

**TOWN OF
HOUSING REHAB PROGRAM
HOMELOWNER APPLICATION**

A. APPLICANT DATA:

DATE: _____

A.1 NAME		
ADDRESS		
TELEPHONE	Home	Work

A.2 Is this property your principal residence? _____ yes _____ no

A.3 How many people reside at this address? _____

A.4 LIST ALL RESIDENTS, INCLUDING YOURSELF:			
NAME	AGE	SEX	SOCIAL SECURITY NUMBER

A.5 Ethnic Background
 _____ White _____ Hispanic _____ Black _____ Other

A.6 Check, if applicable: _____ Handicapped _____ Female Headed Household

*Section 109 of Title I – Housing & Community Development Act of 1974 states that no person in the United States shall on the ground of race, color, national origin, religion, or sex, be excluded from participation in any program or activity.

B. SOURCES OF INCOME

For every member of the household (children under 18 and students over 18 must show evidence of enrollment) list the gross amount (before taxes) each receives from all sources, including wages, rental income, social security, interest and dividends, pensions, AFDC, child support, alimony, etc. *All household members must submit their most recent pay stubs (8 weeks) as well as signed and dated tax filing Form 1040 (include all schedules).*

NAME	SOURCE	GROSS INCOME 12 MONTH PERIOD
SAVINGS INSTITUTIONS		CURRENT BALANCE
Other - Investments (incl. Retirement - IRA ,etc.)		CURRENT VALUE / BALANCE

C. PROPERTY DATA

C.1 Is this property a single or multi-family dwelling? _____

C.2 If the property is a multi-family (a) Number of units _____

(b)How many are occupied? _____ Assessed Value _____

C.3 Age of Home _____

C.4 Briefly describe the improvements needed:

C.5 Have you ever received or applied for Community Development Block Grant (CDBG) assistance on this property in the past? ____ yes ____ no ____ year

C.6 If yes, when and scope of the improvements:

D. PERSONAL DEBT INFORMATION (car loans, charge cards, medical):

CREDITOR	BALANCE	MONTHLY PAYMENT

E. Property Expense Information

EXPENSES	MONTHLY PAYMENTS
Mortgage(s) Original Balance \$ _____ Current Balance \$ _____ NOTE: Enclose copy of most current Mortgage Statement	
Property Tax	
Fuel Oil (est. monthly cost)	
Gas (est. monthly cost)	
Electric (est. monthly cost)	
Homeowner Insurance NOTE: Enclose copy of policy-pg. 1&2)	
Water/Sewer	
Other (describe)	

F. I/We hereby certify that all of the above statements are true, accurate and complete to the best of my/our knowledge and belief. I hereby consent to the verification of any information given in this application. I understand that the information that the information will be used to determine eligibility for this program and is subject to the requirements and protections of the public records laws.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

ALL PARTIES TO THE PROPERTY DEED MUST SIGN BELOW:

_____ DATE

_____ DATE

_____ DATE

WordDoc-HR -04 Athol CDBG Forms -Application Rev 04/07/05, 05/12/05,05/16/05

Check list of forms to enclose:

- Signed Application – all questions answered
- Student(s) over 18 – evidence of school enrollment
- 1040 Tax Form 2005– all household members
- 8 weeks of pay stubs – all household members
- Copy of Most Current Mortgage Statement
- Copy of Homeowner Insurance Policy (pages 1 & 2)

Send to: Town of Athol, 584 Main Street, Rm. 29, Athol, MA. 01331