

Longmeadow Home Modification Fund 2016-17

**The creation, preservation and support of community housing with funding provided by the
Community Preservation Act.**

PROPERTY OWNER APPLICATION

1. Home Owner Information

A. Name of Owner(s): _____
Mailing Address: _____
Home Telephone: _____ Cell: _____

B. How did you hear about the program? _____

C. Total Number of Persons in Household: _____
Number of Children 18 and Under: _____

2. Property Information

A. Address of Property proposed for Modification:

Is this your primary residence? _____ Year Home Built: _____

B. Are there currently any liens or attachments recorded against your property? Y N
(If yes, explain).

3. Income Verification:

Please submit the following information with your application:

A. Income verification for "all adult household members". IRS tax return must be provided.

4. Additional Documentation

A. Certification of Title

B. Tax Collectors Certification (if outstanding assessments are due to the town, payment of all or partial of outstanding balance may be required as a condition of receiving assistance.

C. Evidence of homeowner's insurance adequate to cover all received loans/mortgages on the property. (Copy of policy or certificate from insurance company)

D. Assessor's Statement of Property Valuation.

5. Description of Work Needed:

Please check all that apply	TYPE OF REPAIR
	Door Repair
	Electrical Repair
	Foundation Repair
	Handicap Accessibility
	Heating System Repair
	Insulation
	Lead Paint Removal
	Plumbing Repair
	Roof Repair
	Weatherization
	Window Repair/Replacement
	OTHER: Please Describe

I understand that the information given in this application will be used only to determine eligibility for this program and will otherwise be treated as confidential. I consent to inspections of my property by program staff and building and other inspectors. I further state that the information in this application has been given freely and is true to the best of my knowledge. It is my understanding that falsification of income information may lead to immediate recapture of funds by the town.

All owners of record must sign application.

Signature

Date

Signature

Date

Signature

Date

Please return completed applications to the Longmeadow Adult Center, 231 Maple Road, Longmeadow, MA. 01106.