

**Acton Community Housing Corporation**

**TOWN OF ACTON**

Acton Town Hall

472 Main Street

Acton, Massachusetts, 01720

Telephone (978) 287-1092

[jenp@rhsousing.org](mailto:jenp@rhsousing.org)

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**CAPITAL IMPROVEMENT PROGRAM FOR PRESERVATION OF  
DEED RESTRICTED AFFORDABLE UNITS**

The purpose of the capital improvement program is to provide financial assistance to rehabilitate existing housing units occupied by income eligible households to make them safe and sanitary. It is sponsored by the Acton Community Housing Corporation (ACHC) for the benefit of Acton residents.

The attached confidential application and grant process is designed to be simple and quick. There is minimal documentation required. A completed application, estimates for work requested, and copies of recent tax returns are all that is needed.

These grants are given on an unsecured basis; there is no repayment required of the funds awarded to you. Applications will be evaluated and prioritized based on health and safety considerations, and financial need of the applicant based on income information.

You must meet the following requirements to be eligible:

1. Property is in Acton, is owned by the applicant, is the primary residence of the applicant, and is deed restricted;
2. Maximum household income of 100% of the Area Median Income.

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
100% AMI, 2025	\$112,630	\$128,720	\$144,810	\$160,900	\$173,772	\$186,644

If you have questions regarding this program or if you require assistance in filling out the application, please contact us at the information below. Applicants are encouraged to discuss their needs with program staff prior to submitting a full application.

**Submit application and attachments to:**

**ACHC c/o Regional Housing Services Office**

**Jen Pontes, Program Administrator**

**37 Knox Trail, Acton, MA 01720**

[JenP@RHSOHousing.org](mailto:JenP@RHSOHousing.org), (978) 287-1091

## Eligible Projects

The Small Grant Program provides financial assistance to correct conditions dangerous to health and safety; to correct substandard conditions; and to improve weatherization and energy efficiency. Examples of eligible projects are listed below.

Contractor Work: Heating system repair/replacement, septic system repair/replacement, plumbing, carpentry, window repairs, gutters or downspouts, door repairs or replacements, step or porch repairs, lock repair or replacement, cement work or masonry repair, tiling, plaster patching, sheet-rock repair, smoke/CO2 detectors, weather stripping, electrical, heating, interior painting, floors, installation, masonry, siding, roofing.

Adaptations: Bathroom grab bars, raised toilets or toilet seats, hand-held shower heads, tub transfer bench, tub seats/rails, bed transfer bars, railings throughout the house, change door knobs to levers, hook-up bells to light switches, hook-up flashing light to phone, install various phone volume control devices, intercom entryway buzzer system, light switch height.

Units that are governed by a Condo Association would likely not qualify for exterior work if the Association is responsible for exterior repairs. However, ACHC will consider assistance for interior repairs for condo units.

## Financial Assistance Conditions

- The grants are offered as unsecured and unconditional funds, with no repayment clauses.
- The maximum grant available is \$5,000 per application with a cap of no more than \$10,000 total from the all ACHC Grant Programs (Capital Assistance, Closing Cost Assistance) over the lifetime of the program for a household at a given property address.
- Homeowners must contribute at least half the cost of the repair.
- A one year wait period, from the date the last payment was issued, is required before an applicant can re-apply to the Small Grant Program. This wait period can be waived in an emergency situation upon approval by the Program Administrator in a situation that poses a danger to the health/safety of the occupant.

## Applicant Qualification

1. Income – 100% of Area Median Income. The combined income of all parties living in the home must be less than 100% of the Boston Area Median Income. Income includes all sources of regular income such as: earnings, Social Security, Pension, and Interest Income. It is calculated from the most recent IRS 1040 form, adding all non-taxable amounts to the Adjusted Gross Income. Additionally 2% of the equity in the home (computed as the current tax assessment minus the outstanding amounts of any liens on the property, including mortgages and home equity line of credit) is counted towards income. See income limits in chart above.
2. Homeowner – Must live in a deed restricted property in Acton, and be in compliance with deed rider.

