

**Town of Winchendon
Housing Rehabilitation Program**

APPLICATION FORM

TYPE OR PRINT IN BLACK INK

Owner
Name: _____

Co-Owner
Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

A. Property Data:

1. Property address: _____
2. How many dwelling units are on this property? _____
3. How many dwelling units are occupied? _____
4. Assessed value _____
5. Age of structure _____
6. Year purchased _____
7. Have you ever previously received assistance from a Community Development Block Grant Program to repair this property? Yes No
 - a. Another property? Yes No
8. Has this property been inspected for lead paint? Yes No
 - a. If yes, please supply copy of inspection and/or certificate of compliance to our office.

B. Household Data:

1. Is this property your principal residence? Yes No
2. How many persons reside in **your** * household? _____
3. Is anyone in your household that is over 18 years of age a full-time student? Yes No If yes, please provide proof of school registration.
4. Please list the following information for **every** person living in your household, including yourself:

Name	Age	Sex	Relationship
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____

* **Household means everyone who lives with you in your dwelling regardless of whether they are related to you or not.**

** **We will obtain tenant information separately.**

4. Ethnic/Racial Background. List the number of persons in your household that fall into each category:

____ White
____ Black/African American
____ Hispanic
____ Asian
____ American Indian / Alaskan Native
____ Native Hawaiian / Other Pacific Islander
____ American Indian / Alaskan Native and White
____ Asian and White
____ Black / African American and White
____ American Indian / Alaskan Native and Black / African American
____ Balance / Other

5. List the number of persons in your household that fall into each category. A person may fall into more than one category.

____ Handicap (describe for each person, use back of form if more room is need)
____ Elderly (60 years of age or older)

6. Is the owner a single mother with one or more minor dependent children?

Yes No

C. Sources of Income:

If any member of your household receives any of the following types of income, please list the gross amount of income (before taxes) each received from all sources during the past twelve months. Include salary and wages, tips, self employment, unemployment, social security/disability, AFCD, child support, veteran's benefits, worker's compensation, retirement/pension, alimony, foster care receipts, interest and dividends, annuities, or other income.

Name	Source/Employer	Gross Amount
____	____	____
____	____	____
____	____	____
____	____	____

Please use back of form if additional space is needed.

D. Personal Debt Information: (Car loans, charge accounts, equity loans, etc.)

Type/Creditor	Original Amount	Current Balance	Monthly Payments
____	____	____	____
____	____	____	____
____	____	____	____
____	____	____	____
____	____	____	____

E. Property Expense Information:

1st Mortgage – Name of Holder _____
Payment Amount _____
Original Amount _____ Current Balance _____
2nd Mortgage – Name of Holder _____
Original Amount _____ Current Balance _____
Property Taxes (annual).....
Property Insurance (annual).....
Water/Sewer (annual).....

Please list the following estimated monthly expenses for you and your tenant (if applicable)

Your electric	\$	Tenant's electric	\$	Included in Rent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your fuel oil	\$	Tenant's fuel oil	\$	Included in Rent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your gas	\$	Tenant's gas	\$	Included in Rent	<input type="checkbox"/> Yes	<input type="checkbox"/> No

F. Rental Property:

If this property has more than one dwelling unit, is the other unit occupied? Yes No
If yes, please provide the following information on your tenant:

Name: _____

Mailing Address: _____

Phone #: _____

G. Are you a municipal employee or locally appointed official? Do you work as a consultant or agent to the community? Do you work for another agency that administers CDBG for the community?

1. If so, your position title: _____

2. Department: _____

3. How did you hear about the rehabilitation program? _____

4. Note any potential conflict of interest & describe/attach resolution.

H. Please check the items for which you are interested in receiving housing rehabilitation assistance. This listing is preliminary and for informational purposes only:

<input type="checkbox"/> Septic System	<input type="checkbox"/> Siding
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Roof
<input type="checkbox"/> Electrical	<input type="checkbox"/> Porch/Steps
<input type="checkbox"/> Heating/Hot Water	<input type="checkbox"/> Windows
<input type="checkbox"/> Insulation	<input type="checkbox"/> Painting
<input type="checkbox"/> Repair of Walls/Ceilings/Floors	<input type="checkbox"/> Foundation
<input type="checkbox"/> Other (specify) _____	

I. Please describe any situations, which might be considered emergency conditions, such as a failed heating system, a leaking roof or a request for accommodations for a handicapped household member.

WARNING: The Housing Rehabilitation Program receives funds from the federal government. Under federal law, it is a crime to misrepresent information to obtain federal assistance. The punishment is a fine of not more than \$10,000 or five years in a federal prison for each offense. (Title 18 USC Section 1001)

I/we certify that all of the above statements are true, accurate, and complete to the best of my/our knowledge and belief. I/we hereby consent to the verification of any information given in this application. I/we understand that the information is confidential and will be used only to determine eligibility for this program. I/we give permission to the Program to inspect my property for the purposes of this application. I/we agree to abide by the program guidelines and regulations.

All parties listed on the deed as owner(s) must sign below. If you have any questions, please call 978-297-5414.

Signature

Date

Signature

Date

Please return this application with the following additional documents:

- Your original recorded deed to the property
- Your latest mortgage statement
- Proof of insurance on the property – i.e. coverage page
- Verification of income for all household members over 18 years of age
- A copy of a social security card for each member of the household
- A government issued photo ID for all individuals signing the application

Please note: If your taxes or other municipal charges are not paid up to date, you are not eligible for assistance.