

**City of Leominster
Elder Safety Program**

City Hall - 25 West St
Leominster, MA 01453

Owner(s) _____

Address _____

Rehab Property Address _____

Length of Ownership _____ **Deed: Book** _____ **Page** _____

Owner Age _____ **Owner Soc Sec #** _____

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

Family Members Living in Unit:

Name _____ **Age** _____ **Name** _____ **Age** _____

Name _____ **Age** _____ **Name** _____ **Age** _____

Telephone # _____ **E-Mail** _____

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 ? _____

List all sources of income for last year:

Salary / Wages \$ _____ **SSI & Social Security \$** _____

Other Income \$ _____ **Rental Income \$** _____

List all Savings, Checking, Certificates, Stocks, Bonds, and other Assets below

Check which safety devices you are interested in:

Grab Bars **Non Slip Mat** **Raised Toilet Seat**

Hand Held shower **Shower Seat**

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 herein is true, correct, and complete

Owner _____ **Date:** _____

Owner(s) _____ **Date** _____