

**HOUSING REHABILITATION PROGRAM
APPLICATION
OWNER-OCCUPIED HOUSEHOLD INFORMATION**

Name of Owner(s): _____

Street Address: _____ Town: _____

Zip Code: _____ Home Phone: _____ Work Phone: _____

Mailing Address: (If different from Street Address) _____

Number of Persons currently living in your house (structure): _____

(or who will reside there for all or part of the next 12 months)

Please list their ages: _____

How long have you lived in this house? _____

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+)

Does request for repairs relate to household member's disability?

The information solicited on this application is requested by the grantee in order to assure the Federal Government that Federal laws prohibiting discrimination against applicants on the basis of 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 on the basis of visual observation or surname.

2. 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 Age of House: _____ years

Is your house in the flood plain? Yes No

Is your house currently for sale or do you plan to put it up for sale in the near future? 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 PROGRAM



Hilltown CDC is a United Way Member Agency

I. INCOME INFORMATION

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

LIST NAMES OF ALL
HOUSEHOLD MEMBERS

INCOME SOURCE

MONTHLY AMOUNT (GROSS)

<u>LIST NAMES OF ALL HOUSEHOLD MEMBERS</u>	<u>INCOME SOURCE</u>	<u>MONTHLY AMOUNT (GROSS)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 (if different from 2nd mortgage)	_____
Property Taxes	_____
Property Insurance	_____
Water and Sewer	_____
Owner-Supplied Utilities	_____
Maintenance (estimated)	_____
TOTAL:	_____

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

Are your property taxes and mortgage payments up to date? _____ If not, please explain: _____

Do you have the ability to make a monthly payment toward home repairs? Yes ____ No ____

If so, How much could you afford to pay monthly toward home repairs? _____

Please estimate your out-of-pocket (non-reimbursable) medical expenses for a one year period.

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 by your property and/or its individual apartment units.

V. ADDITIONAL INFORMATION

Before this application can be acted upon, eligibility must be verified.

A. INCOME VERIFICATION FOR OWNER HOUSEHOLD: At the time of application, **please submit a copy of your most recent federal tax return**. When your application is received we will ask you to document all sources of income. Final determination of eligibility will be made at that time. Applications will be ranked on our waiting list according to a needs-based system. In order to receive “priority points”, we may be requesting other types of documentation, as needed.

B. INCOME VERIFICATION FOR ALL TENANT HOUSEHOLDS: (These may be completed by the Tenants and, if they choose, returned directly to the CDC office.)

I understand that the information given in this application will be used only to determine eligibility for this program, and will otherwise 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 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, Plainfield, Westhampton, Williamsburg or Worthington, these income caps apply to you:

# Household Members	Annual Gross Income	# Household Members	Annual Gross Income
1	\$43,450	5	\$67,050
2	\$49,700	6	\$72,050
3	\$55,900	7	\$77,000
4	\$62,100	8	\$81,950

(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

Social Security Number

Date

Signature

Social Security Number

Date

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, Plainfield, Westhampton, Williamsburg or Worthington;
these income caps apply to you:***

CHECK BOX APPLICABLE	NUMBER OF PERSONS	GROSS ANNUAL INCOME	CIRCLE ONE
<input type="checkbox"/>	1	\$43,450	OVER UNDER
<input type="checkbox"/>	2	\$49,700	OVER UNDER
<input type="checkbox"/>	3	\$55,900	OVER UNDER
<input type="checkbox"/>	4	\$62,100	OVER UNDER
<input type="checkbox"/>	5	\$67,050	OVER UNDER
<input type="checkbox"/>	6	\$72,050	OVER UNDER
<input type="checkbox"/>	7	\$77,000	OVER UNDER
<input type="checkbox"/>	8	\$81,950	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



H I L L T O W N

Community Development Corporation

387 MAIN ROAD • P.O. BOX 17 • CHESTERFIELD, MA 01012
413-296-4536 • FAX: 413-296-4020 • STAFF@HILLTOWNCDC.ORG

AUTHORIZATION AND WAIVER OF CONFIDENTIALITY

To: Hilltown Community Development Corporation Housing Rehab Program
387 Main Road, PO 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

Signature

Date



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Certification of Title

Instructions: Applicant should fill in property location and owner of record, and then take this form to your Town Assessor to complete the bottom half.

Property Location: _____

Owner(s) of Record:

Name: _____ Address: _____

Name: _____ Address: _____

I hereby certify that the above are all owner(s) of record for the subject property, and are listed at the Hampshire County Registry of Deeds, Northampton, Massachusetts, in

Book # _____ Page # _____ File Document # _____

Date deed was signed (not recordation date): _____

The property is located on Assessor's Map # _____ Lot # _____

This property is assessed at: \$ _____

Year dwelling constructed: _____

Assessor's Signature

Title

Date



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CERTIFICATION OF PROPERTY TAX

Instructions: Application should fill in "Property Location", then take this form to your Tax Collector to complete.

Property Location: _____

Map #: _____ Lot #: _____

Owner(s) of Record:

Name: _____ Address: _____

Name: _____ Address: _____

Land and improvements are assessed at \$ _____

Please indicate the amount of taxes paid on this property per year. \$ _____

Please indicate the amount of outstanding taxes due to date:

Amount due: \$ _____ Due Date: _____

If taxes are outstanding, is the homeowner on a satisfactory payment plan to repay these outstanding taxes?

Yes _____ No _____

Comments: _____

I hereby certify that the above information regarding current and past property taxes and other municipal fees for the above described property is accurate to the best of my understanding.

Signature of Tax Collector or Official Officer

Date