



MONTACHUSETT REGIONAL PLANNING COMMISSION

R1427 Water Street Fitchburg, Massachusetts 01420
(978) 345-7376 ♦ FAX (978) 348-2490 ♦ Email: cdbg@mrpc.org

(Date Received)

HOUSING REHABILITATION PROGRAM Owner occupied single family

(Intake No.)

Request for Assistance

This request for assistance will put you on the waiting list, and does not constitute approval or denial of assistance. Waiting list times vary depending on availability of funds. When you approach the top of the list, you will receive a full application. The Program will not verify your eligibility to receive assistance until submittal of a full application when funds are available. **We keep your information confidential.** Return this completed form to Montachusett Regional Planning Commission (MRPC) at the address above.

Owner Name(s): _____

Property Address: _____

Mailing Address: (if different from above): _____

Daytime phone number where we can reach you: _____ Email: _____

How did you hear about the program? _____

Please answer the following questions.

Is this property: ☐ A single family home? ☐ A multi-family home? ☐ A mobile home?

If multi-family: Number of units: Number of occupied units:

Is this property your primary residence? ☐ Yes ☐ No

Have you owned this home for at least one year? ☐ Yes ☐ No

Do you have a mortgage on this property? ☐ Yes ☐ No Is it paid up to date? ☐ Yes ☐ No

Are the municipal charges for this property (taxes, betterments, utility charges, etc.) paid and up to date? ☐ Yes ☐ No

Is this property insured against loss for its replacement value? ☐ Yes ☐ No

Are you currently in foreclosure or bankruptcy proceedings? ☐ Yes ☐ No

Is this property condemned or under an order to correct? ☐ Yes ☐ No

Have you received Community Development Block Grant assistance for this property before? If yes, explain: ☐ Yes ☐ No

Is any owner or family member an elected or appointed municipal official or employee in this community, or employed by any firm that manages CDBG programs for this community? ☐ Yes ☐ No

How many people live in your household? Please estimate the TOTAL GROSS ANNUAL INCOME before any deductions of all adult members of your household. Include salaries, wages, tips, unemployment, social security, pension, interest and dividends, disability insurance, alimony, etc. \$.

This information is kept confidential.

Please list those items in need of repair: _____

Signature(s): _____

Date: _____

Date: _____

Montachusett Regional Planning Commission (MRPC) administers housing rehabilitation programs for specific communities in North Central Massachusetts. Please call MRPC at (978) 345-7376 with any questions.