

**AMESBURY 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). A checklist of required documentation is located on the last page of the application.

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 Amesbury? (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 <sup>rd</sup> 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 Amesbury 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):		
<b>Emergency Repairs Needed</b> (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 Amesbury Housing Rehabilitation Program (AHRP) to verify any information relating to this application. I/We certify that I/we are in good standing with the Amesbury 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: \_\_\_\_\_

## INCOME ELIGIBILITY

The following table outlines the income limit for eligibility. Eligibility is based on household size and household income.

### INCOME GUIDELINES

Household Size	Extra Low	Very Low	Limit
1	\$29,450	\$49,100	\$78,300
2	\$33,650	\$56,100	\$89,500
3	\$37,850	\$63,100	\$100,700
4	\$42,050	\$70,100	\$111,850
5	\$45,450	\$75,750	\$120,800
6	\$48,800	\$81,350	\$129,750
7	\$52,150	\$86,950	\$138,700
8	\$55,550	\$92,550	\$147,650

Boston, MA-NH Area Median Family Income Limits Effective 2022

**PRIORITY APPLICANTS:** Priority will be given to the following applicants:

1. Income eligible elder applicants who are 60 years of age or older;
2. Applicants with a disability; and
3. Properties in need of emergency repair.

**Return completed form to: Amesbury Housing Rehabilitation Program  
Office of Community and Economic Development  
39 South Hunt Road  
Amesbury, MA 01913**

The Housing Rehabilitation Program Manager will arrange for an appointment to finalize the application. If you have any questions or require assistance, please do not hesitate to contact us at 978-388-8110 Ext. 314.

Use this checklist to make sure that your application is complete. You do not need to submit it with your application

- Signed Application and Certification Form. (Check all appropriate items and sign)
- A Copy of Your Deed showing the Registry of Deeds Book and Page Number
- A Copy of Property Insurance Policy
- Copy of Driver's License
- Verification of Full-Time Student Status (If Applicable) For Household Members

Income Documentation for all members of the Applicant Household as outlined below: **Note all documentation should be for most current time period available.**

- Proof of Wage Income ( 8 paystubs OR salary verification letter on employer stationary, signed by an authorized individual, for each job and each household member)
- Proof of Social Security, Disability, SSI, TANF, Veterans Benefits, Unemployment Compensation, or other government benefits in the form of a letter from the appropriate agency. (for each member of the household receiving such benefits)
- Complete Federal Tax Returns for the **past year**, including W2s, 1099s all schedules and other attachments for each member of the Applicant Household
- For Self-Employment income, submit **3 years** of tax returns that include Schedule C
- Proof of Alimony or Child Support in the form of a Divorce or Settlement Agreement, or other documentation showing the amounts received and schedule of payments
- Documentation of income from pensions, annuities, or other investments in the form of statements, 1099R forms, etc. Most recent statements for each.

Documentation of Assets owned by any member of the Applicant Household with Current Valuation. This includes the value of investments such as stocks and bonds or mutual fund accounts; Savings and Checking Accounts and Certificates of Deposit (statements)

- Copies of Savings and Checking Account Statements (or copies of passbook pages) for each Account held by a member of the Applicant Household for the last 2 months. **Include ALL pages of each statement.**
- Copies of Investment Account Statements (most recent) for each Account held by a member of the Applicant Household