

For Community Development Office Use Only:

Date Received _____ Application # _____ - _____

**Wakefield Housing Rehabilitation Program
HOMEOWNER APPLICATION**

- 1) Name of Owner(s): _____
- 2) Address: _____
- 3) Is the property Owner-Occupied? ___yes ___no 4) # of Residential Units: ____
- 5) Telephone number: Home: _____ Work: _____
- 6) Applicant Data: Include information for all permanent residents of the household.

Name	Age	Handicapped (Yes or No)	Female Head of Household (Yes or No)	Social Security #

- 7) Year Property Constructed: _____ 8) Do you have Flood Insurance? ___yes ___no
- 9) For each household member list the source and amount of all income received during the past 12 months. Include wages, social security, pensions, IRAs, unemployment, worker's compensation, interest and dividends, child support, alimony, etc:

Name of Household Member	Source of Income	Gross Annual Income

Household's Total Annual Income: _____

If the sources or amounts of your household's income are different now than they were in the last year, please describe.

10) Please check items for which you are interested in receiving housing rehabilitation assistance. This list is only preliminary and is for informational purposes.

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

11) Please describe any situations which might be considered emergency conditions, such as failed heating system, a leaking roof **or** a request for accommodations for a household member who is handicapped.

12) (Optional) Race: Please check appropriate box.

<input type="checkbox"/>	White	<input type="checkbox"/>	American Indian/ Alaskan Native	<input type="checkbox"/>	Black/African American and White
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/>	American Indian/Alaskan Native and Black/African American
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	American Indian/Alaskan Native and White	<input type="checkbox"/>	Asian and White
<input type="checkbox"/>	Asian	<input type="checkbox"/>		<input type="checkbox"/>	

13) I hereby certify that all information provided is accurate to the best of my knowledge. In addition, I authorize the Town to verify any information relating to my application for assistance. I certify that I am in good standing with the Town Tax Collector and the said property has no water and/or sewer liens, nor state or federal tax liens. Furthermore, I am in good standing with all mortgagees relating to said property. The mortgage is not in foreclosure, and the property is not affected by bankruptcy proceedings of any kind. 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 Town may result in termination of the application.

Signed _____

Date _____

Signed _____

Date _____

***All Owners of the Property Must Sign the Application
Income information will be kept confidential***