

## **2015 REGIONAL HOUSING REHAB ASSISTANCE PROGRAM DETAILS and APPLICATION**

- Residents of Hubbardston and other towns can apply for assistance for certain repairs to their owner-occupied homes (siding, roofs, windows, electrical, etc. – see application)
- Repairs of an emergency nature are given higher priority (failed heating system, leaking roof, etc.)
- The program cannot reimburse for repairs made before an application is approved
- Income limits are as follows (gross income from all household (HH) members - including children if they aren't students:

HH size of 1: \$44,750

HH 2: \$51,150

HH 3: \$57,550

HH 4: \$63,900

HH 5: \$69,050

HH 6: \$74,150

HH 7: \$79,250

HH 8: \$84,350

Applications should be mailed to the Templeton address shown at the bottom of the application form.

Date Received \_\_\_\_\_ Application #\_\_ - \_\_\_\_\_

**BALDWINVILLE – EAST TEMPLETON – HUBBARDSTON  
REGIONAL HOUSING REHABILITATION PROGRAM  
Homeowner Application**

1. Name of Owner(s): \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Is the property Owner-Occupied?  Yes  No    4. No. of Residential Units: \_\_\_\_\_
5. Telephone #: Home: \_\_\_\_\_ Work/Cell/Other: \_\_\_\_\_.
6. Applicant Data: Include information for all permanent residents of the household.

Name	Age	Handicapped (Yes or no)	Race (optional)	Social Security # (last 4 digits only)

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. (example, lost or changed jobs, retired, etc.)

\_\_\_\_\_

\_\_\_\_\_

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

Septic System	Plumbing	Electrical
Heating/Hot Water	Insulation	Repair of Walls/Ceilings/Floors
Siding	Roof	Porch/Steps
Windows	Painting	Foundation
Other (Specify)		

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

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

White	American Indian/ Alaskan Native	American Indian/ Alaskan Native and White
Black/ African American	Black/ African American and White	American Indian/ Alaskan Native and Black/ African American
Hispanic	Native Hawaiian/ Other Pacific Islander	Asian and White
Asian		

13. Does any member of the owner(s)' household or immediate family (spouse, parents, 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 the Towns of Templeton or Hubbardston?  Yes  No

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

Name: \_\_\_\_\_ Position: \_\_\_\_\_

14. I hereby certify that all information provided is accurate to the best of my knowledge. In addition, I authorize the Templeton Community Development Office (CDO) to verify any information relating to my application for assistance. I certify that I am in good standing with the TOWN Tax Collector (town of property location) 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 CDO 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*

**Mail or drop off completed application to:**  
 Templeton Community Development Office  
 160 Patriots Road, P.O. Box 620, East Templeton, MA 01438