INSTRUCTIONS FOR COMPLETING
HOUSING REHAB PROGRAM APPLICATION FORM

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1. Fill out application form.

2. Sign and date the application form. If two people own the house jointly, then both must sign.

3. Enclose a copy of the deed to your house. This may be on file with the bank that holds the mortgage to your house. A copy of your deed is also available from the Worcester Northern District Registry of Deeds.

4. Enclose copies of your 1040 or 1040A Federal Income Tax Returns for your latest year filed (if any).

5. Enclose copies of current social security, SSI, pension, welfare, A.F.D.C. checks, etc.

6. Return the completed application to the Housing Rehab Program.

   City Hall
   Office of Planning & Development/ CDBG
   Office 25 West Street
   Leominster, MA. 01453

Remember that your application must include:

*A copy of your latest 1040 or 1040A Federal Income Tax Return (if

filed) *A copy of the deed to your house

* Copies of current social security, SSI, Pension, Welfare, AFDC checks

If you have any questions or need assistance in filling out the Housing Rehabilitation program application Form, please contact: Office of Planning & Development (978) 534-7525- Ellen Racine

City of Leominster

Housing Rehabilitation Program

City Hall – 25 West Street
Leominster, Ma 01453

APPLICATION

Applications for assistance are accepted in person at the Office of Planning & Development in City Hall, Leominster, Ma 01453. Applications are accepted on a first-come, first-serve basis. For more information and if you need assistance with the application call the Department of Planning & Development at (978) 534-7525 ext. 255.

Owner(s)_____

Address_____

Rehab Property Address_____

Length of Ownership_____ From Deed: Book_____ Page_____

Owner Soc Sec#_____ Owner(s) Soc Sec#_____

Owner Age_____ Owner(s) Age_____

Telephone #_____ email_____

Family Members Living in Unit:

Name_____Age_____Name_____Age_____

Name_____Age_____Name_____Age_____

Are there liens or attachments on the property? Yes_____No_____

Are taxes, utilities, and mortgage in good standing? Yes_____No_____

Do you own other property? Yes_____No_____

List all sources of income for last year

Salary / Wages $_____

SSI & Social Security $_____

Other Income $_____

Rental Income $_____

List all household expenses for the year:

Mortgage $_____ **Insurances $_____**

Taxes $_____ **Electricity $_____**

Hot Water $_____ **Water/Sewer $_____**

Loan Payments $_____ **Credit Card(s) $_____**

Home Repairs $_____ **Other $_____**

List all Savings, Checking Accounts, Certificates, Stocks, Bonds, and other Assets:

Bank:_____Acct.#_____Type:_____Amount $_____

Bank:_____Acct.#_____Type:_____Amount $_____

Bank:_____Acct.#_____Type:_____Amount $_____

Other Assets:

Type:_____ Amount $_____

Type:_____ Amount $_____

Type:_____ Amount $_____

List type of work needed on rehab property _____

_____

The applicant understands that approval of this application for financial assistance is based upon information contained herein supplied by the applicant. It is further understood that submission of incomplete, and or inaccurate information herein will result in the rejection of this application.
The undersigned certifies that the information contained herein is true, correct and complete.

Owner(s) _____ **Date** _____

Owner(s) _____ **Date** _____

MINORITY SELF-IDENTIFICATION FORMAT (circle one)

White
Black/African American
Asian
American Indian/Alaskan Native
Hawaiian/Other Pacific Islander
American Indian/Alaskan/White
Asian/White
Black/African American/White
American Indian/Alaskan/Black/African American
Other Multi-Racial
Asian/Pacific
Hispanic

HOUSING REHAB PROGRAM