

Application

NeighborWorks® Southern Mass
422 Washington Street, Quincy, Massachusetts 02169
www.nwsoma.org
617-770-2227 X34

Please complete all Items on this application.

How did you learn of this program?

Address of property to be rehabilitated

Number of bedrooms

The applicant is (**select one**)

Applicant Full Name

Co Applicant

Home Address

Tel. Home

Work

Tel. Home

Work

Social Security#

Social Security#

Age

Dependents

Age

Dependents

Ages

Ages

Employer

Employer

Address

Address

Position

Years

Position

Years

Employment Income

Employment Income

Social Security

Social Security

Pension

Pension

Disability

Disability

Welfare

Welfare

SSI

SSI

Rental Income

Rental Income

Other i.e.: Alimony-Child Support

Other:

Other Real Estate Owned

Mortgage Balance

Owners

Mortgage Balance

Owners

Other assets such as savings bonds, term certificates, stock etc:

Household Members other than dependents listed above:

Name

Family Member

Age

Monthly Income

Name

Family Member

Age

Monthly Income

The applicant certifies all information in this application to be true to the best of his or her knowledge and belief. Verification may be obtained from any source named herein.

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS

I/We understand that under U.S.C. Title 18 Section 1001, any untruthful or deliberately misleading statements made by me on this application can result in prosecution under federal law, and that I can be fined not more than \$10,000.00 and/or imprisoned for not more than five years, if found guilty.

PRIVACY ACT STATEMENT

The information that you will be requested to provide as part of your application for financial assistance will be used to determine eligibility and funding amount. Voluntary failure to furnish any of the requested information may delay the processing or may result in the rejection of your application. This information may be disclosed to your employer for employment and wage verification, your mortgage(s) and credit reporting agencies, but to no other parties except as permitted by law.

**** This application can be rejected for failure to disclose pertinent information.**

Signature _____ Date _____

Signature _____ Date _____

I/We do not file a Federal 1040 Tax Return due to insufficient income and assets.

Signature _____ Date _____

Signature _____ Date _____

If this property is 2 or more units please list the names of tenant:

- 1.
- 2.
- 3.
- 4.

Please attach copies of the following documents to your application. Originals will not be accepted.

- 1. Quitclaim Deed.
- 2. Homeowners insurance policy
- 3. Flood insurance policy if applicable
- 4. Recent mortgage statement
- 5. Copy of 4 most recent payroll stubs and all sources of monthly income.
- 6. Federal Income Tax (1040) for previous year
- 7. Lead paint inspection report if applicable
- 8. Doctors letter (Handicapped applications only)
- 9. Proof of repetitive flood loss if applying for FEMA.

Please sign application. Applications and forms deemed incomplete will be returned to you. If you have any questions concerning this application, please call Elvira Caldeira at 617-770-2227 X34.