

Littleton Small Grant Program
Affordable Housing Trust
Program Guidelines Updated February 1, 2025

Purpose: Littleton Small Grant Program provides home repair financial assistance to eligible Littleton homeowners to correct conditions dangerous to health and safety, and to improve substandard conditions. The goal of the program is to provide greater housing stability, accessibility improvements, and to support aging in place opportunities for Littleton residents.

Background: The Littleton Small Grant Program (LSGP) is funded by a \$120,000 Massachusetts Housing Choice Grant. It is managed by the Littleton Affordable Housing Trust (AHT), and administered through the Elder and Human Services (EHS) Department with support from the Building Department.

The grant limit for this program is \$7,500.00 per household. The grants will be offered with no repayment clauses, unless the property is sold or rented within 12 months.

At least two bids for the work/repairs will be submitted by licensed and insured contractors and reviewed by the Building Commissioner. The building permit fees will be waived. The Town will make payment directly to the contractor(s) upon successful completion of the approved repairs.

Eligibility Requirements:

1. The property must be in Littleton, owner occupied, primary residence, and the applicant must intend to occupy the property for at least the next 12 months.
2. Applicant's maximum income must not exceed 80% of Area Median Income.

Eligible Projects: The Small Grant Program provides financial assistance for home repairs to correct conditions dangerous to health and safety, to improve accessibility, and to correct substandard conditions.

Critical Home Repair Projects may include, but are not limited to:

Carpentry, Cement Work, Doors, Doorbells, Downspouts, Dry-Wall, Electrical, Energy Sealing, Flooring, Gutters, Heating, Insulation, Locks, Masonry, Plaster, Plumbing, Railings, Roofing, Siding, Smoke/CO2 Detectors, Steps & Porch, Tiling, Weather Stripping, and Windows.

Accessibility Improvements may include, but are not limited to:

Access Ramps, Grab Bars, Stairs & Stair Lifts, Tripping Hazards, Wheelchair Access.

Applicant Qualification:

1. **Income** – The gross household income must be less than 80% of the Area Median Income for the household size. An Applicant’s annual income will be calculated in a manner that is best suited to an applicant’s source of income, for example, taking seasonal variations into account. The income limits effective April 2024 for various household sizes are displayed in table 1 below:

Household Size	1	2	3	4	5
Income Limit	\$91,200	\$104,200	\$117,250	\$130,250	\$140,700

2. **Home-Owner – Littleton resident** – The applicant must be the owner and occupant of the property; the property must be residential in Littleton. The applicant agrees to pay back the grant funds if they sell the home within 12 months of grant award. The homeowner must not have an interest in other real estate.

Privacy: The entire application and all supporting documents will be submitted to the Elder and Human Services Department at the Shattuck Street Town Offices. Applicants personal information will be kept confidential to the extent permitted by law except for necessary communications between the applicant and the various Town Departments administering this program. A summary of the application will be forwarded to the Affordable Housing Trust, and will be stripped of any identifying information to ensure that applicants identity is kept confidential.

Small Grant Program

Application Form FY2025

The grant limit for this program is \$7,500.00 per household. Applications are evaluated and prioritized based on health and safety considerations, and financial need of the applicant, with higher priority for emergencies and first-time applicants.

Applicants must complete the application with the required information, and provide two repair estimates prepared by insured, licensed contractors, including photos if applicable. Town employees and special municipal employees are not eligible contractors in accordance with MGL Chapter 268A, section 20.

If a grant is awarded, the repair must be completed and invoice within 12 months from the award date, or by June 30, 2026, whichever is earlier. The Trust will pay the approved amount to the contractor upon receipt of the invoice with the W9 form, photo of finished repair, approval from the applicant, and satisfactory inspection by the Building Department.

The applicant must agree to notify the Littleton Affordable Housing Trust at least 120 days prior to listing the home for sale or rent during the first year after grant award.

Application Process: Applications for grants will be available on February 1, 2025, on-line or in person and must be submitted with all supporting documentation, for grant consideration. The Elder and Human Services Department will accept Grant Applications year-round, one per household. Applications will be reviewed, and potentially funded on a First-Come First-Served basis, pending the availability of funds.

Completed applications and supporting materials must be submitted to:

Amy DeMichele, Assistant Director
978-540-2472
ADeMichelle@Littletonma.org
Elder and Human Services
Littleton Town Offices
33 Shattuck Street
PO Box 1305
Littleton, MA 01460

If you have questions or need assistance completing this application, please contact the Elder and Human Services Department office at 978-540-2470. Applicants are encouraged to discuss their needs with program staff prior to submitting a full application.

All information requested on the application must be completed, and all required documentation submitted to verify income. Applicants who submit an incomplete application will be notified of any deficiencies in their application and will have the opportunity to correct them. Eligibility screening will not be performed if an application is incomplete. The applicant also must agree to provide full and complete information once the work is completed.

The applicant must present a minimum of two cost estimates from qualified/licensed contractors for work.

The work must be done by a certified and insured contractor with a local permit and inspected by the Building Department.

SMALL GRANT PROGRAM APPLICATION

1. Household Information

Applicant name _____ Phone # _____

Email: _____

Address _____ City/State/Zip _____

Co-Applicant name _____ Phone # _____

Email: _____

Address _____ City/State/Zip _____

Parcel ID _____

Number of people currently living in the residence, names and ages:

Disabilities: Yes ☐ No ☐

Deed restricted property: Yes ☐ No ☐

2. Property Information

Is there a mortgage on the property? No ☐ Yes ☐ Balance: \$ _____

Please attach tax bill showing assessed value, and statement showing mortgage/lien balance.

Is the property your primary residence? No ☐ Yes ☐

Do you plan to sell the property within the next 12 months? Yes ☐ No ☐

Do you own additional real estate? No ☐ Yes ☐

Additional real estate address: _____

Please attach tax bill showing assessed value, and statement showing mortgage/lien balance.

3. House Repair Needed

Indicate the amount request \$ _____ *Attach estimate.*

Describe the work needed:

Is the repair related to preserving the structural integrity of the dwelling? No ☐ Yes ☐

Is the repair related to preserving the health/safety or welfare of the occupants? No ☐ Yes ☐

Describe the urgency of need:

CERTIFICATION

To complete this application, please submit:

- _____ Completed application
- _____ Copies of most recent Federal tax return, and supporting schedules
- _____ Copies of most recent property tax bills for all properties
- _____ Copies of all current mortgage balances, including home equity lines of credit
- _____ Copies of two estimates for work by professional contractors
- _____ Picture of area to be worked on
- _____ Copy of picture identification (Driver's License or similar)

The undersigned hereby certifies that they have read and examined this Application, including all attachments hereto, and that the proposed project is accurately represented in the statements made in this Application. All statements provided are true and correct to the best of their knowledge.

_____	_____	_____	_____
Applicant	Date	Co-Applicant	Date