



**CITY OF ATTLEBORO, MASSACHUSETTS**  
**DEPARTMENT OF PLANNING AND DEVELOPMENT**  
 OFFICE OF COMMUNITY DEVELOPMENT  
 GOVERNMENT CENTER, 77 PARK STREET  
 ATTLEBORO, MASSACHUSETTS 02703  
 508 223-2222 FAX 222 222-3046

GARY G. AYRASSIAN  
 DIRECTOR OF PLANNING AND DEVELOPMENT

DOROTHY BRISSETTE  
 COMMUNITY DEVELOPMENT DIRECTOR

**CDBG REHABILITATION PROGRAM**  
**APPLICATION**

**Instructions:** Please complete all sections of this owner proposal form. If you need assistance in completing this form, contact Dorothy Brissette at (508) 223-2222 ext 3330. The information will be kept in strict confidence.

**Date:** \_\_\_\_\_

**Number of Units:** \_\_\_\_\_

**ABOUT THE OWNER:**

**Homeowner** \_\_\_\_\_

**Age** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Address:** \_\_\_\_\_

**Soc. Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_

**Age** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Soc. Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**# Household members** \_\_\_\_\_

**Homeowner's Employer (s)** \_\_\_\_\_

**Employer's Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Spouse's Employer (s)** \_\_\_\_\_

**Employer's Address** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Are all occupants U.S. Citizens or legal resident aliens?** \_\_\_\_\_

**Homeowner's Ethnic Background (optional)**

\_\_\_\_\_ **Caucasian**      \_\_\_\_\_ **Asian**  
 \_\_\_\_\_ **Hispanic**      \_\_\_\_\_ **American Indian**  
 \_\_\_\_\_ **Black**

**Homeowner's Household Information**

\_\_\_\_\_ **Head of Household**  
 \_\_\_\_\_ **Handicapped**  
 \_\_\_\_\_ **Elderly (65+)**

**ABOUT THE REHABILITATION PROPERTY:**

**Rehab Property Address (if different from above)** \_\_\_\_\_ **Number of Units:** \_\_\_\_\_

Number of Tenants per Unit:

Unit #1: \_\_\_\_\_ Age of household member: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Unit #2: \_\_\_\_\_ Age of household member: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Unit #3: \_\_\_\_\_ Age of household member: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Please provide additional information for additional units on a separate sheet*

**Tenants Ethnic Background (optional):**

Unit #1:

\_\_\_\_\_Caucasian      \_\_\_\_\_Asian      \_\_\_\_\_Head of Household  
\_\_\_\_\_Hispanic      \_\_\_\_\_American Indian      \_\_\_\_\_Handicapped  
\_\_\_\_\_Portuguese      \_\_\_\_\_Black      \_\_\_\_\_Elderly (65+)

Unit #2:

\_\_\_\_\_Caucasian      \_\_\_\_\_Asian      \_\_\_\_\_Head of Household  
\_\_\_\_\_Hispanic      \_\_\_\_\_American Indian      \_\_\_\_\_Handicapped  
\_\_\_\_\_Portuguese      \_\_\_\_\_Black      \_\_\_\_\_Elderly (65+)

Unit #3:

\_\_\_\_\_Caucasian      \_\_\_\_\_Asian      \_\_\_\_\_Head of Household  
\_\_\_\_\_Hispanic      \_\_\_\_\_American Indian      \_\_\_\_\_Handicapped  
\_\_\_\_\_Portuguese      \_\_\_\_\_Black      \_\_\_\_\_Elderly (65+)

*Please provide additional information for additional units on a separate sheet*

Are all tenants U.S. Citizens or legal resident aliens? \_\_\_\_\_

***Please have all tenants complete the Tenant Survey Form and provide copies of supporting documents.***

**OWNERS ANNUAL INCOME**

List all gross *annual* income, *before* taxes, for every household member regardless of relationship to homeowner who resides in the homeowner's unit. Name each income source (employer, disability, unemployment, child support, rent, dividends, Social Security, Veterans, Retirement Pensions, etc.)

	<u>Specify Income Source</u>	<u>Annual Income</u>	<u>Office Use VER</u>
Homeowner's Income	_____	_____	_____
Spouse's Income	_____	_____	_____
Other's Income	_____	_____	_____
Rental Income	_____	_____	_____
Child Support/Alimony (if applicable)	_____	_____	_____
Retirement/Pension/Trusts/Annuities Stocks & Investments, Etc. ie., IRA's, 401K	_____	_____	_____
Other Income (Welfare, Social Sec., Interest Income, Unemployment Etc.)	_____	_____	_____
<b>Total Annual Income</b>		\$ _____	\$ _____

**OWNER'S ASSETS/BANK ACCOUNTS**

Name of Bank/Credit Union \_\_\_\_\_

Type of Account \_\_\_\_\_

Account # \_\_\_\_\_

Balance \$ \_\_\_\_\_

Type of Account \_\_\_\_\_

Account # \_\_\_\_\_

Balance \$ \_\_\_\_\_

Other Real Estate Owned

Market Value

Address(es) \_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Other Assets (explain) \_\_\_\_\_  
\_\_\_\_\_

