



TOWN OF ATHOL
**OFFICE OF PLANNING &
DEVELOPMENT**

584 MAIN STREET ** ROOM 29
ATHOL, MA 01331

Telephone: 978-575-0301

Fax: 978-575-0323

website: www.athol-ma.gov

Dear Applicant,

The Town of Athol Housing Rehab Program is a program funded by a Community Development Block Grant provided by the Massachusetts Department of Housing & Community Development.

The intent of the program is to assist low and moderate income residents to improve their housing situation. Grant money is available to address chimney and foundation repair, lead paint/asbestos removal, septic system repair/replacement, roof repair/replacement, and storm window replacement in addition to other code related repairs.

Initial eligibility is determined by the household size and household income. We are currently using income guidelines set by the U.S. Department of Housing & Urban Development for FY15.

INCOME	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Low/Mod	\$46,000	\$52,600	\$59,150	\$65,700	\$71,000	\$76,250	\$81,500	\$86,750

All forms of income are factored into the above annual totals and must be listed on the enclosed application. Income and asset verification waivers will be forthcoming as your project becomes ready for review and to enable this office to officially establish eligibility. Within the Town of Athol there is generally a minimum of a five to six year wait unless there are extraordinary circumstances which could cause the project to be brought up for current review.

Please fill out the enclosed application and mail to the address above or return it to our office, which is located on the second floor of the town hall in Room 29. Information about the program can also be found on our website www.athol-ma.gov. The office is open between 8 a.m. and 1 p.m. on Monday, Tuesday, Wednesday & Thursday.

Thank you again for your interest.

Sincerely,

Office of Planning & Development

**TOWN OF ATHOL
HOUSING REHABILITATION PROGRAM
HOMEOWNER APPLICATION**

A. APPLICANT DATA:

DATE: _____

A.1 NAME			
ADDRESS			
E-MAIL			CELL PHONE
TELEPHONE	Home:		Work:

A.2 Is this property your principal residence? Yes No

A.3 How many people reside at this address? _____

A.4 LIST ALL RESIDENTS, INCLUDING YOURSELF:

NAME	AGE	SEX	Handicapped (Yes or No)	Female Head of Household (Yes or No)

A.5 Ethnic Background: (HUD/DHCD statistical reporting requirements)

<p style="text-align: center;">White <input type="checkbox"/></p> <p style="text-align: center;">Black /African American <input type="checkbox"/></p> <p style="text-align: center;">Hispanic <input type="checkbox"/></p> <p style="text-align: center;">Asian <input type="checkbox"/></p> <p style="text-align: center;">American Indian / Alaskan Native <input type="checkbox"/></p> <p style="text-align: center;">Native Hawaiian/ Other Pacific Islander <input type="checkbox"/></p>	<p style="text-align: center;">American Indian / Alaskan Native and White <input type="checkbox"/></p> <p style="text-align: center;">Asian and White <input type="checkbox"/></p> <p style="text-align: center;">Black / African American and White <input type="checkbox"/></p> <p style="text-align: center;">American Indian/ Alaskan Native and Black / African American <input type="checkbox"/></p> <p style="text-align: center;">Other <input type="checkbox"/></p>
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A. 6

- a. Are you or any member of your household a municipal Employee? *(Check one)*
 ___ Yes ___ No
- b. Are you or any member of your household appointed or elected to any local offices or committees? *(Check one)* ___ Yes ___ No
- c. Are you or any member of your household employed as a consultant or agent to the community?
(Check one) ___ Yes ___ No
- d. Are you or any member of your household employed by an agency that administers Community Development Block Grants in Athol or another community? *(Check one)*
 ___ Yes ___ No
- e. If yes to any question above, what is your position: _____
 Department: _____

B. SOURCES OF INCOME

For every member of the household (children under 18 and students over 18 must show evidence of enrollment) list the gross amount (before taxes) each receives from all sources, including wages, rental income, social security, interest and dividends, pensions, Transitional Assistance, unemployment, child support, alimony, etc.

