

PROPERTY INFORMATION

Year this structure was built: _____

Do you have flood insurance? Yes No

Complete the following chart for each unit in the property – one line for each unit*. (A single-family home = one unit.)
The total number of units listed below must match the number of units reported at the top of page 1 of this application.

Unit #	Occupied by Owner or Tenant? (enter O or T)	# Bedrooms in Unit	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

*Income information for non-owner/rental units will be required at a later date.

REPAIRS REQUIRED

Please check on the chart below all repairs for which you are seeking assistance from the Housing Rehabilitation Program.

√	Needed Repair	√	Needed Repair	√	Needed Repair
	Septic System/Sewer Hookup		Lead or Asbestos Removal		Accessibility (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):		
	Emergency Repairs Needed (Describe):				

I/We hereby certify that all information provided is accurate to the best of my/our knowledge. I/We authorize the towns of Cheshire and New Marlborough and the Housing Rehabilitation Program (HRP) to verify any information relating to this application. I/We certify that I/we are in good standing with the Town 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: _____

Please Mail application to:

Patricia Mullins
Housing Rehabilitation Program Manager
Berkshire Regional Planning Commission
1 Fenn Street, Suite 201, Pittsfield, MA 01201

<p>Please tell us how you heard about this program:</p>
