

Date Received in Program Office: _____	Application # _____ - _____
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**MARLBOROUGH HOUSING REHABILITATION PROGRAM
APPLICATION FOR
OWNER-OCCUPIED PROPERTIES**

Check here to report an emergency repair need (Leaking roof, failing heating system, etc.) requiring immediate assistance. Explain the nature of the emergency in space provided on the next page.

Name of Owner(s): _____

Property Street Address: _____

Total Number of Residential Units in Property: (Enter the number of units – from 1 to 4) _____

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

Owner Email Address: _____

Is the property owned by a female-headed household? Yes No

OWNER HOUSEHOLD INFORMATION

Complete the following chart including all permanent residents of the owner’s household, *including children*.

Name	Age	Disabled (Y or N)	Race (Optional)	Social Security # (Last 4 digits)	Source of Income	Estimated Total Gross Income Last 12 Months*
						\$
						\$
						\$
						\$
						\$
						\$

*(Include wages, pensions, social security, unemployment, veterans benefits, child support, workers compensation, alimony, rental income, interest income, etc. for all household members). Estimate total income, verification will be required at a later date.

If the sources or amounts of your household’s income have changed over the last year, please explain how:

Does any member of the owner(s) household or immediate family member (spouse, parent, 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 City of Marlborough? (Check one): Yes No

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

Name: _____ Position: _____

Please turn the page and complete information regarding the property and the repairs needed.

PROPERTY INFORMATION

Year this property was built: _____

Do you have flood Insurance? Yes No

Complete the following chart for each unit in the property – one line for each unit. The total number of units listed below should match the number of units reported at the top of page 1 of this application.

Unit Description (Unit # or Floor such as 1A or 3 rd Floor)	Occupied by Owner or Tenant? (O or T)	# Bedrooms in Unit	Occupant Name(s)	Total # of Occupants in Unit (including children)	# of Elderly (60+) Occupants in Unit	# of Children under 6 years of age in Unit	# of Children 6-18 years of age in Unit

REPAIRS REQUIRED

Please check on the chart below all repairs for which you are seeking assistance from the Marlborough Housing Rehabilitation Program.

√	Needed Repair	√	Needed Repair	√	Needed Repair
	Septic System/Sewer Hookup		Siding Repairs		Accessibility (HC Ramps, etc.)
	Plumbing Repairs		Windows		Painting
	Electrical Repairs		Roof Repairs		Porch/Steps
	Heat/Hot Water		Insulation/Energy Efficiency		Foundation/Structural
	Interior Walls, Ceilings, Floors		Other (Describe):		
Emergency Repairs Needed (Describe and check box on top of page 1):					

I/We hereby certify that all information provided is accurate to the best of my/our knowledge. I/We authorize the Marlborough Housing Rehabilitation Program (MHRP) to verify any information relating to this application. I/We certify that I/we are in good standing with the Marlborough Tax Collector, and that this property has no outstanding water or sewer liens, nor any state, federal or local 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. No mortgage or promissory note secured by this property is in default. I/We understand that falsification of any information provided to the Program may result in termination of this application.

All owners on the property deed must sign and date this application below:

Owner: _____ Date: _____

Owner: _____ Date: _____

Return completed form to:
Marlborough Community Development Authority
Housing Rehabilitation Program
250 Main Street
Marlborough, MA 01752
508-624-6908 ext. 40110