

Date Received : _____

Waiting List # _____

LOTTERY #: _____ (# assigned for Lottery drawing purposes only)

Staff only

**AVON HOUSING REHABILITATION PROGRAM
APPLICATION FOR
OWNER-OCCUPIED PROPERTIES**

Check here if you are applying for assistance with an emergency
(Leaking roof, failing septic or heating system, etc.)

Name of Owner(s): _____

Property Address: _____

Number of Residential Units in Property: (Check one) 1 2 3 4

Owner Phone: Home: _____ Work/Cell/Other: _____

Property Owner Household is Female Headed: (Check one) Yes No

OWNER HOUSEHOLD INFORMATION

Complete the following chart for all permanent residents of the Owner's Household including children.

Name	Age	Source of Income	Estimated Total Gross Income last 12 months*

*Include wages, pensions, social security, unemployment, worker's compensation, rental income, child support, alimony, interest income, dividends, etc for household members. Verification will be required at a later date. Wages of children under 18 years or wages of full-time students 18 years and older are not counted.

If the sources or amounts of your household's income are different now than they were in the last year, please explain: _____

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 Town of Avon? Yes No

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

Name: _____ Position: _____

PROPERTY INFORMATION

Year the property was built: _____

Do you have flood insurance? Yes No

RESIDENTIAL UNIT AND OCCUPANCY INFORMATION

Complete the following chart for each unit in the property, including the Owner's Unit. The number of units listed should match the number checked on page 1 of this application. **Information requested on race, ethnicity and disability is voluntary**, remains confidential, and will have no impact on the eligibility.

Unit # or Floor	# Bedrooms	Monthly Rent	Utilities paid by Tenant				Last Name(s) (Write "Vacant" for Vacant Units)	# Residents Total	Current Occupant Information												
			All	None	Heat	Lights			# Elderly6 (60+)	# Children under 6 yrs	# Children 6-18 yrs	Handicapped			# White	# Black/African American	# Asian	#American Alaskan Native	#Native Hawaiian or Pacific Islander	# Bi-Racial/Other	# Hispanic
												# Mobility Impaired	# Sensory Impaired	# Other Disability							
		Not Applicable to Owners' Unit				OWNERS' UNIT															
								Do not fill out this information for Tenants													

REPAIRS REQUIRED

Please Indicate on the chart below the items for which you are seeking assistance from the Avon Housing Rehabilitation Program. Check all that apply.

Septic System/ Sewer Hook-up	Heating/Hot Water	Siding Repairs	Windows	Plumbing	Electrical	Roof Repairs	Foundation or Structural Repairs	Interior Walls, Ceilings, or Floors	Insulation	Porch/Steps	Painting	Accessibility	Other Repairs (Please describe)	Describe any conditions that would be considered an emergency (leaking roof, failing heating system, etc.)

I/We hereby certify that all information provided is accurate to the best of my/our knowledge. I/We authorize the AHRP to verify any information relating to this application. I/We certify that I am in good standing with the Town and that this property has no outstanding water or sewer liens, nor any state or federal tax liens. I/We certify that any mortgages on this property are in good standing and are not in foreclosure, nor is the property affected by bankruptcy proceedings of any kind. I/We understand that falsification of any information provided to the Program may result in termination of this application.

Signed: _____

Date: _____

Signed: _____

Date: _____

Please return your completed application to the Town of Avon, Office of Community Development, 65 E. Main St., Avon, MA 02322