

City of Peabody

Department of Community Development and Planning

City Hall • 24 Lowell Street • Peabody, Massachusetts 01960 • Tel. 978-538-5776 • Fax 978-538-5987

MOBILE HOME *EMERGENCY REHABILITATION REPAIR PROGRAM* **PRE-APPLICATION**

HOMEOWNER (S) INFORMATION

Name(s): _____

Address: _____ City: _____ Zip: _____

Telephone Number of Contact Person Day _____ Evening _____

Please provide the household's estimated gross annual income, which includes all wages, SSI, AFDC, pensions, rental income, interest income and other earnings you expect to receive in the coming year, of **all** persons 18 years and older residing in the household. \$ _____ Household size: _____

Have you previously received rehabilitation assistance through the City of Peabody? No Yes

PROPERTY INFORMATION

Address of property to be rehabilitated: _____

Length of ownership: _____ Years/Months

Type of ownership: Individual Realty Trust Co-op

What year was the mobile home built? _____ Current Appraised Value: \$ _____

Has the property been recently cited for Code Violations that have not been corrected to date? No Yes

If yes, please mark the type of Code Violation Building Health Electrical Plumbing Fire

Please list the emergency repairs you are requesting:

Over ⇨



This program does not discriminate on the basis of race, color, national origin, gender, age, religion, familial status, sexual orientation or disability. This program is funded through the United States Department of Housing and Urban Development (HUD), utilizing HOME and Community Block Grant Funds (CDBG).



Please provide the information requested in the table below:

Number of Occupants	
Number of Children under age six	
Number of elderly (over 62 years of age)	
Number of handicapped individuals	
Number of Bedrooms	
Rental subsidies received? (Section 8 or 707)	

PLEASE READ BEFORE SIGNING:

I/we understand that this Pre-Qualification form will be used to determine income eligibility for Mobile Home Emergency Repair Program. Should I/we pre-qualify, based on the information provided, the property will be placed on a waiting list for the Mobile Home Emergency Repair Program.

I/we will be notified by the City of Peabody when funds are available to conduct emergency repairs to the property. At that time, I/we will be required to complete a formal Application. I/we understand that final eligibility for the Mobile Home Emergency Repair Program will be determined only after the formal application and required documentation have been submitted.

Signature

Date

Signature

Date

All information provided on this Pre-Application form is confidential and will be used only to pre-qualify your eligibility for Mobile Home Emergency Repair Assistance.

Office Use Only

Date Received: _____

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Reviewed by: _____