

APPLICATION

City of Quincy, Office of Housing Rehabilitation
1305 Hancock Street, Quincy, Massachusetts 02169

PLEASE COMPLETE ALL ITEMS ON THIS APPLICATION.

How did you learn of this program? _____

Address of Property to be rehabilitated _____

Number of units? _____ Number of bedrooms? _____

Which program are you applying for: (circle one) Rehabilitation FEMA Lead Paint Handicapped

The applicant is (circle one) White - Black/African American - Asian - American Indian/ Alaskan Native - Native Hawaiian/ Other Pacific Islander - American Indian/ Alaskan Native & White - Asian & White - Black/ African American & White - Indian/ Alaskan Native & Black/ African am. - Other Multiracial

Applicants Full Name _____ Co Applicant _____

Home Address _____

Telephone # Home _____ Work _____ Telephone # Home _____ Work _____

Social Security # _____ Social Security # _____

Age _____ Age _____

Dependants _____ AGES _____ Dependants _____ 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 ie: Alimony-Child Support _____ Other _____

Other Real Estate Owned _____

Mortgage Balance _____ Owners _____

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

Household Members other than dependents listed above:

Name _____ Family Member YES NO Age _____ Monthly Income _____

Name _____ Family Member YES NO 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.

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

Signature _____ Date _____

Signature _____ Date _____

