



# City of New Bedford, Massachusetts

**DEPARTMENT OF PLANNING, HOUSING  
& COMMUNITY DEVELOPMENT**  
**608 Pleasant St, New Bedford, Massachusetts 02740**  
**Telephone: (508) 979-1500 Fax: (508) 979-1575**

**Patrick J. Sullivan**  
**Director**

## EMERGENCY REPAIR PROGRAM

### PROGRAM DESCRIPTION:

The City of New Bedford's CDBG Emergency Repair Program is designed to assist eligible low- and moderate-income households within the City of New Bedford to alleviate dangerous, hazardous, and/or unsanitary conditions creating an immediate danger to the individuals' health or safety.

This program is made possible by the U.S. Department of Housing & Urban Development (HUD) Federal Community Development Block Grant (CDBG) Program. A grant of up to **\$8,000** is available per owner-occupied home to assist with specific home repairs or activities that eliminate conditions detrimental to the safety and health of the residents.

<b>ELIGIBLE PROPERTIES</b>	Owner occupied single and multi-family dwelling. <b>* ALL UNITS BEING ASSISTED MUST BE OCCUPIED BY LOW/MODERATE INCOME PERSONS.</b>
<b>ELIGIBLE ACTIVITIES</b>	This program includes emergency repairs in plumbing, electrical, roofing and heating. The program will not fully rehabilitate a structure to code, but will address emergency repairs.
<b>INELIGIBLE ACTIVITIES</b>	Ineligible activities consist of any unnecessary physical improvements, any repairs of a cosmetic nature, repairs to sheds, and repairs to garages or any structure not attached to the living unit.
<b>GRANT AMOUNTS</b>	Direct grant up to a maximum of <b>\$8,000</b> per HUD fiscal year and a maximum of <b>one</b> lifetime grant. The City reserves the right to reduce the grant amount to below \$5,000 if lead paint surfaces are disturbed.

### \* ELIGIBLE APPLICANTS:

Applicants gross annual household income cannot exceed 80% of the median family income for New Bedford as determined by HUD, as follows:

2018	1 PER.	2 PER.	3 PER.	4 PER.	5 PER.	6 PER.	7 PER.	8 PER.
Household	39,300	44,900	50,500	56,100	60,600	65,100	69,600	74,100

June 1, 2018

Income \$								
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**CITY OF NEW BEDFORD  
DEPARTMENT OF PLANNING HOUSING  
& COMMUNITY DEVELOPMENT  
EMERGENCY REPAIR PROGRAM**

**Eligible Activities:**

Below are examples of eligible repair work which include but are not limited to the following:

**Heating Systems:**

- Lack of or inadequate heating (unit shall currently exist)
- Hazardous or defective system

**Plumbing Systems:**

- Lack of hot and cold running water
- Defective sewage system
- Leaking waterlines or dangerous plumbing/gas systems.
- Leaking or inoperable water heaters

**Electrical systems:**

- Lack of electricity
- Exposed or dangerous electrical wiring

**Carpentry:**

- Broken windows or inoperable exterior doors
- Structural deficiencies posing an immediate safety issue

**Roofing:**

- Leaking systems
- Severely deteriorated and structurally dangerous

1. The maximum amount of the grant will be limited to **\$8,000. Due to restricted funding, applicants will be limited to one grant during the current HUD fiscal year (July 1 - June 30) and no more than one grant over the lifetime of the ownership of their home.** The approved cost will be the acceptable bid by an approved contractor submitted in writing. The bid from the contractor undertaking the project must be accompanied by a non-collusion affidavit. If the bid for the approved emergency repair is more than the funds provided by the grant, the City of New Bedford will prioritize repairs, if the nature and extent of work exceeds the grant maximum, and the owner has no financial resources, the City reserves the right to reject the application. Because funds are limited, applications must be accepted on a "first come, first served" basis.
2. **All real estate taxes and all municipal liens (water & sewer) due to the City of New Bedford must be paid to date before receiving any funding.**
3. The applicant must be the owner of the home within the City of New Bedford, must live in the home as a primary permanent residence, and be able to provide

proof of home ownership, active home insurance, paid property taxes and up to date municipal fees; i.e water, sewer fees. **The subject residential unit(s) must be occupied by a low/moderate income household as defined by current Federal guidelines for the City of New Bedford**

4. Preference will be given to buildings located within Community Development Block Grant eligible neighborhoods.
5. All work must comply with all applicable local, State and Federal laws, regulations, ordinances, codes etc. The DPHCD will conduct inspections, certifying the need for the work.
6. If the work is approved, the applicant will be required to sign an agreement with the City and the selected contractor.

