CAPITAL IMPROVEMENT PROGRAM FOR PRESERVATION OF DEED RESTRICTED AFFORDABLE UNITS

The Acton Community Housing Corporation (ACHC) administers a Capital Improvement Program using funding sources such as Community Preservation Act Funds. The CPA law is very specific on how the funds can be used for housing. It identifies preservation of community housing (deed restricted units) as an allowable use of CPA funds. Under the CPA statute “preservation” is defined as protection of personal or real property from injury, harm or destruction, but does not include maintenance. CPA funds cannot be used to rehabilitate community housing unless that housing was acquired with CPA funds. The ACHC has other funding sources available for this program that are not as restrictive.

Households with incomes up to 100% of the Area Median Income (AMI) are eligible for capital improvement grants. (See the income chart in the application). These units would primarily be DHCD affordable Local Action Units, either single family homes or units in condo associations, which were not created through a 40B Comprehensive Permit. All units would have to be deed restricted affordable units to qualify for assistance. Units that are governed by a Condo Association would likely not qualify for exterior work if the Association is responsible for exterior repairs. ACHC would also consider assistance for interior repairs for these units.

Examples of projects that could be eligible for ACHC funding under this Program are:

- Heating system replacement
- Septic system repair or replacement
- Roof replacement
- Gutter replacement
- Window and door replacement
- Siding replacement
- Structural issues
- Electrical repairs
- Minor plumbing
- Handicapped adaptations such as grab bars
ACHC will accept applications from home owners for financial assistance using the following guidelines:

- ACHC will determine whether or not improvements qualify under CPA rules or other funding sources.
- ACHC will consider grants for special assessments on affordable units for major capital improvement projects in Condo developments such as roof and septic system replacement.
- Assistance will be needs-based, a confidential application listing income and asset information will be required. (See application).
- ACHC will have the discretion of approval and may consult with Town Counsel for determination of eligibility.
- Applicants will solicit at least 2 and up to 3 bids from licensed contractors to submit with the application unless it is a special assessment.
- ACHC will provide up to 50% of the cost of the improvements with a maximum of $5,000 per request with the following exception.
- At its discretion, ACHC will consider granting up to 100% of the capital improvement costs especially for households at or below 50% of the AMI. (See income chart in application). These decisions will be made on a case by case basis.
- The funds will be provided as a grant not a lien or a loan and have no repayment requirements.
- ACHC will provide funds directly to the contractor/vendor after the completion of the work, upon receipt of the signed invoice with the Tax ID# of the contractor included. A W9 form may be required.
- Photos of the finished work will be required with inspections at ACHC’s discretion.
- The homeowner will approve the work that has been done and no payment will be made without this approval.
- Applications will be evaluated and prioritized based on health and safety considerations and financial need of the applicants. The applications will be kept confidential.
- Any grant funds committed by ACHC will be subject to recapture during the first year following the contracted work if the homeowners sell their home. The ACHC will be reimbursed from the proceeds of the sale.

Application attached.
Complete all information and return this application to: Acton Community Housing Corporation, Attn: Nancy Tavernier, 472 Main St., Acton MA 01720, or email: achc@acton-ma.gov

1. Name: ____________________________________________________________

2. Address: ___________________________________________________________
   City: ________________________________ State: ___________ Zip: _________

3. Home Phone: ___________________ Cell Phone: ___________________

4. Email address_______________________________________________________

5.

<table>
<thead>
<tr>
<th>Names of all Persons Residing in Household</th>
<th>Relation to Head</th>
<th>Age</th>
<th>Employer, Address</th>
<th>Occupation</th>
<th>Annual Gross Wage*</th>
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*Income for all household members 18 years and older. Total Household Income must be at or below 100% of Area Median Income (AMI). AMI is subject to change every year.

Most recent Federal Income Tax return must be submitted with application

PLEASE BLACK OUT THE SOCIAL SECURITY NUMBER
HUD Income Limits 2020

<table>
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<tr>
<th>Household Size</th>
<th>1 Person</th>
<th>2 Person</th>
<th>3 Person</th>
<th>4 Person</th>
<th>5 Person</th>
<th>6 Person</th>
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<tr>
<td>100% AMI, 2020</td>
<td>$83,300</td>
<td>$95,200</td>
<td>$107,100</td>
<td>$119,000</td>
<td>$128,520</td>
<td>$138,040</td>
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<tr>
<td>50% AMI, 2020</td>
<td>$44,800</td>
<td>$51,200</td>
<td>$57,600</td>
<td>$63,950</td>
<td>$69,100</td>
<td>$74,200</td>
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6. Total Household Assets: $____________________________

Assets include all checking, savings accounts, CD’s, stocks, bonds, retirement accounts, savings bonds and any other investments. Assets do not include cars or other personal property.

7. Proposed use of funds and estimate of cost. Please describe the capital improvements needed and problems you are having that require correction. Include photos of the problem area. If the request is for special assessment assistance, provide a copy of the letter from the Condo Association.

8. Provide an estimate of the cost. Attach up to three bids from licensed contractors. (Contact Building Department at Acton Town Hall for further information (978) 929-6633). Special Assessments from Condo Associations do not require bids.

9. Assistance Amount requested from ACHC____________________________

10. List other improvements that you have made in your unit and the approximate cost. List other improvements that might be needed in the future.
Agreement and Signature
By signing this application I warrant and represent that all statements herein are true. It is understood that the sole use of this application is for the Acton Community Housing Corporation to establish the preliminary requirements necessary to provide assistance for the capital improvements of a deed restricted unit.

Applicant Signature: ______________________________ Date: __________________

Co-Applicant Signature: ______________________________ Date: __________________

THIS APPLICATION IS NOT COMPLETE IF NOT SUBMITTED WITH:

_________ Completed application

_________ Copy of most recent Federal Tax return

_________ Copies of up to 3 estimates for work by a licensed contractor

_________ Photos of area to be worked on