



Housing Rehabilitation Program Waiting List Form

Type of property:

Owner-occupied single family Owner occupied (2-4 Units) Non-owner occupied rental property

Number of units _____ **Year the property was built** _____

Property owner(s) name(s): _____

Property address, City, State & Zip Code: _____

Mailing address (if different): _____

Telephone: Home: _____ **Cell:** _____ **Work:** _____

Email address: _____

INCOME: Your household and/or the household(s) of your tenants must be "income eligible". **All annual gross household income for each resident of the unit is considered.** Your household income must fall within the following guidelines published by the U.S. Department of Housing & Urban Development to be eligible for the program. If you proceed with an application in the future, income will be verified according to the most current income guidelines. Guidelines as of 6/28/20:

<u># HOUSEHOLD MEMBERS</u>	<u>ANNUAL GROSS INCOME</u>	<u># HOUSEHOLD MEMBERS</u>	<u>ANNUAL GROSS INCOME</u>
1	\$ 47,850	5	\$ 73,800
2	\$ 54,650	6	\$ 79,250
3	\$ 61,500	7	\$ 84,700
4	\$ 68,300	8	\$ 90,200

Total household members: _____ **Total gross household income:** \$ _____

Members over the age of 60: _____ **Members under the age of 6:** _____

Members with Handicap or Accessibility Issues: _____

Housing rehabilitation work required: Please check any of the following household systems that are in need of repair and whether current conditions constitute an immediate health and safety hazard, defined as a system that has failed, or is anticipated to fail within the next 12 months.

System has failed

System anticipated to fail within 12 months

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Foundation | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Heating | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Septic or sewer connection | <input type="checkbox"/> | <input type="checkbox"/> |



System has failed

System anticipated to fail within 12 months

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Structural | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Well | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Wiring | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other (please describe) | <input type="checkbox"/> | <input type="checkbox"/> |

Do you use natural gas for heating your home? Yes No

Lead paint: Homes that were built prior to 1978 may contain lead paint, which is a serious health and safety hazard to young children.

Was your home constructed before 1978? Yes No

To the best of your knowledge, is there lead paint in your home? Yes No

Is there a child under the age of 6 living in your home? Yes No

Other environmental hazards: If you are aware of any other environmental problems in your home, please note here:

Comments: _____

Households with immediate health and safety hazards will receive priority for the housing rehabilitation program if the need for the program exceeds funding available. **Please attach any written documentation of household health and safety hazards, such as a citation from Board of Health, Building Inspector, Fire Inspector, sanitarian, engineer, plumber, etc.** HRA may require written documentation from a relevant professional if the problem is not obvious to a trained observer.

How did you hear about our program? _____

Please return this form in the enclosed envelope. If you have any questions, please do not hesitate to contact Jen Morrow at: (413) 863-9781 x 137 or jmorrow@fcrhra.org

Thank you.

Homeowner Signature

Date

Homeowner Signature

Date