**AGING IN PLACE WAITLIST**

**TOWN of AGAWAM – 01001 - 01030**

The town of **Agawam**, with the assistance of the Pioneer Valley Planning Commission (PVPC) is moving forward with an “Aging in Place” assistance program. You have received this form as you have inquired about this program. Unlike Agawam’s ’s housing Rehabilitation Program, Aging in Place offers a grant of up to $5,000.00 for non-structural modifications to increase the health and safety of the occupants. To be eligible**, owner occupants must be 65 years of age or older, meet below listed HUD Section 8 income guidelines for low to moderate income persons**, and have home safety needs that fall under the purview of the program.

**My household income is not greater than (circle one according to your household size):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1 Person** | **2 Person** | **3 Person** | **4 Person** | **5 Person** | **6 Person** | **7 Person** | **8 Person** |
| $52,750 | $60,250 | $67,800 | **$75,300** | $81,350 | $87,350 | $93,400 | $99,400 |

**Please print**

Name(s): ­­­

**For P.V.P.C. use only**

**Date Received: \_\_\_\_\_\_\_\_**

**Staff Initials: \_\_\_\_\_\_\_\_**

**Full App Sent: \_\_\_\_\_\_\_\_**

**Full App Rec:** **\_\_\_\_\_­­\_\_\_**

Property Address/Zip:

Mailing Address/Zip:

**(If different)**

Multi or Single Family**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone & Email:

Year built:

**Type of improvements needed:** SEE NEXT PAGE FOR LIST

All homeowners must sign:

Signature Date

Signature Date

**ALL** information received is strictly confidential and will be maintained in the Springfield office of the PVPC

60 Congress Street Floor 1, Springfield, MA 01104.

If you have questions, please email Housing Assistant Paula Delskey at [pdelskey@pvpc.org](mailto:pdelskey@pvpc.org) or call (413) 781-6045

**Agawam Aging in Place Program**

**Frequently Asked Questions**

Thank you for your interest in the Aging in Place Program. This is a grant program, providing funding of up to $5,000 per eligible household to complete non-structural modifications to improve the health and safety conditions of Easthampton’s senior (age 65 and over) households.

**Please read the following Frequently Asked Questions carefully before completing this application.**

**Q. Do I ever have to pay back the funds used to make the improvements?**

**A.** No.

**Q. Where does the money come from?**

**A.** This program is funded by the Massachusetts Department of Housing and Community Development CDBG program and the U.S. Department of Housing and Urban Development through a grant received by the Town of Easthampton.

**Q**. **What happens if the improvements I need cost more than $5,000?**

**A**. If the cost of improvements exceeds $5,000, the homeowner may choose to cover the additional cost; otherwise, the scope of work will be reduced.

**Q. Can non-AGAWAM residents apply?**

**A.** No. Funding is only available for residents of Easthampton, MA.

**Q. What if I do not own my home?**

**A.** Grants will be made to owner-occupied homes only.

**Q. Who will complete the improvements? Do I have to hire a contractor?**

**A.** A fully licensed contractor (or contractors) will be selected through a competitive bid process overseen by the Pioneer Valley Planning Commission. Each participant will be required to sign an agreement with the contractor as well as an agreement with the town which guarantees the funds.

**Q. The improvements I need aren’t listed, can I still apply?**

**A.** Yes, please indicate your needs in the “other” box in section B of this application. Your request will be reviewed for whether it fits within the guidelines of the funding.

**Q. Who can I contact if I have other questions or need help filling out the application?**

**A.** Reasonable accommodations will be provided as needed to assist in completion of the application. For assistance, please contact: Paula Delskey of the Pioneer Valley Planning Commission at (413) 781-6045 or by email at [pdelskey@pvpc.org](mailto:pdelski@pvpc.org)

**Please return completed applications to:**

**Paula Delskey: PVPC, 60 Congress St. – Floor 1, Springfield, MA 01104-**

**IMPROVEMENTS REQUESTED**

Please indicate which improvements are needed in your home, including quantity and location.

|  |  |  |  |
| --- | --- | --- | --- |
| **Check All That Apply** | **Improvement** | **Quantity** | **Location** |
|  | Grab Bar/Handrail(s) In & Out |  |  |
|  | Smoke/Carbon Monoxide Detectors |  |  |
|  | Window/Door Locks |  |  |
|  | Slip-Resistant Stair Treads |  |  |
|  | Replacement GFI Outlets |  |  |
|  | Minor Non-Structural Ramps |  |  |
|  | Improved Lighting |  |  |
|  | Minor Plumbing Modifications |  |  |
|  | Stair Lift |  |  |
|  | Replace Door Knobs with Levers |  |  |
|  | ADA Compliant Toilets (Comfort) |  |  |
|  | Repairing Trip Hazards |  |  |
|  | Removal of Minor Code Violations |  |  |
|  | Tub Cuts (reversible - tub to walk in shower conversion) |  |  |
|  | Other: *Please Describe* |  |  |

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