

**CITY OF EVERETT  
HOUSING REHABILITATION PROGRAM  
OWNER APPLICATION FORM**

DATE: \_\_\_\_\_ CASE# \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOTAL UNITS \_\_\_\_\_

TELEPHONE #: home \_\_\_\_\_ work/cell \_\_\_\_\_

EMAIL: \_\_\_\_\_

**OWNER OCCUPIED INFORMATION**

SOCIAL SECURITY NUMBER (S): \_\_\_\_\_ / \_\_\_\_\_

HANDICAPPED PERSONS: \_\_\_\_\_ / IMPAIRED: SENSORY \_\_\_\_\_ / MOBILITY \_\_\_\_\_

TYPE OF DISABILITY \_\_\_\_\_

# ADULTS: \_\_\_\_\_ / FEMALE HEAD OF HOUSEHOLD \_\_\_\_\_ / ELDERLY: \_\_\_\_\_

# CHILDREN: \_\_\_\_\_ / AGES \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NUMBER OF BEDROOMS \_\_\_\_\_

**ARE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY CURRENTLY  
OR WITHIN THE PAST YEAR A:**

➤ MUNICIPAL EMPLOYEE / LOCALLY APPOINTED OFFICIAL      YES       NO

IF SO, WHAT IS THE POSITION AND TITLE HELD: \_\_\_\_\_

➤ CONSULTANT OR AGENT FOR THE TOWN OF WEST SPRINGFIELD OR OTHER  
AGENCY THAT ADMINISTERS CDBG FUNDS TO THE COMMUNITY      YES       NO

IF SO, FOR WHAT DEPARTMENT: \_\_\_\_\_

➤ HOW DID YOU HEAR ABOUT THE REHABILITATION PROGRAM: \_\_\_\_\_

BRIEFLY DESCRIBE THE WORK YOU WOULD LIKE TO HAVE DONE: \_\_\_\_\_

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

**TENANTS INFORMATION**

NAME: \_\_\_\_\_

APARTMENT # \_\_\_\_\_ / TELEPHONE home \_\_\_\_\_ / work \_\_\_\_\_

# ADULTS: \_\_\_\_\_ / FEMALE HEAD OF HOUSEHOLD \_\_\_\_\_ / ELDERLY:  
\_\_\_\_\_

# CHILDREN: \_\_\_\_\_ / AGES \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

=====

NAME: \_\_\_\_\_

APARTMENT # \_\_\_\_\_ / TELEPHONE home \_\_\_\_\_ / work \_\_\_\_\_

# ADULTS: \_\_\_\_\_ / FEMALE HEAD OF HOUSEHOLD \_\_\_\_\_ / ELDERLY:  
\_\_\_\_\_

# CHILDREN: \_\_\_\_\_ / AGES \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

=====

NAME: \_\_\_\_\_

APARTMENT # \_\_\_\_\_ / TELEPHONE home \_\_\_\_\_ / work \_\_\_\_\_

# ADULTS: \_\_\_\_\_ / FEMALE HEAD OF HOUSEHOLD \_\_\_\_\_ / ELDERLY:  
\_\_\_\_\_

# CHILDREN: \_\_\_\_\_ / AGES \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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SOURCES OF INCOME

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sources of income for the time period: \_\_\_\_\_

Letters from employers SIGNED AND DATED ON EMPLOYER LETTERHEAD. Evidence such as benefit letters, direct deposit statements, court orders, bank statements, lease agreements or other proof of benefits must also be returned along with this form.

X	WAGES: List employer name and address	GROSS MONTHLY INCOME
	Employer:	
	Employer:	
	Social Security:	
	Pension: – List Source, Acct. No’s & Addresses	
	AFDC:	
	Fuel Assistance	
	Mortgage / Rental Assistance	
	Child Support: - submit copy of Court Order	
	Alimony: - submit copy of Divorce Decree	
	Self-Employment: - submit Certified Tax Return	
	Unemployment Compensation	
	Worker’s Compensation	
	Veteran’s Benefits	
	Dividends: – Interest Income List Source, Acct. No’s & Addresses	
	Rental Income: - submit copy of lease or rent checks	
	Other: - Please Specify	

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. I consent to inspections of my property by program staff, building and other inspectors. I further state that the information in this application has been given freely and is true to the best of my knowledge. **It is my understanding that falsification of income information may lead to immediate recapture of loan funds by the CITY.**

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

CITY OF EVERETT  
HOUSING REHABILITATION PROGRAM  
OWNER FINANCIAL INFORMATION

A. Monthly Expenses for Property to be Rehabilitated:

Expenses	Creditor	Monthly Payments
Mortgage		
2 <sup>nd</sup> Mortgage		
Home Improvement Loans (If different from 2 <sup>nd</sup> mortgage)		
Property Insurance		
Taxes		
Water & Sewer		
Owner – Supplied Utilities		
Maintenance		
	TOTAL	

B. Personal Liabilities (include mortgages, loans, credit cards, tax and utility arrearages):

Type	Creditor	Original Amount	Current Balance	Monthly Payment	Number of Months Left