



Homeowner Application for Surplus Funds

The following application is required in order for an applicant who was the homeowner, or successor in interest to a homeowner, to claim any surplus funds resulting from the sale of property that was acquired by Rhode Island Housing Mortgage and Finance Corporation ("RIHousing") as part of its Madeline Walker Program ("Surplus Funds").

In order for RIHousing to process any claim to Surplus Funds, an applicant must provide the following information:

- ✓ A completed, signed, and notarized Application for Surplus Funds
- ✓ A copy of your government-issued identification (i.e., driver's license or state/tribal identification card)
- ✓ A copy of the most recently recorded Deed to the property showing that the homeowner held title to the property at the time the subject property was foreclosed upon

If RIHousing determines that you are entitled to Surplus Funds, RIHousing will send you a communication and request for information regarding where to send the Surplus Funds.

Please return the completed application to:

RIHousing, Attn: Tax Lien Assistance, 44 Washington Street, Providence, RI 02903

Please be advised of the following:

- We will not review your application until we have received all required documents.
- We reserve the right to require additional documents and information from you in connection with our review of your application.
- We may be unable to review your application if any document is incomplete or illegible, or if the documents have not been transmitted to our office in accordance with the above instructions.
- We will not return any documents to you.
- For properties that were sold prior to July 31, 2025, we reserve the right to publish notice to determine if additional persons wish to claim an interest in the Surplus Funds. The cost of publication will be deducted from the Surplus Funds.
- We reserve the right to determine on our own if additional persons have a claim to the equity in the Property.
- If we determine that there may be additional persons with an equitable or title interest in the property, we reserve the right to file an interpleader action to disburse the Surplus Funds. The cost of said interpleader action will be deducted from the Surplus Funds.

PLEASE NOTE: The return of Surplus Funds may result in potential tax consequences for the Applicant. RIHousing will report all surplus funds to the Internal Revenue Service and Rhode Island Department of Revenue for tax purposes.

If you have any questions, please contact us at (401) 457-1180, Monday through Friday, 8:30 a.m.-5:00 p.m. EST.

Sincerely,

Customer Service
Enc.

Homeowner Application for Surplus Funds

Applicant Information

Applicant Name	Applicant SSN
Applicant Mailing Address	Applicant Email Address*
Applicant Telephone Number*	Applicant Mobile Phone Number*

Property Loan Information

Property Address:	
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*By providing RIHousing with your email address, telephone number, and mobile phone number, you consent and agree to our contacting you at the address/numbers about the above-referenced RIHousing loan(s). If you wish to change these preferences you may contact us at (401) 457-1180, Monday through Friday, 8:30 a.m.-5:00 p.m. EST.

Certification

By signing this Application Form and submitting it and the requested documents to RIHousing, I hereby represent to RIHousing that neither the Application Form nor any document that I have submitted to RIHousing in connection with my request for Surplus Funds as the former homeowner to the above-referenced property contains any misrepresentations or omissions of material fact. Further, I represent and certify that the submitted documents and the information, statements, and representations set forth in this Application Form are true, accurate, and complete.

Sign Applicant Name: _____

Print Applicant Name: _____

STATE OF _____
COUNTY OF _____

Subscribed and sworn to before me in _____ in said County on this ____ day of _____, _____ by _____, to me known and known by me or proved to me through satisfactory evidence to be the person executing the foregoing instrument.

Notary Public
Printed Name: _____
My commission expires: _____



AFFIDAVIT OF HOMEOWNERSHIP

The undersigned hereby declares the following under pains and penalties of perjury:

- 1) I, _____, possess an equity interest in the property located at:

(Property Address)
("the Property")

- 2) Rhode Island Housing Mortgage and Finance Corporation ("RIHousing") paid an outstanding tax lien on the property pursuant to its rights under the Madeline Walker Act (R.I. General Laws §44-9-8.3) and held an interest in the Property pursuant to a recorded collector's deed.
- 3) Title to the Property was then transferred to RIHousing free and clear of all other interests pursuant to a judgment of foreclosure of right of redemption of the collector's deed ("the Foreclosure").
- 4) RIHousing has since sold the Property to third party, and there exists surplus funds in excess of the amount owed to RIHousing for the payment of the tax lien(s), and other additional fees, costs, and interest (the "Surplus").
- 5) I hereby swear that I:
- was fee simple owner of the Property and held title to the Property at the time of the Foreclosure; or
- I am the successor in interest to the individual who was fee simple owner of the Property who held title to the Property at the time of the Foreclosure;
- 6) I have attached copy of the previously recorded the deed to the Property as evidence of the ownership interest referenced in Paragraph 5. (See **Exhibit A**)

7) Based on the interest described in Paragraph 5, I am owed a portion of the Surplus and hereby make a claim on said Surplus.

State of Rhode Island
County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____,
20____, by

(name of document signer),

who proved to me through satisfactory evidence of identification, to be the person who appeared before me.

Notary Public
Notary Public Printed Name
Notary ID #
My commission expires

Exhibit A