
Date Received: _____

Case# _____

NEWBURYPORT HOUSING REHABILITATION PROGRAM

**Owner-Occupant Application
(Single Family, 2- and 3- Unit Property)**

1. Name(s) of Owner(s): _____

2. Address of Subject Property: _____

3. Telephone Number: Home: _____ Work: _____

Is the property Owner-Occupied? _____ yes _____ no

Number of Residential Units: _____

4. Applicant Data: Include information for **all** permanent residents of the household.

	<u>Name</u>	<u>Age</u>	<u>Handicapped?</u>	<u>Race</u>	<u>Social Security#</u>
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____
(4)	_____	_____	_____	_____	_____
(5)	_____	_____	_____	_____	_____
(6)	_____	_____	_____	_____	_____

5. Year the property was constructed: _____

6. Do you have Flood Insurance? _____ yes _____ no

7. Sources of income: For each household member list the source and amount of all income received during the past 12 months. Include wages, social security, pensions, interest and dividends, etc.

	<u>Name</u>	<u>Source(s) of income</u>	<u>Gross annual income</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____

If the sources or amounts of your household's income are different now than they were over the past 12 months, please describe:

8. Please check item for which you are interested in receiving housing rehabilitation assistance. This listing is only preliminary and is for informational purposes.

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Septic System | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Porch/Steps |
| <input type="checkbox"/> Heating/Hot Water | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Repair of Walls/Ceilings/Floors | <input type="checkbox"/> Foundation |

Other (specify): _____

9. I hereby certify that all information provided is accurate to the best of my knowledge. I authorize the City to verify any information relating to my application for assistance. I certify that I am in good standing with the Tax Collector and the said property has no state or federal tax liens. Furthermore, I am in good standing with all mortgagees relating to said property, the mortgage is no in foreclosure and the property is not affected by bankruptcy proceedings of any king. I am not in default under any mortgage or promissory notes secured by any mortgage on the property. I understand that falsification of any information provided to the City may result in termination of the application.

Signed: _____

Date: _____

Date: _____

***All owners of the property must sign the application.
Income information will be kept confidential.***