

## **Disaster Relief Program Disclosure**

### ***Homeowner Information and Authorization to Release/Certification***

The Federal Home Loan Bank of Boston's Disaster Relief Program assists income-eligible households and small businesses experiencing financial hardship due to a state or federally declared disaster.

#### **Program Participant's Responsibility:**

The Disaster Relief Program disclosure provides the requirements to participate in the programs and must be reviewed, completed, and executed by the homeowner(s). The disclosure allows your lender to request mortgage assistance grant funds on your behalf and provide income information to FHLBank Boston. **All pages are to be completed and pages three and four are to be signed by the homeowner(s) listed on the deed.**

To be approved for the Disaster Relief Program grant funds, participants must attest to and provide documentation of their annual income at the time of the disaster according to the following:

#### **Definitions:**

**Homeowner:** A homeowner is any individual whose name appears on the property deed. Each homeowner is required to disclose their income.

**Household Member:** A household member is any person residing in the unit. If a household member lives in the property but is not listed on the deed, they are not required to disclose their income. However, all household members are included in the household count, which is used to determine eligibility based on the area's median income.

#### **Income is defined as, but is not limited to:**

- a.) Payroll income – full-time, part-time, seasonal, etc.
- b.) Self-employment income – IRS form 1099, Schedule C, S-corporation, partnership
- c.) Unemployment – current or expected
- d.) Child support and/or alimony
- e.) Social Security, pension, retirement, or disability
- f.) Rental income from the subject property
- g.) Government assistance programs
- h.) Income received on behalf of children
- i.) Income or rental income from any assets
- j.) Annual interest income of \$100 or more

If you are not sure about a source of income, please discuss with your lender at the time of application. Income data and documentation are required for **all** homeowners. **Homeowners cannot falsify and/or manipulate income sources to qualify for the Disaster Relief Program.**

A **Certification of Zero Income** form is required when a homeowner does not receive or have a source of income.

In accordance with program guidelines, your lender will provide the following documentation to FHLBank Boston:

- Signed and fully completed copies of the Disaster Relief Program disclosure
- Income documentation in accordance with Disaster Relief Program procedures

Your lender will provide your income information to FHLBank Boston based on the information you have provided to them. This information will be used to review and approve your eligibility to receive a Disaster Relief Program grant.

## ***Household Members & Homeowner Income Worksheet***

# **Disaster Relief Program Disclosure**

## **Homeowner Information and Authorization to Release/Certification**

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

Total Number of Household Members: (Include all persons living at the property) \_\_\_\_\_

Total Number of Homeowners: (Include all person on the deed) \_\_\_\_\_

### ***HOMEOWNER INSTRUCTIONS:***

- 1.) Please complete information for **each** household member. Use an additional page if needed.
- 2.) For **each** homeowner, **all income** categories must be completed with a checkmark and initial.
- 3.) Include **all current sources** of income for **each** homeowner.
- 4.) If not employed and no source of income, homeowners must complete the ***Certification of Zero Income***.

**PLEASE NOTE:** Failure to disclose homeowners of the subject property, failure to disclose household members of the subject property, failure to disclose income sources, or failure to provide accurate income data and documents may result in cancellation/denial of your Disaster Relief Program grant request and/or repayment of any disbursed funds.

<b><u>Homeowner #1</u></b> Print Name: Age: _____	Yes	No	HB Initial	<b><u>Homeowner/Household Member#2</u></b> Print Name: Age: _____	Yes	No	HB Initial
Is this person on the property deed?				Is this person on the property deed?			
Does this person live in the property?				Does this person live in the property?			
A.) Regular Wages: <b>Name of Employer:</b>				A.) Regular Wages: <b>Name of Employer:</b>			
B.) Self Employed: <b>Start Date of Self Employment:</b>				B.) Self Employed: <b>Start Date of Self Employment:</b>			
C.) Second/Seasonal job: <b>Name of Employer:</b>				C.) Second/Seasonal job: <b>Name of Employer:</b>			
D.) Unemployment Assistance:				D.) Unemployment Assistance:			
E.) Child/Alimony Support:				E.) Child/Alimony Support:			
F.) Pension/Social Security/Disability				F.) Pension/Social Disability			
G.) Rental Income:				G.) Rental Income:			
H.) Interest Income: (\$100 or greater only)				H.) Interest Income: (\$100 or greater only)			
I.) Other:(specify)				I.) Other:(specify)			

