

HOUSING REHABILITATION PROGRAM APPLICATION

OWNER-OCCUPIED HOUSEHOLD INFORMATION

Hilltown Community Development 387 Main Road, Chesterfield, MA 01012

phone: (413) 296-4536 ext.109 fax: (413) 296-4020



Enriching lives in
a rural economy

Name of Owner(s): _____

Street Address: _____ Town: _____

Zip Code: _____ Home Phone: _____ Cell Phone: _____

Mailing Address (if different): _____

Email Address: _____ Preferred Method of Contact: _____

Number of Persons currently living in your house (or who will reside there for the next 12 months): _____

Please list the age of each person in the household (including yourself): _____

How long have you owned this property? _____ Is this property in a trust or life estate? _____

Is this property your primary residence? _____

Have you ever used the Housing Rehab. Program before? _____ If so, approx. when? _____

Have you ever used the Septic Repair Loan Program before? _____ If so, approx. when? _____

Race or Ethnic Background:

White Asian American Indian/Alaskan Native Hawaiian/Other Pacific Multi White & Indian

Multi White & Asian Multi White & African American Multi Indian & African American

Black/African American Other: _____

Check Each That Applies:

Female Head of Household

Disabled (household member)

Head of Household is a Senior Citizen (age 60+)

Are repairs related to applicant's disability?

The information solicited on this application is requested by the grantee to assure the Federal Government that Federal laws prohibiting discrimination against applicants based on race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish the above information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual applicants based on a visual observation or a surname.

OTHER FAMILY INFORMATION

Small family (1 to 4 persons) **Large family** (5 or more persons)

Does this home include a rental unit? Yes No

Is your house over 50 years old? Yes No

Approximate year house was built: _____

Is your house in the flood plain? Yes No

Is your house currently for sale? Yes No

Do you plan to sell your house soon? Yes No

Are you a veteran, or the spouse

of a deceased veteran? Yes No

THIS IS AN EQUAL OPPORTUNITY PROGRAM. DISCRIMINATION IS PROHIBITED BY FEDERAL LAW. COMPLAINTS OF DISCRIMINATION MAY BE FILED WITH THE MASSACHUSETTS COMMISSION AGAINST DISCRIMINATION.



EQUAL HOUSING OPPORTUNITY



United Way of Hampshire County

I. INCOME INFORMATION

List income for *all household members* over the age of 18: (Include Wages, Rental Income, Pensions, Social Security, Unemployment, Welfare, Interest, Dividends, and Child Support): **All income requires verification.**

<u>HOUSEHOLD MEMBER'S NAME</u>	<u>INCOME SOURCE</u>	<u>MONTHLY AMOUNT (GROSS)</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MONTHLY TOTAL: _____

II. OWNER FINANCIAL INFORMATION

A. APPROXIMATE MONTHLY EXPENSES FOR PROPERTY TO BE REHABILITATED:

	Monthly Payments
Mortgage	_____
2nd. Mortgage (if applicable)	_____
Home Improvement Loans (or Equity Loan)	_____
Property Taxes	_____
Property Insurance	_____
Water and Sewer	_____
Utilities	_____
Maintenance (estimated)	_____
TOTAL:	_____

Are there currently any liens or attachments recorded against your property? _____
If yes, please explain: _____

Are your property taxes, income taxes, and mortgage payments up to date? _____
If no, please explain: _____

Do you have homeowner's insurance? _____

If you live in a flood plain, do you have flood insurance? _____

III. PROPERTY INFORMATION:

A. Directions to property: _____

B. Does your property have an Adequate Septic System? _____

C. Does your property have an Adequate Well or Water Supply? _____

D. Description of Work needed.

Describe rehabilitation work needed:

IMPORTANT: Please submit photos of your home documenting the work needed via email to: paulab@hilltowncdc.org. If you need help taking photos, please check the box below, and we will make an appointment to take photos of your home for the application.

Photos: _____ No photos included; please assist _____

IV. ADDITIONAL INFORMATION

Before this application can go forward, eligibility must be verified.

A. INCOME VERIFICATION FOR OWNER HOUSEHOLD:

Please submit a copy of your tax return with your application. Applications will be scored and placed on our waiting list according to a needs-based system. When your application is next on the wait list, you will receive a letter requesting verification of all income sources. A final determination of your eligibility for the program will be made after all supporting income information is received.

I understand that the information given in this application will be used only to determine eligibility for this program and will be treated as confidential. This is an equal opportunity program. Discrimination is prohibited by Federal Law. I also consent to inspections of my property by the program staff. I further state that the information in this application has been given freely and is true to the best of my knowledge.

If you live in the following towns: Chesterfield, Cummington, Goshen, Peru, Plainfield, Westhampton, Williamsburg, or Worthington, these income caps apply to you:

# Household Members	Annual Gross Income	# Household Members	Annual Gross Income
1	\$55,800	5	\$86,100
2	\$63,800	6	\$92,500
3	\$71,750	7	\$98,850
4	\$79,700	8	\$105,250

(These are the income limits for the Mass.CDBG, HPG and HOME Programs)

NOTICE TO APPLICANTS

Should you be dissatisfied with services you receive, you are invited to submit a written grievance or complaint to the Executive Director of the CDC. You will receive a written response within 15 working days from the receipt of the grievance.

(Note: All owners of record must sign below. For example, if you jointly own the property, both of you must sign below.)

Signature

Date

Signature

Date

V. INCOME CERTIFICATION
HILLTOWN CDC HOUSING REHAB PROGRAM

I/We, _____, living at

_____ certify that

our household income is below the level listed for the number of persons in my/our household:

*If you live in the following towns: Chesterfield, Cummington,
 Goshen, Peru, Plainfield, Westhampton, Williamsburg or Worthington,
 these income caps apply to you:*

CHECK BOX APPLICABLE	NUMBER OF PERSONS	GROSS ANNUAL INCOME	CIRCLE ONE
[]	1	\$55,800	OVER UNDER
[]	2	\$63,800	OVER UNDER
[]	3	\$71,750	OVER UNDER
[]	4	\$79,700	OVER UNDER
[]	5	\$86,150	OVER UNDER
[]	6	\$92,550	OVER UNDER
[]	7	\$98,850	OVER UNDER
[]	8	\$105,250	OVER UNDER

(These are the income limits for Mass CDBG, HOME and HPG Programs.)

I understand that this statement is subject to verification.

Signature

Date

Signature

Date

AUTHORIZATION AND WAIVER OF CONFIDENTIALITY

To: Hilltown Community Development Corporation Housing Rehab Program
387 Main Road, P.O. Box 17
Chesterfield, MA 01012

This is to notify you that I/We, _____,

living at _____,

authorize the staff of the Hilltown Community Development Corporation to request my records and information about me, including the amount and source of my income, job-related and medical expenses and other confidential information.

Signature

Date

Signature

Date

Conflict of Interest Worksheet

Please provide the name of the employer for each household member

Does any member of the household work for a municipality? _____

If so, please state the name of the municipality: _____

If so, please provide the job title/description: _____

Is any household member an elected or appointed official of a municipality? _____

If so, please state the name of the municipality: _____

If so, please provide the job title/description: _____

Is any household member an agent of or a consultant for a municipality? _____

If so, please state the name of the municipality: _____

If so, please provide the job title/description: _____

Does any household member work for or have an affiliation with an agency or municipality that administers or receives Community Development Block Grant Funding? _____