

Date Received _____

Application # _____



FY25 CITY OF MEDFORD HOUSING REHABILITATION PILOT PROGRAM

Homeowner Application

1. Name of Owner(s): _____

2. Address: _____

3. Phone number: _____ Email: _____

4. Is the property Owner-occupied? ___ Yes ___ No

5. How long have you owned this property? _____

6. Is this property a condominium? ___ Yes ___ No

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

Name	Age	Persons with disabilities (Yes or No)	Race	Social Security # (Last four digits)

8. Year Property Constructed: _____

9. Property constructed prior to 1978:

a) Has the property been tested for the presence of lead paint? ___ Yes ___ No.

b) Has the property been de-lead? ___ Yes ___ No

10. Do you have Flood Insurance? ___ Yes ___ No

11. Has the property been tested for the presence of Radon within the past 5 years ___ Yes ___ No

12. For each household member aged 18 or older, list the source and amount of all income received during the past 12 months. Include wages, social security, pensions, IRAs, unemployment, worker's compensation, interest and dividends, child support, alimony, etc:

Name of Household Member	Source of Income	Gross Annual Income

If the sources or amounts of your household's income are different now than they were in the last year, please describe.

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

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Radon testing and mitigation | <input type="checkbox"/> Foundation repairs and repointing | <input type="checkbox"/> Heating systems | <input type="checkbox"/> Hot water heaters |
| <input type="checkbox"/> Air-conditioning system repair | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Insulation | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Walls/Ceilings/Floors repair | <input type="checkbox"/> Siding | <input type="checkbox"/> Roof repairs and replacement | <input type="checkbox"/> Porches/ Steps |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Painting | <input type="checkbox"/> Other (specify) _____ | |

14. Please describe any situations which might be considered emergency conditions, such as a failed heating system, a leaking roof or a request for accommodation for household members with disabilities.

15. Do you or any immediate family members work for the City or serve in an elected position?

- Yes No

If yes, Family member's name: _____ Position: _____

16. I hereby certify that all information provided is accurate to the best of my knowledge. In addition, I authorize the City to verify any information relating to my application for assistance. I certify that I am in good standing with the City of Medford 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 mortgages relating to said property. 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, and no mortgage is in foreclosure. I understand that falsification of any information provided to the City may result in termination of the application.

Signed: _____ Date _____

Signed: _____ Date _____

All owners of the property must sign the application. Income information will be kept confidential.

Please return the completed application by October 20, 2024, either by mail or in-person to:

**Medford City Hall
Office of Planning, Development & Sustainability
Room 308
85 George P. Hassett Drive
Medford, MA 02155
Attn: Housing Rehabilitation Pilot Program**