

Date Received _____ Application # _____

FY20 EVERETT HOUSING REHABILITATION PROGRAM
Homeowner Application

The FY20 Housing Rehabilitation Program is targeted to the following streets: STREET NAMES HERE IF NEEDED

1. Name of Owner(s): _____

2. Address: _____
3. Is the property Owner-Occupied? ___ Yes ___ No 4. No. of Residential Units: ___
5. Telephone number: Home: _____ Work: _____
6. Applicant Data: Include information for all permanent residents of the household.

Name	Age	Handicapped (Yes or no)	Race	Social Security #

7. Year Property Constructed: _____
8. Do you have Flood Insurance? ___ Yes ___ No
9. For each household member, list the source and amount of all income received during the past 12 months. Include wages, social security, pensions, IRAs, unemployment, worker's compensation, interest and dividends, child support, alimony, etc:

Name of Household Member	Source of Income	Gross Annual Income

If the sources or amounts of your household's income are different now than they were in the last year, please describe.

10. Please check items for which you are interested in receiving housing rehabilitation assistance. This list is only preliminary and is for informational purposes.

	Septic System		Plumbing		Electrical
	Heating/Hot Water		Insulation		Repair of Walls/Ceilings/Floors
	Siding		Roof		Porch/Steps
	Windows		Painting		Foundation
	Lead Paint		Sewer Connection		Other (Specify)

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

12. Do you or any immediate family members work for the City or serve in an elected position?

Yes; Name: _____ Position: _____ No

13. I hereby certify that all information provided is accurate to the best of my knowledge. In addition, I authorize the City to verify any information relating to my application for assistance. I certify that I am in good standing with the City of Everett Tax Collector and the said property has no water and/or sewer liens, nor state or federal tax liens. Furthermore, I am in good standing with all mortgagees relating to said property. The mortgage is not in foreclosure, and the property is not affected by bankruptcy proceedings of any kind. I am not in default under any mortgage or promissory notes secured by any mortgage on the property. I understand that falsification of any information provided to the Town may result in termination of the application.

Signed: _____ Date _____

Signed: _____ Date _____

All owners of the property must sign the application. Income information will be kept confidential.

Please return the completed application:

**City of Everett
Department of Planning and Development
Room 25
Everett, MA 02149
Attn: Housing Rehabilitation Program**