

City of Peabody

Department of Community Development and Planning

City Hall • 24 Lowell Street • Peabody, Massachusetts 01960 • Tel. 978-538-5706 • Fax 978-538-5987

**HOUSING REHABILITATION ASSISTANCE PROGRAM
PRE-APPLICATION**

HOMEOWNER (S) INFORMATION

Name(s): _____

Address: _____ City: _____ Zip: _____

Telephone Number of Contact Person Day _____ Evening _____

Please provide the household's estimated gross annual income, which includes all wages, SSI, AFDC, pensions, rental income, interest income and other earnings you expect to receive in the coming year, of **all** persons 18 years and older residing in the household. \$ _____ Household size: _____

Have you previously received rehabilitation assistance through the City of Peabody? No Yes

PROPERTY INFORMATION

Address of property to be rehabilitated: _____

Length of ownership: _____ Years/Months Current Appraised Value: \$ _____

Type of ownership: Individual Non-Profit Realty Trust Partnership Corporation Coop

What year was the house built? _____ Is there Lead Paint in the home? No Yes Unknown

Number of Units: _____ How many units are currently occupied? _____

Has the property been recently cited for Code Violations that have not been corrected to date? No Yes

If yes, please mark the type of Code Violation Building Health Electrical Plumbing Fire

Please list, in order of importance, the lead removal and/or repairs you wish to make to the property:

Over ⇨



This program does not discriminate on the basis of race, color, national origin, gender, age, religion, familial status, sexual orientation or disability. This program is funded through the United States Department of Housing and Urban Development (HUD), utilizing HOME and Community Block Grant Funds (CDBG).



Please provide the information requested in the table below: (Please circle unit occupied by owner)

	Unit 1	Unit 2	Unit 3	Unit 4
Number of Occupants				
Number of Children under age six				
Number of elderly (over 62 years of age)				
Number of handicapped individuals				
Number of Bedrooms				
Monthly Rent				
Rental subsidies received? (Section 8 or 707)				

PLEASE READ BEFORE SIGNING:

I/we understand that this Pre-Qualification form will be used to determine income eligibility for Housing Rehabilitation Assistance. Should I/we pre-qualify, based on the information provided, the property will be placed on a waiting list for the Housing Rehabilitation Assistance Program.

I/we will be notified by the City of Peabody when funds are available to rehabilitate the property. At that time, I/we will be required to complete a formal Application. I/we understand that final eligibility for the Housing Rehabilitation Assistance Program will be determined only after the formal application and required documentation have been submitted.

Signature

Date

Signature

Date

All information provided on this Pre-Application for is confidential and will be used only to pre-qualify your eligibility for the Housing Rehabilitation Program Assistance.

Office Use Only

Date Received: _____

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Reviewed by: _____