Rental Asset (if applicable) \_\_\_\_\_

**OWNER'S ANNUAL / MONTHLY DEBT**

First Mortgage:

Original Amount \$ \_\_\_\_\_

Account # \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Name/Address of Mortgagee \_\_\_\_\_

Second Mortgage (if applicable):

Original Amount \$ \_\_\_\_\_

Account # \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Total Outstanding Indebtedness \$ \_\_\_\_\_

Name/Address of Mortgagee \_\_\_\_\_

Other Liens or Encumbrances (if applicable):

\_\_\_\_\_

Other Real Estate Mortgages:

Monthly Payment

Balance

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

	<u>Per Month</u>	<u>Per Year</u>	<u>Office Use VER</u>
* Real Estate Tax	_____	_____	_____
* Sewer Tax	_____	_____	_____
* Water Tax	_____	_____	_____
Hazard Insurance	_____	_____	_____
Electricity	_____	_____	_____
Oil	_____	_____	_____
Gas	_____	_____	_____
1st Mortgage	_____	_____	_____
2nd Mortgage	_____	_____	_____
Other (specify)	_____	_____	_____

*\* All Taxes & debts due to the local city or town must be current and paid in full per Chapter 40 of M.G.L. prior to loan approval.*

**OWNER'S ADDITIONAL DEBT**

Car Loan \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Account # \_\_\_\_\_

Balance \$ \_\_\_\_\_

<u>Installment/Credit Card</u> <u>Accounts</u>	<u>Monthly</u> <u>Payments</u>	<u>Account #</u>	<u>Balance</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Other Liabilities (explain) \_\_\_\_\_

\_\_\_\_\_

**PROPOSED REHABILITATION WORK**

Make a check mark next to each repair that you feel is needed:

**Exterior**

- Steps, stairs, porches
- Masonry / Chimneys
- Doors
- Roof
- Gutters, Drains
- Foundation
- Paint
- Siding/Clapboards

**Interior**

- Hallways
- Ceilings
- Walls
- Windows, Doors
- Basement/Cellar
- Electrical
- Lead Paint Abatement
- Heating /Plumbing

Briefly describe/prioritize all the rehabilitation work you would like to accomplish with a Home Improvement Loan.

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Please understand that project caps and limitations apply to this program. As such, not all work requested may be able to be performed using program funds alone. Further, if the extent of the work required exceeds the program budget limitations, the Office of Community Development reserves the right to withdraw it's offer of assistance and not provide any funding toward the project.

**CERTIFICATIONS**

The applicant(s) certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining financial assistance under the CDBG Rehabilitation Program and is true and complete to the best of the applicant's knowledge and belief.

The applicant(s) authorizes the Office of Community Development to obtain any information needed to verify and evaluate this application and to use any photographs/videos of the property for program promotion and information purposes. Verification or re-verification of any information contained in the application may be made at any time by the lender and its agencies, either directly or through a credit-reporting agency, from any source named in this application, and the original copy of this application will be retained by the lender, even if the loan is not approved.

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Applicant	Date	Co-Applicant	Date
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**RETURN COMPLETED APPLICATION TO:**

Dorothy Brissette, Community Development Director  
Department of Planning and Development  
Office of Community Development  
77 Park Street, Attleboro MA 02703

Telephone: (508) 223-2222 ext.3330      FAX: (774) 203-1891  
E-mail: [comdevdir@cityofattleboro.us](mailto:comdevdir@cityofattleboro.us)

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**FOR OFFICE USE ONLY**

Application No: \_\_\_\_\_

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

## Housing Rehabilitation Program Checklist

Please provide the following applicable documents with the submission of your application for all residence over the age of 18 years who are not full time students. The City of Attleboro will only accept copies. **Original documents will not be accepted.**

- 1) Four (4) consecutive pay stubs
- 2) Social Security, Welfare, Pension and/or Veterans Benefits Statements
- 3) Unemployment, Disability, Workmen's Comp and Severance, Military Pay
- 4) AFDC, support for foster children, etc.
- 5) Alimony and/or child support
- 6) Regular contributions from persons not residing in the house
- 7) Most recent tax return including w-2's (is applicable)
- 8) Deed
- 9) Mortgage Statement
- 10) Certificate of Homeowners Insurance (coverage selection page)
- 11) 6 Months of Checking Account Bank Statement(s)
- 12) 3 Months of Savings Account Statements ( including C.D. 401K, etc)
- 13) Proof of Citizenship (birth certificate or valid resident alien card)
- 14) Valid I.D.
- 15) Property Tax Bill
- 16) Utility Bills (water, sewer, gas, electric, phone, etc.)
- 17) Tenant Survey forms for each unit (if applicable)

***The Attleboro Housing Rehabilitation Program does not discriminate on the basis of race, color, religion, national origin, ancestry, familial status or physical or mental disability, in the access or admission to our programs, employment, or in our activities, functions or services.***