

CDBG 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. 23. All applications are confidential and shall be used ONLY for the purpose of determining eligibility for the CDBG Housing Rehabilitation Program. Access to this information is limited to the Housing Rehabilitation Program Manager and Assistant, 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: _____

Mailing Address: _____

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

Property Owner Contact Information: Home Phone _____ Cell 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(s) of Income*	Estimated Total Gross Income Last 12 Months*
						\$
						\$
						\$
						\$
						\$
						\$

**Include wages, pensions, social security, unemployment, veteran's 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 a Town? (Check one) Yes () No ()

If yes, please indicate the household or family member's 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)	# Bedrooms 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 the chart below for all repairs for which you are seeking assistance from the 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 leading town of the CDBG 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 the application to:
Christie Lewis
CDBG Housing Rehabilitation Program Associate
Berkshire Regional Planning Commission
1 Fenn Street, Suite 201, Pittsfield, MA 01201

Please tell us how you heard about this program:

(Optional)

CDBG Housing Rehabilitation Program

Berkshire Regional Planning Commission
 1 Fenn Street, Suite 201
 Pittsfield, MA 01201
 (413) 442-1521 ext. 23
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?		If 'yes', please provide the following required documentation:
Employment	Yes/No	8 most recent consecutive weeks of pay stubs
Self-Employment (Sole Proprietorship)	Yes/No	2023 IRS Certified 1040 Tax Return with Schedule C - If there are employees, a certified 941 must be provided
Self-Employment (Partnership)	Yes/No	<ul style="list-style-type: none"> • 2023 IRS Certified 1040 Tax Return with Schedule C • & Certified 1065 Partnership Return of Income • & Form 1064 -Schedule k-1 Partner's Share of Income, Credits, & Deductions • & Certified 941 if there are employees
Social Security	Yes/No	Current Social Security Benefit Statement (INCLUDING Medicare Premium)
Unemployment	Yes/No	Monetary Determination
Transitional Assistance/ SNAP	Yes/No	Statement of benefits from the Department of Transitional Assistance
Retirement and Pension Income	Yes/No	<ul style="list-style-type: none"> • A copy of a current check, check stub, or bank direct deposit slip showing the type, amount, and payment frequency. • & 2023 IRS Certified tax return
Veterans Benefits	Yes/No	Letter from VA showing the current amount of assistance
Worker's Compensation	Yes/No	A statement from the insurance company or employer indicates the amount, frequency, and effective date of payments.
Corporation	Yes/No	2023 IRS-certified Form 1120 OR (If shareholder) 2023 IRS Certified form 1040 with form 1120 and Schedule k-1/
Odd Jobs	Yes/No	<ul style="list-style-type: none"> • List of jobs performed • AND Names and addresses of persons for whom work was done • AND All payments received for the previous 8 weeks • AND 2023 IRS Certified Tax Return with Schedule C
More than \$100 In Interest Annually	Yes/No	Bank Statements from the prior 2 months showing amounts received
Dividends	Yes/No	Statement from dividend source showing amounts and frequency of payments

Rental Income	Yes/No	Copies of Tenant's rent checks for the previous 3 months OR Signed & Notarized statements from tenants indicating amounts and frequency of payments OR A copy of the current lease which indicates the amount of monthly payments.
No Income	Yes/No	<ul style="list-style-type: none"> • 2023 IRS Certified Tax Return • & Notarized Statement of No Income specifying period of time.
Alimony Received	Yes/No	<ul style="list-style-type: none"> • 2023 IRS Certified Tax Return • & Copy of Court Order indicating amount and frequency of payments.

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