**Procedure:**

- A request for assistance is received.
  - A preliminary verification of ownership and income qualification is completed.
  - A representative from the DPHCD will visit the property and a letter will be mailed to homeowner explaining bid selection process and next steps:
- a) Applicants can seek applications from the DPHCD. Staff will be available to explain the program. Once the application is received (along with accompanying documentation), DPHCD will begin income verification and documentation review.
  - b) Once income has been verified, homeowner and property eligibility has been determined, a DPHCD rehabilitation specialist will inspect the property to verify that an emergency does exist, complete a cost estimate and project repair scope.
  - c) Once the scope and cost estimate has been approved by DPHCD, the owner will be sent a letter explaining that they will be required to solicit a minimum of two contractor bids, based on the DPHCD approved scope of work.
  - d) Owner will review the bids with the housing rehab specialist. Bids must conform and adhere to specifications provided to the Owner by the DPHCD. Bids that do not conform and adhere to project specifications will not be considered qualified. The lowest qualified bid shall be selected by the Owner.
  - e) Once the owner has chosen a contractor to complete the repairs, an agreement will be signed by the owner explaining the terms and conditions of the grant. A separate agreement will be executed between the homeowner and the contractor to authorize the contract to proceed with repairs.

- f) No application should be considered approved or rejected until notification to that effect is received in writing. **Any work included in the application which is undertaken prior to authorization in writing will be excluded from the program.**
- g) If the building is located within the Waterfront Historic District, any exterior work **must be reviewed and approved by the New Bedford Historic Commission.** That Commission can be contacted through the Office of Housing & Community Development.
- h) The DEPARTMENT OF PLANNING, HOUSING & COMMUNITY DEVELOPMENT reserves the right to make the final determination as to appropriateness, suitability and necessity of requested work items. Further, this body reserves the right to make the final determination as to whether work was carried out according to approved specifications.
- i) The City of New Bedford, reserves the right to inspect all documentation, specifications and work relevant to the project.

**DEPARTMENT OF PLANNING, HOUSING  
& COMMUNITY DEVELOPMENT  
EMERGENCY REPAIR PROGRAM APPLICATION**

Date \_\_\_\_\_

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

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

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

Brief description of proposed work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has a previous grant request been made for the same property? \_\_\_\_ Yes \_\_\_\_ No

If Yes, at what date? \_\_\_\_\_

Please list below all persons residing in applicant's household by name, age and gross income.

<u>Name</u>	<u>Age</u>	<u>Gross Annual Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Information pertaining to:

**APPLICANT:**

Name \_\_\_\_\_

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

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Soc. Security # \_\_\_\_\_

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

Tel. # \_\_\_\_\_

Information pertaining to:

**CO-APPLICANT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT:**

Employer: \_\_\_\_\_

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

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Position \_\_\_\_\_

How long employed \_\_\_\_\_

Previous Employer \_\_\_\_\_

**GROSS INCOME:**

**APPLICANT**

Annual Income \$ \_\_\_\_\_  
Pension/Retirement \$ \_\_\_\_\_  
Soc. Security \$ \_\_\_\_\_  
Disability \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_  
Rental Income:  
Apt. 1 \_\_\_\_\_ Apt. 2 \_\_\_\_\_  
Apt. 3 \_\_\_\_\_ Apt. 4 \_\_\_\_\_

**CO-APPLICANT**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**ACCOUNTS:**

Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Account \_\_\_\_\_  
Acct. # \_\_\_\_\_

Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Account \_\_\_\_\_  
Acct. # \_\_\_\_\_

**The undersigned certifies that the information provided in the application is true and complete to the best of his/her knowledge. I authorize you to make whatever inquiries about me you deem necessary and appropriate for purpose of evaluating my credit including contacting my employer. I also authorize you to provide information about your credit experience with me. I also understand that if my application is not acted upon within six (6) months of the application's anniversary the application will become null and the information must be resubmitted or updated.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Co-Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

## EMERGENCY REPAIR PROGRAM CHECKLIST

The following information will be needed in order to proceed with your Emergency Grant request. Please provide the Department of Planning, Housing and Community Development (DPHCD) with copies of the following documentation:

- COMPLETED APPLICATION
- COPY OF THE DEED
- HOMEOWNERS INSURANCE POLICY
- SIGNED AUTHORITY TO VERIFY CREDIT (Attached)
- PROOF OF INCOME (PAY STUBS, SOCIAL SECURITY STATEMENT, PENSION, DISABILITY, ETC.)
- MOST RECENT CHECKING AND SAVINGS STATEMENT(S)
- MOST RECENT TAX RETURNS
- OWNER SURVEY/ TENANT SURVEY FORMS (Attached)
- MOST RECENT MORTGAGE STATEMENT

Please complete and sign the application and the authority to verify credit information. Please be aware that all municipal liens (water/sewerage and real estate tax bills) should be paid to date to be eligible for the Emergency Repair Grant Program. If you have any questions or need assistance completing the application, please feel free to contact this office at (508) 979-1500.