- All household members must submit their most recent federal tax Form 1040 (include all schedules).
- If self-employed, please submit IRS certified copies or IRS AGI letters of the past two years' Federal tax returns.

NAME	SOURCE	GROSS INCOME 12 MONTH PERIOD
SAVINGS INSTITUTIONS		CURRENT BALANCE
Other – Investments (Include Retirement, IRA, etc.)		CURRENT VALUE / BALANCE

C. PROPERTY DATA

- C.1 Is this property a Single family home? Multi-family dwelling?
- C.2 If the property is a multi-family: Number of units ___ How many are occupied? _____
 Names(s) & Address of Tenant(s): _____
- C.3 Number of Bedrooms in your unit: _____
 Number of Bedrooms in each rental unit: _____

C.4 Does the property have a septic tank or town sewer ?

C.5 Does the property have a well or town water ?

C.6 Year the home was built? _____

C.7 Do you have homeowner's insurance Yes No Flood Insurance Yes No?

C.7 Is there lead paint on the property? Yes No I don't know

C.8 If the property was built prior to 1970:

- a. Are there children 6 years old or younger living in the home? Yes No
- b. Have the children been tested for lead paint poisoning? Yes No
- c. Are there children 6 years old or younger who regularly visit the home? Yes No

C.9 Have you previously received Community Development Block Grant (CDBG) assistance for this property? Yes No

D. REHABILITATION DATA:

1. Please check the items for which you are interested in receiving housing rehabilitation assistance. This listing is preliminary and for informational purposes only:

- | | |
|--|--------------------------------------|
| <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 |
| <input type="checkbox"/> Other (specify) _____ | |

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

3. Do you or any of your current tenants receive Fuel Assistance? If so, specify below with name and unit number _____

4. I agree to allow the Athol Office of Planning & Development to contact the Montachusett Opportunity Council, the regional weatherization agency for Athol, on my behalf in order to determine if I might be eligible for additional assistance. Yes No

E. PERSONAL DEBT INFORMATION (car loans, charge cards, medical):

CREDITOR	BALANCE	MONTHLY PAYMENT

F. PROPERTY EXPENSE INFORMATION

EXPENSE	MONTHLY PAYMENT
Mortgage(s) _____ Original Balance \$ _____ Current Balance \$ _____	
Property Tax	\$
Fuel Oil (est. monthly cost)	\$
Gas (est. monthly cost)	\$
Electric (est. monthly cost)	\$
Homeowner Insurance NOTE: Must enclose copy of front pg of Policy	\$
Water/Sewer	\$
Other (describe)	

** Water/Sewer or property taxes must be up to date **

G. I/We hereby certify that all of the above statements are true, accurate and complete to the best of my/our knowledge and belief. I/We hereby consent to the verification of any information given in this application. I/We understand that the information will be used to determine eligibility for this program and is subject to the requirements and protections of the public records laws.

I/We further certify that that the property is not subject to any outstanding property taxes, water, sewer charges, or municipal liens of any nature. I/We certify that the property is not subject to, or encumbered by, any outstanding state or federal tax liens, foreclosure actions or bankruptcy proceedings of any kind, and that I/We personally remain in good standing with the Town of Athol Tax Collector and the holder(s) of any promissory notes secured by the property.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY
ALL PARTIES TO THE PROPERTY DEED MUST SIGN BELOW:

_____ DATE: _____
 _____ DATE: _____
 _____ DATE: _____
 _____ DATE: _____

Please return or mail, with prior year tax return(s), to
 Office of Planning & Development
 Town of Athol, 584 Main Street, Room 29, Athol, MA 01331

For further information contact the Office of Planning & Development from
 8:00 a.m. – 1:00 p.m. Monday - Thursday, (978) 575-0301, email: cdbg@townofathol.org