

April 22<sup>nd</sup>, 2019

Dear Committee Members,

Around five years ago, a call was placed to the Boston Police-Roxbury District B2 station reporting a squatter at an abandoned house on Kenilworth Street. My husband, who was then the night Sergeant on-duty, and his team responded to the call and were able to successfully secure the property. Upon his return home from his shift, knowing that I have a passion for historical architecture and grand homes, he told me about the property. Ever since that time, I have long wondered about the history of this house. Whose care it was under and what efforts, if any, were being made to revamp and restore such a lovely building that was falling into disrepair? Over the years, I periodically reached out to the city in the hopes of acquiring the building but was told that it was not yet ready to be sold. I continued to drive by the property daily since we live less than 800 yards from this house and it is on the route of my daily goings about in Roxbury.

I was delighted to hear that there was an open bidding process for the property a few months ago only to have my hopes crushed once the DND informed me they would not entertain selling the property to an owner but only to a developer. Surprisingly, a few weeks ago, I received an update on the RFP indicating that interested owner-builders could now submit an RFP. Oh what a joy that was!

I have lived in Boston for most of my life and have developed a growing and consistent passion for this wonderful city of ours. My husband was born and raised in Roxbury and now proudly serves our community as a Boston Police Sergeant Detective. As for myself, I am a pharmacist by trade. My mission is to make people feel better and live healthier. Eight years ago, I recognized that my community and neighbors in Roxbury are underserved and have limited access to healthcare and medications. I decided to do something about it. I opened a small independent pharmacy in Roxbury despite many discouragements from advisers who did not think that it was "safe" or "worth it" to have a pharmacy in Roxbury. However, the idea of building, of improving, of helping my community thrive was my driver and it gives me great pleasure to be able to serve my community in Roxbury with their medication needs and health advice.

My passion for the local community gives me a deep-seated desire to restore this house and make it a shining example of what "regular" people who live in Boston can do when given the opportunity to contribute to the beautification of a community. I am not a developer. My care and concern for a project like the restoration of the Kenilworth property are based in my wish to create not just a house, but a home. Renovating a space and turning it into a place my family can call home, something to take pride in and inspire people to do more to lift their community. Unlike a developer who may see this property as solely a financial opportunity, I am just an individual with a passion, and the means, to help Roxbury continue to grow into its potential.

**PROPOSAL FORM**

**SUBMITTED TO: DEPARTMENT OF NEIGHBORHOOD DEVELOPMENT  
BID COUNTER  
26 COURT STREET, 10<sup>TH</sup> FLOOR  
BOSTON, MASSACHUSETTS 02108**

**DATE RECEIVED BY DND:** \_\_\_\_\_

**SUBMITTED BY: NAME:** Carol Aboud

**ADDRESS:** 10 Cedar Park, Boston, MA 02119

**TELEPHONE:** 617-510-6511

**EMAIL:** carolaboud@hotmail.com

4/29/19  
RECEIVED  
Dept. of Neighborhood Development  
26 Court St. - Bid Counter, 10th Flr.  
Boston, MA 02108  
22 Kenilworth

Under the conditions set forth by the Department of Neighborhood Development, the accompanying proposal is submitted for:

**Property Address:** 22 Kenilworth St, Boston, MA 02119

For this proposal to be properly evaluated all questions must be answered by the Proposer. The Awarding Authority (the Department of Neighborhood Development) will regard all responses to questions and all submissions as accurate portrayals of the Proposer's qualifications and any discrepancy between these statements and any subsequent investigation may result in the proposal being rejected.

i. The name(s) and address(es) of all persons participating in this application as principals other than the undersigned are:

Same as above  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use separate sheet and attach if additional principals are involved.

ii. The applicant is a/an: Individual  
(Individual/Partnership/Joint/Venture/Corporation/Trust, etc.)

