

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

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 everyone's age 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 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 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

**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, Interest, Dividends, and Child Support): **All income requires verification.**

LIST NAMES OF ALL  
HOUSEHOLD MEMBERS

INCOME SOURCE

MONTHLY AMOUNT (GROSS)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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	_____
Utilities	_____
Maintenance (estimated)	_____
TOTAL:	_____

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

Are your property taxes, income taxes, and mortgage payments up to date? \_\_\_\_\_ If not, 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 by your property and/or its individual apartment units.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**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
<input type="checkbox"/>	1 .....	.\$44,800	OVER UNDER
<input type="checkbox"/>	2 .....	.\$51,200	OVER UNDER
<input type="checkbox"/>	3 .....	.\$57,600	OVER UNDER
<input type="checkbox"/>	4 .....	.\$64,000	OVER UNDER
<input type="checkbox"/>	5 .....	.\$69,150	OVER UNDER
<input type="checkbox"/>	6 .....	.\$74,250	OVER UNDER
<input type="checkbox"/>	7 .....	.\$79,400	OVER UNDER
<input type="checkbox"/>	8 .....	.\$84,500	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, 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



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### Conflict of Interest Worksheet

Please provide the name of the employer for each household member

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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? \_\_\_\_\_