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<b>Homeowner/Household Member #3</b>	<b>Yes</b>	<b>No</b>	<b>HB Initial</b>	<b>Homeowner/Household Member#4</b>	<b>Yes</b>	<b>No</b>	<b>HB Initial</b>
Print Name: Age: _____				Print Name: Age: _____			
Is this person on the property deed?				Is this person on the property deed?			
Does this person live in the property?				Does this person live in the property?			
A.) Regular Wages:				A.) Regular Wages:			
<b>Name of Employer:</b>				<b>Name of Employer:</b>			
B.) Self Employed:				B.) Self Employed:			
<b>Start Date of Self Employment:</b>				<b>Start Date of Self Employment:</b>			
C.) Second/Seasonal job:				C.) Second/Seasonal job:			
<b>Name of Employer:</b>				<b>Name of Employer:</b>			
D.) Unemployment Assistance:				D.) Unemployment Assistance:			
E.) Child/Alimony Support:				E.) Child/Alimony Support:			
F.) Pension/Social Security/Disability)				G.) Pension/Social Security/Disability			
H.) Rental Income:				F.) Rental Income:			
G.) Interest Income: (\$100 or greater only)				I.) Interest Income: (\$100 or greater only)			
J.) Other: (specify)				H.) Other:(specify)			

**All signatures are required:**

Homeowner(s): \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature

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

Member Contact: \_\_\_\_\_ Date: \_\_\_\_\_  
 Sign and print name

Refer to: <http://www.fhlbboston.com> for specific program guidelines, income calculations and forms required to complete the enrollment request.  
 The words "execution," "signed," "signature," and words of like import in this agreement shall be deemed to include electronic signatures or the keeping of records in electronic form, each of which shall be of the same legal effect, validity or enforceability as a manually executed signature or the use of a paper-based record keeping system, as the case may be, to the extent and as provided for in any applicable law, including, without limitation, Electronic Signatures in Global and National Commerce Act or any other similar state laws based on the Uniform Electronic Transactions Act, and the parties hereto hereby waive any objection to the contrary.

## **Disaster Relief Program Disclosure**

### **Homeowner Information and Authorization to Release/Certification**

I/We hereby authorize \_\_\_\_\_ to:

#### **Full Name of Lending Financial Institution**

Release all information to FHLBank Boston required for the purpose of determining eligibility for the Disaster Relief Program.

This form must be signed by **all** homeowners.

I/We certify that all information including, but not limited to, number of household members, number of homeowners and total homeowner income, for the purpose of determining eligibility for the Disaster Relief Program, is true to the best of my/our knowledge.

I/We understand that false statements or information will lead to cancellation/denial of the application to the Disaster Relief Program.

I/We acknowledge that the lender has provided, and we have received and reviewed a copy of **Disaster Relief Program Information**.

By signing below, I/we acknowledge that (1)we intend to proceed, (2) are under 100% AMI, (3) have a mortgage for a primary residence on a property that is in a state or federally declared disaster area held or serviced by a FHLBank Boston member, and (4) are experiencing financial hardship defined as *a material reduction in income, or a material increase in living or operating expenses associated with a federal or state declared disaster, creating or increasing the risk of mortgage delinquency, mortgage default, missed rental payments, foreclosure, loss of utilities, or displacement of a homeowner*.

\_\_\_\_\_  
Type/Print Homeowner Name \_\_\_\_\_ Homeowner Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Type/Print Homeowner Name \_\_\_\_\_ Homeowner Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Type/Print Homeowner Name \_\_\_\_\_ Homeowner Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Type/Print Homeowner Name \_\_\_\_\_ Homeowner Signature \_\_\_\_\_ Date \_\_\_\_\_

*The words "execution," "signed," "signature," and words of like import in this Agreement shall be deemed to include electronic signatures or the keeping of records in electronic form, each of which shall be of the same legal effect, validity or enforceability as a manually executed signature or the use of a paper-based record keeping system, as the case may be, to the extent and as provided for in any applicable law, including, without limitation, Electronic Signatures in Global and National Commerce Act or any other similar state laws based on the Uniform Electronic Transactions Act, and the parties hereto hereby waive any objection to the contrary.*