A. If applicant is a Partnership, state name and residential address of both general and limited partners: \_\_\_\_\_  
\_\_\_\_\_

B. If applicant is a Corporation, state the following:

Corporation is incorporated in the State of: N/A  
President is: \_\_\_\_\_  
Treasurer is: \_\_\_\_\_  
Place of Business: \_\_\_\_\_

C. If applicant is a Joint Venture, state the names and business addresses of each person, firm or company that is a party to the joint venture:

N/A  
\_\_\_\_\_  
\_\_\_\_\_

A copy of the joint venture agreement is on file at: \_\_\_\_\_ and will be delivered to the Official on request.

D. If applicant is a Trust, state the name and residential address of all Trustees as:

N/A  
\_\_\_\_\_  
\_\_\_\_\_

Trust documents are on file at N/A  
And will be delivered to the Official on request.

iii. Bank reference(s): \_\_\_\_\_

iv. If business is conducted under any title other than the real name of the owner, state the time when, and place where, the certificate required by General Laws, c.110, §5 was filed:

v. Number of years organization has been in business under current name: \_\_\_\_\_

vi. Has organization ever failed to perform any contract? \_\_\_\_\_ Yes/No

If answer is "Yes", state circumstances): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We propose the following purchase price:

\$52,022

vii. AUTHORIZATION:

The undersigned certifies under penalties of perjury that this proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

[Signature]  
Signature of individual submitting proposal

self  
Title

\_\_\_\_\_  
Legal Name of Organization

Dated at: \_\_\_\_\_

This 28<sup>th</sup> day of April, 2019

NAME OF ORGANIZATION:  
N/A

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

i. ATTESTATION:

Carol Aboud being duly sworn deposes and says that (he/she) is the individual of N/A and that all answers to foregoing questions and all statements contained herein are true and correct.

Subscribed and sworn before me this 28<sup>th</sup> day of April 2019

Notary Public: [Signature]

My Commission Expires: 2<sup>th</sup> April 2021, 2021  
(Month) (Year)

NOTE: This proposal form must bear the written signature of the applicant.

If the applicant is an individual doing business under a name other than his own name the application must state so, giving the address of the individual.

If the applicant is a partnership a partner designated as such must sign the application.

If the applicant is a corporation, trust or joint venture the application must be signed by a duly-authorized officer or agent of such corporation, trust or joint venture and contain written evidence of the authority to bind the entity.

(Please include the name of the agency or department and position held in that agency or department.)

**Project Summary Form**

Project Name: Kenilworth  
 Project Street Address(es): 22 Kenilworth St, Boston, MA 02119  
 Developer: Carol Aboud  
 Types of Units: Family  Individuals  Elderly  Special Needs   
 Other? (Describe) \_\_\_\_\_ Commercial  Yes  No  
 Number of Units N/A Number of Affordable Units N/A Homeless Units N/A

Number of Units	SRO	Studio	1-Bdr	2-Bdr	3-Bdr	4-Bdr	Total
<30% AMI							0
<60% AMI							0
<80% AMI							0
Market			1		1		0

Rents	SRO	Studio	1-Bdr	2-Bdr	3-Bdr	4-Bdr
<30% AMI						
<60% AMI						
<80% AMI						
Market						

**Housing Budget**

N/A

TDC: \$ \_\_\_\_\_ TDC Per Unit: \$ \_\_\_\_\_  
 Hard Cost/sf \$ \_\_\_\_\_ Hard Cost/unit \$ \_\_\_\_\_  
 Operating Exp/unit \$ \_\_\_\_\_ Reserves/unit \$ \_\_\_\_\_  
 Developer Fee and Overhead \$ \_\_\_\_\_

