

**ROCKLAND HOUSING REHABILITATION PROGRAM
Homeowner/ Owner-Occupied Multi-Unit Application**

1. Name of Owner(s): _____
2. Address: _____
3. Is the property Owner-Occupied? ____ yes ____ no 4. # Residential Units: ____ 5. # Bedrooms: ____
6. Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

7. Applicant Data: Include information for all permanent residents of the household.

Name	Age	Handicapped (Yes or no)	Race	Last four numbers of SS#

8. Year Property Constructed: _____ 9. Do you have Flood Insurance? ____yes ____no

10. For each household member list the source and amount of all income received during the past 12 months. Include wages, pensions, IRAs, 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.*

Name of Household Member	Source of Income	Gross Annual Income

If the sources or amounts of your household's income are different from last year, please describe.

11. Please check items for which you are interested in receiving housing rehabilitation assistance. This list is only preliminary and is for informational purposes.

	Septic System		Plumbing		Electrical
	Heating/Hot Water		Insulation		Repair of Walls/Ceilings/Floors
	Siding		Roof		Porch/Steps
	Windows		Painting		Foundation
	Lead Paint		Sewer Connection		Other (Specify)

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

13. 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 Rockland? ☐ Yes ☐ No

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

Name: _____ Position: _____

14. I hereby certify that all information provided is accurate to the best of my knowledge. In addition, I authorize the Town to verify any information relating to my application for assistance. I certify that I am in good standing with the Town of Rockland Tax Collector and the said property has no water and/or sewer liens, nor state or federal tax liens. Furthermore, I am in good standing with all mortgagees relating to said property. The mortgage is not in foreclosure, and the property is not affected by bankruptcy proceedings of any kind. I am not in default under any mortgage or promissory notes secured by any mortgage on the property. I understand that falsification of any information provided to the Town may result in termination of the application.

Signed: _____ Date _____

_____ Date _____

All Owners of the Property Must Sign the Application. Income information will be kept confidential. Owners who occupied Multi-Family Units must also fill out a Supplemental Application.

PLEASE RETURN COMPLETED APPLICATION TO:

**Town of Rockland
Community Development Office
242 Union Street
Rockland, MA 02370
781-616-6835**