closets)

**CITY OF NEW BEDFORD**  
**OFFICE OF HOUSING & COMMUNITY DEVELOPMENT (OHCD)**  
**HOUSING ACCESSIBILITY GRANT PROGRAM**

**Things that Homeowners do in the Housing Accessibility Program**

The Program will assist homeowners during the home improvement process, but homeowners are responsible for making the choices and doing the work listed below:

1. Homeowners, not the program, choose contractors to put together a proposal.
2. Homeowners, not the program, choose contractors to bid on the proposed work.
3. Homeowners, not the program, choose the contractor to perform the work on their home.
4. Homeowners, not the program, sign home improvement contracts with contractors.
5. Homeowners request and approve payments made to their contractors.
6. Homeowners inspect and approve work performed by their contractors.
7. Homeowners work with contractors to settle disagreements during the job.
8. Homeowners call their contractors, not the program, to ask them to correct problems covered by contractor warranties after the job has been completed.

**Things homeowners should think about before participating in Housing Accessibility Program**

1. Not all the work that homeowners want done can always be done.
2. Repairs will correct one or two accessibility problems, but will probably not solve all problems.
3. Don't expect your home to be completely "handicapped accessible" when the work is done.
4. Don't expect all floors, walls, ceilings, doors, windows and so on in older homes to be completely plumb, level and square when the work is done.
5. Houses, as well as mechanical equipment, always needs maintenance. It would be a good idea for owners to begin a savings plan to help cover the cost of future repairs and maintenance.
6. Finally, the program is not a contractor, does not recommend contractors, and cannot guarantee that homeowners will be satisfied with the work done by their contractors.

\_\_\_\_\_  
Homeowner Signature  
1/2012

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-homeowner signature