**Funding Sources:** (Check all that apply)

- |   |                                      |  |                                  |
|---|--------------------------------------|--|----------------------------------|
| DND – HOME <input type="checkbox"/>       | DHCD-HOME <input type="checkbox"/>   | DHCD-CIPF <input type="checkbox"/>       | Others: <input type="checkbox"/> |
| HSNG BOSTON 2030 <input type="checkbox"/> | DHCD-HSF <input type="checkbox"/>    | 9% LIHTC <input type="checkbox"/>        | _____ <input type="checkbox"/>   |
| NHT <input type="checkbox"/>              | DHCD-HIF <input type="checkbox"/>    | 4% LIHTC <input type="checkbox"/>        | _____ <input type="checkbox"/>   |
| IDP <input type="checkbox"/>              | DHCD-TOD <input type="checkbox"/>    | New Market TC <input type="checkbox"/>   | _____ <input type="checkbox"/>   |
| FHLB <input type="checkbox"/>             | DHCD-CATNHP <input type="checkbox"/> | Historic TC <input type="checkbox"/>     | _____ <input type="checkbox"/>   |
| AHTF <input type="checkbox"/>             | DHCD-CBH <input type="checkbox"/>    | MA State TC <input type="checkbox"/>     | _____ <input type="checkbox"/>   |
| MTC Grants <input type="checkbox"/>       | DHCD-FCF <input type="checkbox"/>    | HUD-Section 202 <input type="checkbox"/> | _____ <input type="checkbox"/>   |



Gary Streck CRM Inc. Construction and Remodeling Management

## 22 Kenilworth Historical considerations and Scope of work

Per Department of Neighborhood Development all exterior work will be consistent with period design and aesthetic and International Building Codes.

### **Exterior:**

1. Build parapet and chimney system at exterior wall as original look
2. Build rear landing and stairs to grade with period design elements
3. Repair stone foundation and re point red brick as needed
4. Replace windows with new period correct 6 over 6 divided light patterns on front
5. Replace remaining windows with 1 over 1 divided light pattern windows
6. Recreate interior shutters and paneling based on example partially existing in house
7. Rebuild and Reuse existing large pocket doors
8. Rebuild front grand interior staircase, all other staircases to be new construction
9. Replace roof with slate look asphalt
10. Refinish lintels and parge as neighbor
11. Replace inside front 60's door with period correct door
12. Reset existing front granite stair system
13. Replace front iron fence consistent with period
14. Repair and parge existing driveway concrete retaining wall

## STATEMENT OF PROPOSER'S QUALIFICATIONS FORM

All questions must be answered. All information must be clear and complete. Attach additional pages, if needed.

1. Name of proposer: Carol Aboud
2. Names and titles of principals: N/A
3. Names of authorized signatories: N/A, Only individual listed above
4. Permanent main office address: 10 Cedar Park, Boston, MA 02119  
Phone: 617-510-6511 Fax: \_\_\_\_\_ Email: carolaboud@hotmail.com
5. Date organized: N/A
6. Location of incorporation: N/A
7. Number of years engaged in business under your present name: N/A
8. List at least three private or public agencies that you have supplied/provided with similar services to that in this solicitation:
  - a. N/A
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_

Has organization ever failed to perform any contract?  YES  NO  
If YES, attach a written declaration explaining the circumstances.

AUTHORIZATION: The undersigned certifies under penalties of perjury that this proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

[Signature]  
Signature of individual submitting proposal

Self  
Title

N/A  
Legal Name of Organization

4/22/19  
Date



## PRELIMINARY DEVELOPMENT BUDGET FORM

**PROPOSER'S NAME:** Carol Aboud

Complete this Preliminary Development Budget or you may substitute another form that provides substantially equivalent information. Note: Total of Uses of Funds should equal Total of Sources of Funds.

USES OF FUNDING	AMOUNT
Acquisition - Land	\$
Site Prep/Environmental	\$
Construction	\$
Construction Contingency	\$
Architect(s) and Engineer(s)	\$
Development Consultant	\$
Survey and Permits	\$
Legal	\$
Title and Recording	\$
Real Estate Taxes	\$
Insurance	\$
Construction Loan Interest	\$
Construction Inspection Fees	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$
Soft Cost Contingency	\$
Developer Overhead	\$
Developer Fee	\$
<b>TOTAL: ALL USES</b>	<b>\$0.00</b>

## PRELIMINARY OPERATING BUDGET FORM

**PROPOSER'S NAME:** Carol Aboud

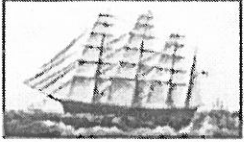
Provide a Preliminary Operating Budget on the form provided below. You may substitute another form that provides substantially equivalent information.

