



CITY OF QUINCY  
OFFICE OF HOUSING REHABILITATION PROGRAM  
**APPLICATION**

Please complete all items on this application and submit to:  
Office of Housing Rehabilitation  
City of Quincy, Massachusetts  
1305 Hancock St.  
Quincy, MA 02169

1. How did you learn of this program?

\_\_\_\_\_

2. Address of Property to be rehabilitated:

\_\_\_\_\_

3a. Number of units: \_\_\_\_\_ 3b. Number of bedrooms: \_\_\_\_\_

4. For which program are you applying? (Please circle one):

Rehabilitation    FEMA    Lead Paint    Handicapped

**5. APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_                      Social Security Number: \_\_\_ - \_\_\_ - \_\_\_

Street Address:  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home telephone: \_\_\_ - \_\_\_ - \_\_\_                      Mobile telephone: \_\_\_ - \_\_\_ - \_\_\_

Work telephone: \_\_\_ - \_\_\_ - \_\_\_                      Employer telephone: \_\_\_ - \_\_\_ - \_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**6. CO-APPLICANT INFORMATION**

Co-Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security Number: \_\_\_ - \_\_\_ - \_\_\_

Street Address:  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home telephone: \_\_\_ - \_\_\_ - \_\_\_ Mobile telephone: \_\_\_ - \_\_\_ - \_\_\_

Work telephone: \_\_\_ - \_\_\_ - \_\_\_ Employer telephone: \_\_\_ - \_\_\_ - \_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**7. Household Members including dependents:**

Name: \_\_\_\_\_ Family Member? YES / NO Age: \_\_\_\_\_  
Monthly Income \$ \_\_\_\_\_

Name: \_\_\_\_\_ Family Member? YES / NO Age: \_\_\_\_\_  
Monthly Income \$ \_\_\_\_\_

Name: \_\_\_\_\_ Family Member? YES / NO Age: \_\_\_\_\_  
Monthly Income \$ \_\_\_\_\_

Name: \_\_\_\_\_ Family Member? YES / NO Age: \_\_\_\_\_  
Monthly Income \$ \_\_\_\_\_

Name: \_\_\_\_\_ Family Member? YES / NO Age: \_\_\_\_\_  
Monthly Income \$ \_\_\_\_\_

Name: \_\_\_\_\_ Family Member? YES / NO Age: \_\_\_\_\_  
Monthly Income \$ \_\_\_\_\_

If this property is two (2) or more units, please list the names of tenants:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

8. Assets

Bank Account (includes Certificates of Deposit)

Name of Bank or Credit Union	Account Number	Balance
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Net cash value of life insurance		\$ _____
Net worth of business		\$ _____
Vested interest in retirement funds		\$ _____
Stocks, Bonds, Treasury Bills		\$ _____
Mutual Funds		\$ _____
Automobiles for business use		\$ _____
Other: _____		\$ _____
TOTAL ASSETS		\$ _____

VERIFICATION AND AUTHORIZATION

*Please attach copies (NOT ORIGINALS) of the following documents to your application:*

1. *Quitclaim Deed.*
2. *Homeowners insurance policy*
3. *Flood insurance policy if applicable*
4. *Recent mortgage statement and Real Estate Tax Bill*
5. *Copy of four (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. *Doctor's letter (Handicapped applications only)*
9. *Proof of repetitive flood loss if applying for FEMA.*
10. *Savings and Bank Account Statements*
11. *Certificate of Deposits (CDs)*
12. *Treasury Bills (T-Bills)*

**Please initial if you have received a copy of the following:**

1. **Income Guidelines** \_\_\_\_\_
2. **Program Brochure** \_\_\_\_\_

Please initial if the following statement is true:

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

\_\_\_\_\_

---

Please sign application. Applications and forms deemed incomplete will be returned to you. If you have any questions concerning this application, please call the office at 617-376-1055.

The applicant understands that programs are subject to change with out notice AND that programs are subject to availability of funds. The City of Quincy reserves the right to cancel any application at any time for any reason.

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 financial institutions for certification of account balances and loans outstanding, 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.**

---

Applicant Signature

Date

---

Co-Applicant Signature

Date

COMMENTS: