

# FY20 Dalton-Becket-Stockbridge-Sheffield Housing Rehabilitation Program

Berkshire Regional Planning Commission  
1 Fenn Street, Suite 201  
Pittsfield, MA 01201  
(413) 442-1521 ext. 35  
[www.berkshireplanning.org/](http://www.berkshireplanning.org/)

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

**Applicant:** Please circle *all that apply* below and return with required documentation to program at address above. Income information and documentation is required for *all* members of the household who are 18+ years old.

| Do you have this type of income?      |        | Required documentation:   |
|---------------------------------------|--------|---|
| Employment                            | Yes/No | 8 most recent consecutive weeks of paystubs   |
| Self-Employment (Sole Proprietorship) | Yes/No | 2019 IRS Certified 1040 Tax Return with Schedule C<br>- If there are employees, a certified 941 must be provided  |
| Self-Employment (Partnership)         | Yes/No | <ul style="list-style-type: none"> <li>• 2019 IRS Certified 1040 Tax Return with Schedule C</li> <li>• &amp; Certified 1065 Partnership Return of Income</li> <li>• &amp; Form 1064 -Schedule k-1 Partner's Share of Income, Credits, &amp; Deductions</li> <li>• &amp; Certified 941 if there are employees</li> </ul> |
| Social Security                       | Yes/No | Current Social Security Benefit Statement (INCLUDING Medicare Premium)  |
| Unemployment                          | Yes/No | Monetary Determination  |
| Transitional Assistance/<br>SNAP      | Yes/No | Statement of benefits from department of Transitional Assistance  |
| Retirement and Pension Income         | Yes/No | <ul style="list-style-type: none"> <li>• A copy of current check, check stub, or bank direct deposit slip showing type, amount, frequency of payment.</li> <li>• &amp; 2019 IRS Certified tax return</li> </ul>   |
| Veterans Benefits                     | Yes/No | Letter from VA showing current amount of assistance   |
| Worker's Compensation                 | Yes/No | Statement from insurance company or employer which indicates amount, frequency, and effective date of payments.   |
| Corporation                           | Yes/No | 2019 IRS certified Form 1120<br><b>OR</b><br>(If shareholder) 2019 IRS Certified form 1040 with form 1120 and Schedule k-1/   |
| Odd Jobs                              | Yes/No | <ul style="list-style-type: none"> <li>• List of jobs performed</li> <li>• AND Names and addresses of persons for whom work was done</li> <li>• AND All payments received for previous 8 weeks</li> <li>• AND 2019 IRS Certified Tax Return with Schedule C</li> </ul>  |
| More than \$100 In Interest Annually  | Yes/No | Bank Statements from prior 2 months showing amounts received  |

|                         |        |  |
|-------------------------|--------|--|
| <b>Dividends</b>        | Yes/No | Statement from dividend source showing amounts and frequency of payments   |
| <b>Rental Income</b>    | Yes/No | Copies of Tenant's rent checks for previous 3 months<br><b>OR</b><br>Signed & Notarized statements from tenants indicating amounts and frequency of payments<br><b>OR</b><br>A copy of current lease which indicates amount of monthly payments. |
| <b>No Income</b>        | Yes/No | <ul style="list-style-type: none"> <li>• 2019 IRS Certified Tax Return</li> <li>• &amp; Notarized Statement of No Income specifying period of time.</li> </ul>   |
| <b>Alimony Received</b> | Yes/No | <ul style="list-style-type: none"> <li>• 2019 IRS Certified Tax Return</li> <li>• &amp; Copy of Court Order indicating amount and frequency of payments.</li> </ul>  |

**Additional Required Documentation:**

1. Copy of current homeowner's insurance policy.
2. Copy of any current mortgage and home equity loan statement.
3. Complete copy of 2 most recent months of bank statements (checking and savings) for all adult members of household.

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date