SOURCES OF FUNDS: ANNUAL OPERATING INCOME	AMOUNT
Loan - See attached	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>ANNUAL OPERATING INCOME: ALL SOURCES</b>	<b>\$0.00</b>

**Committed**

If any of the above-listed funding sources are already in hand or have been committed subject to completion of the new facility, check off the right-hand box under "Committed".

USES OF FUNDS: ANNUAL OPERATING COSTS	AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>ANNUAL OPERATING COSTS: ALL SOURCES</b>	<b>\$0.00</b>



# **SOUTH WIND FINANCIAL**

*"Diversified Lending Specialists"*

## **PRE-APPROVAL LETTER**

DATE: April 26, 2019

TO: Carol Aboud

RE: 22 Kenilworth St Roxbury, MA 02119

BASE LOAN AMOUNT: \$1,200,000 (including rehab funds)

INTEREST RATE: (rate not locked)

PROGRAM: Private Mortgage

PROPERTY TYPE: Single Family

WE ARE PLEASED TO TELL YOU THAT YOU HAVE BEEN PRE-APPROVED FOR A PURCHASE LOAN WITH THE FOLLOWING CONDITIONS:

1. PRELIM AND ESCROW INSTRUCTIONS
2. HAZARD INSURANCE
3. APPRAISAL
4. SALES CONTRACT EXECUTED BY SELLER & BORROWER
5. SUFFICIENT TIME TO CLOSE ESCROW

This loan is subject to any and all conditions set forth by the investor. Final conditions are subject to review by the underwriter prior to closing. Only upon receipt and review of all conditions will this loan fund. **Any change in employment, assets, income and/or credit will void this Pre-Approval.** Please contact your loan officer prior to making any changes.

If you have any questions or concerns, please call Jason Cohen at (617) 206-7514. Thank you for choosing South Wind Financial for your lending needs.

Sincerely,

Jason Cohen  
Sr. Loan Officer  
NMLS # 49628  
Massachusetts Branch # 115721  
[Jason.loanstar@comcast.net](mailto:Jason.loanstar@comcast.net)  
617-206-7514

*Specializing in Residential & Commercial Loans*

## DEVELOPMENT TIMETABLE FORM

**PROPOSER'S NAME:** Carol Aboud

Assuming that you are designated on May 30<sup>th</sup>, indicate below your target dates for achieving these key development milestones.

MILESTONE	DATE
Designs Complete	within 30 days of approval
Apply for Permit(s)	within 60 days of approval
Zoning Relief Anticipated?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
All Development Financing Committed	within 45 days of approval
Permit(s) Issued	within 30 days of applying
Financing Closed	within 45 days
Construction Begins	within 90 days
Construction Complete	within 11 months of start

**City of Boston (COB) – Property Affidavit Form**

**Instructions:** List all City of Boston properties currently owned, or previously foreclosed upon for failure to pay real estate taxes or other indebtedness, by the applicant or by any other legal entity in which the applicant has had or now has an ownership or beneficial interest. If there are any past due amounts owed to the Department of Neighborhood Development, the Inspectional Services Department, the Treasury Department and/or the Boston Water and Sewer Commission, such **must be paid in full** before: (1) a vote request can be presented to the City of Boston Public Facilities Commission concerning the sale of property to the applicant or any other business entity in which the applicant has an ownership or beneficial interest; OR (2) the commitment of funding to the applicant or any other business entity in which the applicant has an ownership or beneficial interest. Public Facilities Commission votes are not to be requested until the Property Affidavit has been approved and the Legal Unit has signed the Property Clearance Form.

Upon approval, the Property Affidavit will be valid for ninety (90) calendar days from the date it is signed by the Applicant.