## Grant Applications

Grants applications are accepted any time. The applicant must complete the application with appropriate income and two estimates, including photos. Town employees, including special municipal employees, are not eligible contractors in accordance with MGL Chapter 268A, section 20.

If awarded, the repair must be completed within 12 months from the award date. The ACHC will pay the amount approved to the repair provider upon receipt of the invoice with Tax ID#/SS# of the provider, photo of the finished repair, and approval from the applicant. The ACHC will not reimburse homeowners unless specifically approved.

The application with income information 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.

## ACTON COMMUNITY HOUSING CORPORATION

Town of Acton  
472 Main St.  
Acton, Ma 01720  
(978) 287-1091

### Capital Improvement Cost Assistance Application

Complete all information and return this application to: Acton Community Housing Corporation,  
c/o Regional Housing Services Office, Attn: Jenicia Pontes, 37 Knox Trail, Acton, MA 01720, or email:  
[JenP@rhsousing.org](mailto:JenP@rhsousing.org)

#### 1. Household Information

Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Number of people currently living in the house and their ages:

Name	Age	Name	Age

Have you received for Small Grant Program Funds for a past project?

☐ No ☐ Yes, Date: \_\_\_\_\_

#### 2. Property Information

Is there a mortgage on the property? ☐ No ☐ Yes, Balance: \_\_\_\_\_

Do you own or rent the unit/property? ☐ Own ☐ Rent

Is the property your primary residence? ☐ No ☐ Yes

Do you own additional real estate? ☐ No ☐ Yes, Address: \_\_\_\_\_  
*Please attached tax bill showing assessed value*

Do you pay or defer property taxes? ☐ Pay ☐ Defer

### 3. House Repair Needed

Please describe the work needed below and note amount requested: \$ \_\_\_\_\_

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Explain how the completion of this work will preserve the structural integrity of the dwelling or health/safety/welfare of its occupants? \_\_\_\_\_

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Provide an estimate of the cost. Attach up to three bids from licensed contractors. Special Assessments from Condo Associations do not require bids.

## **AFFIDAVIT**

Whereas I, the undersigned, have made application to the ACHC Capital Improvement Program for monies from the Acton Community Housing Corporation to cover the cost of repairs or adaptations to my home as stated, and the Program Administrator or their designated representative may verify the information in this application by personal inspection of appropriate documents, by hearing corroborating testimony or by other available means; and,

Whereas I certify that all the information in this application and any additional information provided by me in support of this application is, and will be, entirely accurate to the best of my knowledge; and that no information relevant to that application has been, or will be, deliberately withheld; now,

Therefore, I understand that any ACHC Capital Improvement Program monies committed, or used to pay, for my requested home repairs or adaptations will be subject to recapture at any time during the contracted work, or during the first year following the contracted work, or at any time after the first year should any information supplied by me prove to be false or deliberately misleading, including all application material, or if I rent or sell my home in the first year after ACHC Capital Improvement Program work is completed.

I agree to pay at least half the cost of the repair. I understand that I may be required to fund my portion of the project in advance of the grant funds.

By signing below, Applicant(s) requests the Program Administrator to review this application for the purpose of receiving funding assistance through the Acton Community Housing Corporation.

Applicant(s) declares that the information and statements provided herein are true and correct to the best of their knowledge.

**THIS APPLICATION IS NOT COMPLETE IF NOT SUBMITTED WITH:**

- \_\_\_\_\_ Completed application with signed and notarized affidavit
- \_\_\_\_\_ Copies of most recent Federal tax return, and supporting schedules
- \_\_\_\_\_ Copy of current property tax bill
- \_\_\_\_\_ Copies of three estimates for work by professional contractor
- \_\_\_\_\_ Picture of area to be worked on
- \_\_\_\_\_ Copy of Driver's License or similar (ex. passport, birth certificate)

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Applicant

Date

Co-Applicant

Date