

ITEMS TO BE SUBMITTED WITH APPLICATION

- 1.) APPLICATION (SIGNED)
- 2.) COPY OF PROPERTY TAX
- 3.) COPY OF PROPERTY INSURANCE
- 4.) PROOF OF OWNERSHIP (DEED)
- 5.) SIGNED TENANT APPLICATION(S)

MAIL TO, OR DROP OFF AT:

HOPKINTON PLANNING DEPARTMENT
482 Main Street
Hopkinton, RI 02833

HOPKINTON RENTAL REHABILITATION PROGRAM APPLICATION

Investor Owned Property

Application # _____

Address of property to be rehabilitated: _____

Owner's Name: _____

Owner's Address: _____

Photo ID (Attach Copy) _____

Owner's Phone: Home: _____ Work: _____

Cell _____ E-mail _____

Tenants Information:

Unit 1 Tenant Name: _____ # of BR: _____

Monthly rent: _____ Utilities inc.: Y ___ N ___

Unit 2 Tenant Name: _____ # of BR: _____

Monthly rent: _____ Utilities inc.: Y ___ N ___

Unit 3 Tenant Name: _____ # of BR: _____

Monthly rent: _____ Utilities inc.: Y ___ N ___

(Attach additional sheet for more units)

Description of desired improvements: _____

Owner certification:

I, _____, the owner of the above named property agree to the following conditions before receiving funding from the Hopkinton Rental Rehab Program for the rehabilitation of said property:

1. I agree to allow the rehabilitation to take place on my property as will be stated in the Hopkinton Rental Rehab Program work specifications once developed and approved by me and the contractor.
2. I agree not to hold the Hopkinton Rental Rehab Program the Community Consortium or any of its member Towns or any of their employees or agencies liable for any injury, claim, encumbrances or faulty workmanship which may occur as a result of the rehabilitation and
3. I agree and certify that the amounts stated above for the monthly rents are true and accurate and
4. I agree and understand that in order to be eligible for Hopkinton Rental Rehab Program funding, the unit(s) being rehabilitated must be occupied by low or moderate income tenants at the time of completion of any work being subsidized by the Hopkinton Rental Rehab Program funds and must continue to be so occupied for a period of at least thirty years from the date of completion and
5. If I sell the property during the thirty year period the deed restrictions follow the sale.
6. I agree to charge rents that are at or below the H.U.D. rental limits for my low and/or moderate income tenants beginning with the date of completion of rehabilitation work. If my rental charges are already lower than H.U.D. limits, I agree not to raise my rents as a result of the rehabilitation work and
7. I understand that I am fully responsible for the cost of any rehabilitation work not specifically paid for through the Hopkinton Rental Rehab Program and
8. I agree and understand that if I fail to abide fully to any of the above conditions, I will be liable to the Hopkinton Rental Rehab Program for the total amount provided by the Hopkinton Rental Rehab Program for the rehabilitation.

Signature of Owner

Date

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Work Completion Date: \_\_\_\_\_ Max. Rent: \_\_\_\_\_

Date sent to Owner: \_\_\_\_\_ To Tenant: \_\_\_\_\_

**TENANT APPLICATION  
HOPKINTON RENTAL REHAB PROGRAM**

**FAMILY NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOUSEHOLD COMPOSITION:** In the space below, please list the names and ages of all persons living in the apartment. (ADDRESS: \_\_\_\_\_)

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Are any of the above handicapped? Yes \_\_\_ No \_\_\_

Names of handicapped persons: \_\_\_\_\_

**HOUSEHOLD INCOME:** In the space below, please list the income of any family member over the age of 18, and the source of that income (**please provide copies of current paystubs , awards letters and current years IRS 1040s**):

| Amount: | Source: | Person receiving income: |
|---------|---------|--------------------------|
| _____   | _____   | _____                    |
| _____   | _____   | _____                    |
| _____   | _____   | _____                    |

How many bedrooms does the unit have?: \_\_\_\_\_ What is the monthly rent?: \_\_\_\_\_

Does this include: Heat \_\_\_\_\_ Electricity \_\_\_\_\_ Trash \_\_\_\_\_ Other \_\_\_\_\_ (specify)

What type of fuel do you use for heat (Oil, Gas, Electricity, Other): \_\_\_\_\_

The undersigned hereby certify that the above information is true and complete: (anyone over 18)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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