**For any additional properties that do not fit on this form, attach a spreadsheet. Do not use another property affidavit form. Only one signature page is to be submitted. All entries made on this form must be typed in the form fields provided below.**

**Applicant:** Carol Aboud

List Addresses of Boston Properties Owned:	PARCEL ID NUMBER
<u>337 Centre St, Jamaica Plain, MA 02130</u>	<u>1001951000</u>
<u>73 Heath St, Jamaica Plain, MA 02130</u>	<u>1001254010</u>
<u>43 Clifford St, Boston, MA 02119</u>	<u>1200791000</u>
<u>81012 Cedar Pk, Boston, MA 02119</u>	<u>1100689000, 1100688000</u>
	<u>110069000</u>
Boston Properties Previously Foreclosed Upon by COB:	PARCEL ID NUMBER

I declare under pains and penalties of perjury that the foregoing representations are true, accurate, complete and correct in all respects.

Carol Aboud - Owner  4/22/19  
 Print Name and Title Authorized Representative's Signature Date

10 Cedar Park, Boston, MA 02119 617-510-6511  
 Applicant Contact (If different from above) Telephone Number

**OFFICIAL USE ONLY (Fax the completed form to DND at 635-0262. Delinquency Reported: (If Yes (Y) state the amount owed):**

**Boston Water & Sewer Commission** Y \$ \_\_\_\_\_ N   
 Signature and Date: \_\_\_\_\_

Notes: \_\_\_\_\_

**Department of Neighborhood Development** Y \$ \_\_\_\_\_ N   
 Signature and Date: \_\_\_\_\_

Notes: \_\_\_\_\_

**Public Works Department** Y \$ \_\_\_\_\_ N   
 Signature and Date: \_\_\_\_\_

Notes: \_\_\_\_\_

**Treasury Department** Y \$ \_\_\_\_\_ N   
 Signature and Date: \_\_\_\_\_

Notes: \_\_\_\_\_

DND Contact Division Program Phone: ext.

**AFFIDAVIT OF ELIGIBILITY FORM**

Developer's Name: Carol Aboud

Any person submitting an application for under this RFP must truthfully complete this Affidavit and submit it with their application.

1. Do any of the principals owe the City of Boston any monies for incurred real estate taxes, rents, water and sewer charges or other indebtedness?

No

2. Are any of the principals employed by the City of Boston? If so, in what capacity? (Please include name of principal, name of agency or department, and position held in that agency or department).

No

3. Were any of the principals ever the owners of any property upon which the City of Boston foreclosed for his/her failure to pay real estate taxes or other indebtedness?

No

5. Have any of the principals ever been convicted of any arson-related crimes, or currently under indictment for any such crime?

No

6. Have any of the principals been convicted of violating any law, code, statute or ordinance regarding conditions of human habitation within the last three (3) years?

No

**Conflict of Interest Affidavit Form**

The undersigned hereby certifies, under the pains and penalties of perjury, that neither they, nor those with whom they have business ties, nor any immediate family member of the undersigned, is currently or has been within the past twelve months, an employee, agent, consultant, officer or elected or appointed official of the City of Boston Department of Neighborhood Development. For purposes of this affidavit "immediate family member" shall include parents, spouse, siblings, or children, irrespective of their place of residence.

I declare under penalties of perjury that the foregoing representations are true, correct, accurate, complete and correct in all respects.

WITNESS:

  
\_\_\_\_\_

BORROWER:

 Carol Aboud  
\_\_\_\_\_

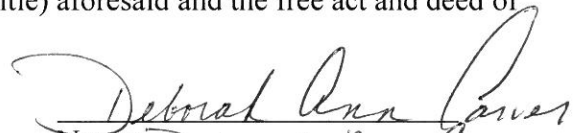
THE COMMONWEALTH OF MASSACHUSETTS

Suffolk, ss.

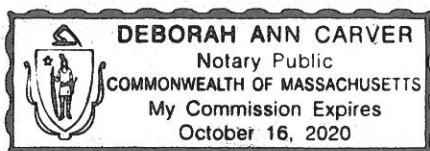
April 29 2019

Then personally appeared the above named Carol Aboud, (title) of (organization) and executed the foregoing instrument and acknowledged the foregoing instrument to be (his/her) free act and deed as (title) aforesaid and the free act and deed of (organization), before me.

