MARLBOROUGH COMMUNITY DEVELOPMENT AUTHORITY
255 MAIN STREET, MARLBOROUGH, MA 01752 ◆ V: 508.460.3715 ◆ F: 508.460.3700 ◆TDD: 508.460.3610
www.marlborough-ma.gov

PRELIMINARY HOUSING REHABILITATION APPLICATION

1. Applicant's Name: _____
First Last

2. Co-Applicant's Name: _____
First Last

3. Home Address: _____
Mailing (if different)
_____
_____

4. Telephone Number/E-mail:_____

5. Number of Persons in Household:

Adults 18 or older_____ Children 17 or under _____

6. The annual income from all sources of all persons living in my household is: $_____

7. Our home needs the following repairs:

_____
_____
_____

8. 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.

I/we certify that all the statements on this application are true and correct to the best of my/our knowledge. I/we understand that nay willful mistreatment of material fact may be grounds for disqualification.

Applicant:_____ Date: _____

Co-Applicant:_____