**AUTHORITY TO VERIFY CREDIT INFORMATION**

**This is your authority to verify my bank accounts, employment, outstanding debts, to order a consumer credit report, and to make any other inquires pertaining to my application for assistance. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.**

**Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgager under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or Applicant may be delayed or rejected.**

\_\_\_\_\_

**Applicant**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Co-Applicant**

\_\_\_\_\_

**Date**



DEPARTMENT OF PLANNING, HOUSING & COMMUNITY DEVELOPMENT  
608 PLEASANT STREET, 2ND FLOOR  
NEW BEDFORD, MA 02740

TENANT SURVEY FORM  
CONFIDENTIAL

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Apt. # \_\_\_\_\_

**Please answer all of the following questions:**

1. Head of household is: Male\_\_\_\_ Female\_\_\_\_
2. How many Persons in your household? \_\_\_\_\_
3. What is the **total annual** household income? \$ \_\_\_\_\_
4. # of Bedrooms: \_\_\_\_\_
5. How much is your monthly rent? \_\_\_\_\_  
Does this include utilities? Yes\_\_\_\_ No \_\_\_\_\_  
If yes, do you heat by electric or gas? \_\_\_\_\_  
If yes, do you cook by electric or gas? \_\_\_\_\_
6. Do you receive a Section 8 Certificate or Voucher or any 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
8. **Race:** (select one or more)  
 White  Black African American/White  
 Black or African American  American Indian/Alaskan Native  
 Asian  & Black African American  
 American Indian/Alaska Native  Other Multi-Racial  
 Native Hawaiian/other Pacific Islander  
 American Indian/Alaskan Native & White  
 Asian & White

**THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE.**

**I declare under penalty of perjury that the above information regarding my gross annual household income of all employed household members over the age of 18 is true and accurate.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

June 1, 2018

DEPARTMENT OF PLANNING, HOUSING  
& COMMUNITY DEVELOPMENT  
608 PLEASANT STREET, 2ND FLOOR  
NEW BEDFORD, MA 02740

TENANT SURVEY FORM  
CONFIDENTIAL

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Apt. # \_\_\_\_\_

**Please answer all of the following questions:**

1. Head of household is: Male\_\_\_\_ Female\_\_\_\_
2. How many Persons in your household? \_\_\_\_\_
3. What is the **total annual** household income? \$ \_\_\_\_\_
4. # of Bedrooms: \_\_\_\_\_
5. How much is your monthly rent? \_\_\_\_\_  
Does this include utilities? Yes\_\_\_\_ No \_\_\_\_\_  
If yes, do you heat by electric or gas? \_\_\_\_\_  
If yes, do you cook by electric or gas? \_\_\_\_\_
6. Do you receive a Section 8 Certificate or Voucher or any 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
8. **Race:** (select one or more)  
 White  Black African American/White  
 Black or African American  American Indian/Alaskan Native  
 Asian  & Black African American  
 American Indian/Alaska Native  Other Multi-Racial  
 Native Hawaiian/other Pacific Islander  
 American Indian/Alaskan Native & White  
 Asian & White

**THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE.**

**I declare under penalty of perjury that the above information regarding my gross annual household income of all employed household members over the age of 18 is true and accurate.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

DEPARTMENT OF PLANNING, HOUSING  
& COMMUNITY DEVELOPMENT  
608 PLEASANT STREET, 2ND FLOOR  
NEW BEDFORD, MA 02740

OWNER SURVEY FORM  
CONFIDENTIAL

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Apt. # \_\_\_\_\_

**Please answer all of the following questions:**

1. Head of household is: Male \_\_\_\_\_ Female \_\_\_\_\_
2. How many Persons in your household? \_\_\_\_\_
3. What is the **total annual** household income? \$ \_\_\_\_\_
4. # of Bedrooms: \_\_\_\_\_
5. **Ethnicity:** (select only one)  
 Hispanic or Latino  
 **Not** Hispanic or Latino
6. **Race:** (select one or more)  
 White  
 Black African American/White  
 Black or African American  
 American Indian/Alaskan Native  
 Asian  
 American Indian/Alaska Native & Black African American  
 American Indian/Alaska Native  
 Other Multi-Racial  
 Native Hawaiian/other Pacific Islander  
 American Indian/Alaskan Native & White  
 Asian & White

**THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE.**

**I declare under penalty of perjury that the above information regarding my gross annual household income of all employed household members over the age of 18 is true and accurate.**

Signature \_\_\_\_\_ Date \_\_\_\_\_