*provided MA DRIVER'S License*

  
Name: Deborah Ann Carver  
Notary Public

My Commission Expires: October 16, 2020



## CHAPTER 803 DISCLOSURE STATEMENT FORM

In compliance with Chapter 60, Section 77B of the Massachusetts General Laws as amended by Chapter 803 of the Acts of 1985, I hereby certify that I have never been convicted of a crime involving the willful and malicious setting of a fire or of a crime involving the fraudulent filing of a claim for fire insurance; nor am I delinquent in the payment of real estate taxes in the City of Boston, or being delinquent, an application for the abatement of such tax is pending or a pending petition before the appellate tax board has been filed in good faith.

This statement is made under the pains and penalties of perjury this 22<sup>nd</sup> day  
of April, 2019  
Month Year

  
\_\_\_\_\_  
Proposer Signature

\_\_\_\_\_  
Co-Proposer Signature (If Applicable)



**DISCLOSURE STATEMENT FOR  
TRANSACTION WITH A PUBLIC AGENCY CONCERNING REAL PROPERTY  
M.G.L. c. 7C, s. 38 (formerly M.G.L. c. 7, s. 40J)**

**INSTRUCTION SHEET**

**NOTE:** The Division of Capital Asset Management and Maintenance (DCAMM) shall have no responsibility for insuring that the Disclosure Statement has been properly completed as required by law. Acceptance by DCAMM of a Disclosure Statement for filing does not constitute DCAMM's approval of this Disclosure Statement or the information contained therein. Please carefully read M.G.L. c. 7C, s. 38 which is reprinted in Section 8 of this Disclosure Statement.

**Section (1):** Identify the real property, including its street address, and city or town. If there is no street address then identify the property in some other manner such as the nearest cross street and its tax assessors' parcel number.

**Section (2):** Identify the type of transaction to which this Disclosure Statement pertains --such as a sale, purchase, lease, etc.

**Section (3):** Insert the exact legal name of the Public Agency participating in this Transaction with the Disclosing Party. The Public Agency may be a Department of the Commonwealth of Massachusetts, or some other public entity. Please do not abbreviate.

**Section (4):** Insert the exact legal name of the Disclosing Party. Indicate whether the Disclosing Party is an individual, tenants in common, tenants by the entirety, corporation, general partnership, limited partnership, LLC, or other entity. If the Disclosing Party is the trustees of a trust then identify the trustees by name, indicate that they are trustees, and add the name of the trust.

**Section (5):** Indicate the role of the Disclosing Party in the transaction by checking one of the blanks. If the Disclosing Party's role in the transaction is not covered by one of the listed roles then describe the role in words.

**Section (6):** List the names and addresses of every legal entity and every natural person that has or will have a direct or indirect beneficial interest in the real property. The only exceptions are those stated in the first paragraph of the statute that is reprinted in Section 8 of this Disclosure Statement. If the Disclosing Party is another public entity such as a city or town, insert "inhabitants of the (name of public entity)." If the Disclosing Party is a non-profit with no individual persons having any beneficial interest then indicate the purpose or type of the non-profit entity. If additional space is needed, please attach a separate sheet and incorporate it by reference into Section 6.

**Section (7):** Check "NONE" in the box if none of the persons mentioned in Section 6 is employed by DCAMM or an official elected to public office in the Commonwealth of Massachusetts. Otherwise list any parties disclosed in Section 6 that are employees of DCAMM or an official elected to public office.

**Section (8):** The individual signing this statement on behalf of the Disclosing Party acknowledges that he/she has read the included provisions of Chapter 7C, Section 38 (formerly Chapter 7, Section 40J) of the General Laws of Massachusetts.

**Section (9):** Make sure that this Disclosure Statement is signed by all required parties. If the Disclosing Party is a corporation, please make sure that this Disclosure Statement is signed by a duly authorized officer of the corporation as required by the statute reprinted in Section 8 of this Disclosure Statement.

DCAMM's acceptance of a statement for filing does not signify any opinion by DCAMM that the statement complies with applicable law.

This completed and signed Disclosure Statement should be mailed or otherwise delivered to:

Deputy Commissioner for Real Estate  
Division of Capital Asset Management and Maintenance  
One Ashburton Place, 15<sup>th</sup> Floor, Boston, MA 02108