

**City of Boston - AFSCME Council 93, AFL-CIO Housing Trust Fund
Application and Affidavit for Home Improvement Funds**

Qualified AFSCME members in good standing who are homeowners are eligible to apply for home improvement assistance to cover housing improvement related expenses as outlined in the Eligibility Criteria.

*Please note that this is a two part program consisting of a grant up to \$1500 and a loan up to \$2500. The home improvement loans are provided through the City of Boston Credit Union and repaid by the member through payroll deductions to the Credit Union. **You must be or be eligible to become a member in good standing of the City of Boston Credit union to receive the home improvement loan funds.***

Please mail or drop off this application to:

City of Boston - AFSCME COUNCIL 93, AFL-CIO Housing Trust Fund
Attention: Helen Yee
8 Beacon Street, 8th floor
Boston, MA 02108

Date: _____

Name: _____

City of Boston Employee ID Number (*found on check stub*) _____

Home Address: _____

Do you own this property? Yes No
(Please attach a copy of your deed or your most recent tax bill to this application)

Primary Phone: _____ Home email: _____

Work Phone: _____ Work email: _____

Best way to reach you (time of day, phone, email):

Department and Work Site: _____

Job title: _____

Current base weekly salary, excluding overtime: _____

In the past, have you received assistance from the Trust?

No

Yes

If yes,

When did you receive assistance (date)? _____

For what Purpose? (**circle all that apply**) Rental Loan, Emergency Loan, 1st time Homebuyer Grant, Home Improvement Grant, Home Improvement Loan

Are you still repaying the Credit Union for a Trust assisted loan?

No

Yes *If yes, this debt must be repaid before you submit an application for additional funds. You may only receive a total of 2 Trust loans in a 3-year period.*

Describe the nature of your home improvement (please check off all that apply):

Remodel Kitchen

Remodel Bathroom(s)

Replace boilers/furnaces/radiators

Painting

Masonry

Siding/Roofing

Carpentry

Windows

Electrical Work

Fences

Plumbing

Other (Please explain)

Have you already completed this project? No Yes When (date)? _____

Please check off what improvement funds you are requesting (you may request both):

Loan of up to \$2500 No Yes Amount Requested \$ _____

Grant of up to \$1500 No Yes Amount Requested \$ _____

(You will only receive the grant funds when your copies of paid invoices and/or receipts are received by the Trust. You will only receive the dollar amount totaled from the provided receipts, up to a maximum of \$1,500.)

Are you planning on hiring a contractor? Yes No
(Please attach estimates)

Are you planning on doing the project yourself? Yes No
(If yes, please fill out the attached worksheet in full)

When is your projected start date for the project? _____
When is your projected end date for the project? _____

Would you like to receive more information about other home improvement programs from the City of Boston? Yes No

ATTACH: Appropriate documentation, e.g., a bill, a contractor quote or other estimates.
Further documentation may be required.

ATTACH: All copies of receipts and paid invoices if available.

ATTACH: A copy of your deed or your most recent tax bill.

ATTACH: The completed Do-It-Yourself worksheet (if required).

ATTACH: Your most recent pay stub.

ATTACH: Your “member in good standing letter” received from AFSCME Council 93 or your Local President or delegate, and issued within the past six months.

The undersigned hereby certifies to the Trust that the preceding information is accurate, truthful, and correct, and acknowledges that the Trust is relying upon this certification to provide Trust funds.

Default of this loan prohibits the undersigned from receiving any other benefits from the Trust.

I understand and agree to repay the loan in its entirety regardless of my employment status with the City of Boston.

I agree to repay the loan through payroll deduction as long as I am employed by the City of Boston.

I understand and agree that the Credit Union can share any information, notices and/or documentation associated with the member's Trust assisted loan.

I agree to hold harmless and indemnify the Trust and the Trustees for any false or misleading statements or representations made in my application to the Trust and/or to the Credit Union.

I understand and agree that the monies received from the Trust will be used for housing related improvements.

Signature of Applicant: _____

For Trustee use only:

Reviewed by: _____

Date: _____

Approved by Trustees on _____ (date)

Not approved by Trustees on _____ (date)

Commitment letter sent on _____ (date)

Worksheet for Do-It-Yourself Home Improvement

Please check off any/all that apply and fill out the appropriate section below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Remodel Kitchen | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Remodel Bathroom(s) |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Electrical Work | <input type="checkbox"/> Fences |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Masonry | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Other (Please explain) | | |

Painting:

Rooms: Bathroom Bedroom Kitchen Living Room Dining Room Exterior
 Other

Estimated amount of paint (in gallons) _____

Kitchen Remodel:

Supplies needed: Cabinets Hardware Paint Flooring Appliances

Bathroom Remodel:

Supplies needed: Cabinets Hardware Paint Flooring Appliances

Fences (please be sure to check your property line prior to installing a fence):

Estimated length of fence: _____

Windows:

Number of Windows being replaced: _____

Plumbing:

Supplies needed:

Electrical:

Supplies needed:

Masonry:

Supplies needed:

Carpentry:

Supplies needed:

Other:

Supplies needed:
