

WASHINGTON COUNTY COMMUNITY DEVELOPMENT CORPORATION

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Wakefield, RI 02879

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HOUSING REHABILITATION PROGRAM

Community Development Block Grant and USDA Housing Preservation Grant

Owner occupied

Application #: _____

NOTE: All information provided on this form will be kept confidential and will only be used by the Housing Rehabilitation Program to determine eligibility for the Program.

Description of improvements desired: _____

Name of home owner: _____

Name of spouse/ partner: _____

Address: _____

Email Address: _____

Single family: _____ Multi-family: _____ Number of units: _____

Total # of residents: _____ Total over 62: _____

Phone (Home): _____ Phone (Work): _____

Total handicapped: _____ Time lived in home: _____

Year house was built: _____ # of Bedrooms: _____

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

The applicant(s) certify that they are the legal owners of the property listed herein.

Applicant is advised that home repair resulting from this application is subject to state and federal lead-based paint regulations. By signing below, I also acknowledge that I have received the EPA pamphlet entitled "Protect Your Family from Lead in Your Home".

Signature

Date

Signature

Date

PENALTY FOR FRAUDULENT STATEMENT, U.S.C.

Title 18, Section 1001, provides:

"Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than Ten Thousand Dollars (\$10,000) or imprisoned not more than five years or both."

This is an equal opportunity program. Discrimination is prohibited.

(Do not write below this line, Office Use Only)

Total Income: \$ _____

Income Limit: 80%: \$ _____

50%: \$ _____

30%: \$ _____

Approved: Yes: _____ No: _____

Signature

Date: _____

Reason for Denial: _____