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:

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

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

☐ Foundation  ☐  ☐
☐ Heating  ☐
☐ Plumbing  ☐
☐ Roofing  ☐
☐ Septic or sewer connection  ☐
System has failed
☐ Structural
☐ Well
☐ Wiring
☐ Other (please describe)

System anticipated to fail within 12 months

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 ___________