

**GREAT BARRINGTON-SHEFFIELD HOUSING REHABILITATION PROGRAM
APPLICATION FOR OWNER-OCCUPIED PROPERTIES**

Note: Assistance in completing the application is available. For additional information, please call 413-442-1521 ext. 17 or ext. 32. All applications are confidential and shall be used ONLY for the purpose of determining eligibility for the Great Barrington – Sheffield Housing Rehabilitation Program. Access to this information is limited to the Housing Rehabilitation Program Assistant and Program Manager, the Program’s Housing Rehabilitation Specialist and the Massachusetts CDBG Program.

Check here to report an emergency repair need (Leaking roof, failing heating system, etc.) requiring immediate assistance.

Name of Property Owner(s): _____

Property Address: _____

Total Number of Residential Units in Property: (Enter the number of units – from 1 to 4) _____

Property Owner Contact Information: Home Phone: _____ Cell/Other Phone: _____

Property Owner Email Address: _____

PROPERTY OWNER HOUSEHOLD INFORMATION

Complete the following chart including all permanent residents of the property owner’s household, including children.

Name	Age	Legally Disabled (Y or N)	Race	Social Security # (Only last 4 digits)	Source of Income*	Estimated Total Gross Income Last 12 Months*
						\$
						\$
						\$
						\$
						\$
						\$

**Include wages, pensions, social security, unemployment, veterans benefits, child support, workers compensation, alimony, rental income, interest income, etc. for all household members 18 years of age or older. Estimate total income, verification will be required at a later date.*

Demographic information is confidential and collected for reporting requirements only. The Housing Rehabilitation Program does business in accordance with the Federal Fair Housing Law and Federal Equal Credit Opportunity Act, and does not discriminate against any person because of race, color, age, religion, sex, marital status, or national origin.

Does any member of the owner(s)’ household or immediate family member (spouse, parent, children or siblings) work (whether full or part time) as an employee of or serve as an elected or appointed official (whether paid or unpaid) of either the Towns of Great Barrington or Sheffield? (Check one): Yes No

If yes, please indicate the household or family member name and position held:

Name: _____ Position: _____ Town: _____

PROPERTY INFORMATION

Year this structure was built: _____

Do you have flood Insurance? Yes No

Complete the following chart for each unit in the property – one line for each unit*. (A single family home = one unit.) The total number of units listed below must match the number of units reported at the top of page 1 of this application.

Unit #	Occupied by Owner or Tenant? (enter O or T)	# Bed- rooms in Unit	Total # of Occupants in Unit (including children)	# of Elderly (60+) Occupants in Unit	# of Children under 6 years of age in Unit	# of Children 6-18 years of age in Unit

*Income information for non-owner/rental units will be required at a later date.

REPAIRS REQUIRED

Please check on the chart below all repairs for which you are seeking assistance from the Great Barrington-Sheffield Housing Rehabilitation Program.

√	Needed Repair	√	Needed Repair	√	Needed Repair
	Septic System/Sewer Hookup		Lead or Asbestos Removal		Accessibility (Ramps, etc)
	Plumbing Repairs		Windows		Painting
	Electrical Repairs		Roof Repairs		Porch/Steps
	Heat/Hot Water		Insulation/Energy Efficiency		Foundation/Structural
	Interior Walls, Ceilings, Floors		Other (Describe):		
	Emergency Repairs Needed (Describe):				

I/We hereby certify that all information provided is accurate to the best of my/our knowledge. I/We authorize the towns of Great Barrington and Sheffield and the Great Barrington-Sheffield Housing Rehabilitation Program (HRP) to verify any information relating to this application. I/We certify that I/we are in good standing with the Town Tax Collector, and that this property has no outstanding water or sewer liens, nor any state, federal or local tax liens. I/We certify that any mortgages on this property are in good standing and are not in foreclosure, nor is the property affected by bankruptcy proceedings of any kind. No mortgage or promissory note secured by this property is in default. I/We understand that falsification of any information provided to the Program may result in termination of this application.

All owners on the property deed must sign and date this application below:

Owner: _____ Date: _____

Owner: _____ Date: _____

Please Mail or Hand-Deliver application to: Berkshire Regional Planning Commission

**Attention: Housing Rehabilitation Program Manager
1 Fenn Street, Suite 201, Pittsfield, MA 01201**