**HOUSING REHABILITATION ASSISTANCE**

**FY21 Town of West Springfield Waitlist Form – 01089**

The City of **West Springfield** receives funding from the United States Department of Housing and Urban Development, through its Community Development Block Grant Program, to assist qualified owner-occupants throughout the City in making necessary repairs to their homes to eliminate building code violations, eliminate unsafe or unhealthy conditions, undertake accessibility modifications, improve weatherization, or undertake other necessary repairs to improve the quality of living conditions. The Pioneer Valley Planning Commission (PVPC) will be assisting the City in the implementation of this Housing Rehabilitation Program.

This is a zero percent (0%) deferred payment loan (DPL), which becomes a grant after 15 years.At that time, the DPL is forgiven. If the property is sold or transferred during the 15-year term, a percentage of the loan must be paid back.

This form is to establish your interest and place on a list for assistance. This pre-application form must be completed and returned to **Paula Delskey at the PVPC – 60 Congress Street, Springfield, MA 01104**. Depending on the availability of funds, applicants on the list will receive a “full application” which must be completed and returned to the PVPC.

In order to be eligible for assistance, total household income shall not exceed **current FY2023** fiscal year federal HUD HOME income guidelines based on the number of people residing in a household. *(See table below)*

**My gross 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 |
| $55,800 | $63,800 | $71,750 | **$79,700** | $86,100 | $92,500 | $98,850 | $105,250 |

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

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

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

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

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

Owner Name(s)

Property Address & Zip ­­­­

Mailing Address & Zip \_\_\_\_\_\_

Multi or Single Family **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Year Built**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home Phone **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Cell**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of improvements requested:**

Signature Date

Signature Date

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

**Mail form to: PVPC, 60 Congress Street, Floor 1, Springfield, MA 01104 Attn: Paula Delskey**

**If you have questions, please email:** **pdelskey@pvpc.org** **or call (413) 781-6045**.