

Methuen Housing Rehabilitation Program

Searles Building, 41 Pleasant Street, Suite 217, Methuen, MA 01844 (978) 983-8566

REQUEST FOR ASSISTANCE

(Please complete all sections)

1. Property Owner(1) Name: _____ 1a. Work #: (_____) _____
- Property Owner(2) Name: _____ 2a. Work #: (_____) _____
2. Property Owner(s) Mailing Address: _____
3. Home Telephone #: (_____) _____ e-mail: _____
4. Do you occupy the Property?: Yes _____ No _____
5. Marital Status: Married _____ Single _____ Separated _____
6. **TOTAL** Number of **HOUSEHOLD*** Members who occupy the Property/Unit: _____ Adult _____ Children _____
7. List ages of **ALL HOUSEHOLD*** Members who occupy the Property/Unit: _____
8. **GROSS ANNUAL (Yearly) HOUSEHOLD* Income of ALL HOUSEHOLD* Members 18 yrs of age & older**

Base Pay: _____	Unemployment Benefits _____
Overtime: _____	Social Security/SSI/SSDI _____
Bonuses: _____	TANF (AFDC) _____
Commissions: _____	Veterans Benefits _____
Dividends/Interest _____	Retirement/Pension _____
Net Rental Income: _____	Worker's Compensation _____
Alimony/Child Support _____	Other _____

TOTAL ANNUAL HOUSEHOLD* INCOME: _____

***HOUSEHOLD** means **ALL** individuals, **RELATED & UNRELATED**, residing in the housing unit.

Provide the following data for the PROPERTY to be rehabilitated:

9. Street Address: _____ in Methuen
10. Date Purchased: _____
11. Number of Dwelling Units: _____
12. # of Bedrooms: Your unit: _____ Tenant 1: _____ Tenant 2: _____ Tenant 3: _____
13. Estimated dollar amount you are willing to spend: _____
14. Type of Improvements desired:
Plumbing: _____ Heating: _____ Electrical: _____ Insulation: _____
Roof: _____ Siding: _____ Painting: _____ Windows: _____
Other: _____ Describe: _____

Tenant Data : (Must be provided for each apartment)

15.	Apartment Address	Tenants' Name(s) (Note if Vacant)	Number of HOUSEHOLD* Members in Unit		Total Income
			Members in Unit	Total Income	
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Certification

16. I/We certify all information contained in this Request for Assistance is true to the best of my/our knowledge and belief.

Subscribed and sworn to under the pains and penalties of perjury.

a. _____
Date _____

b. _____
Signature - Property Owner (1)

c. _____
Signature - Property Owner (2)