



**CITY of BEVERLY
PLANNING AND COMMUNITY
DEVELOPMENT DEPARTMENT**

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**HOUSING REHABILITATION PROGRAM
PRE-APPLICATION**

Address of Property to be rehabilitated: _____

Type of Housing: *Please check appropriate boxes.*

- | | | | | |
|--|--|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Owner Occupied: | <input type="checkbox"/> Single Family | <input type="checkbox"/> 2 Family | <input type="checkbox"/> 3 Family | <input type="checkbox"/> 4 Family |
| <input type="checkbox"/> Investor Owned: | <input type="checkbox"/> Single Family | <input type="checkbox"/> 2 Family | <input type="checkbox"/> 3 Family | <input type="checkbox"/> 4 Family |
| <input type="checkbox"/> Non-Profit Owned: | <input type="checkbox"/> Single Family | <input type="checkbox"/> 2 Family | <input type="checkbox"/> 3 Family | <input type="checkbox"/> 4 Family |

List all owners of record, their addresses and social security numbers:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Contact person's phone number: _____ Contact person's email address: _____

When did you purchase this property? _____ When was the property built? _____

Bank holding mortgage: _____

Address of mortgage holder: _____

Original mortgage amount: \$ _____ Unpaid balance: \$ _____

What is your monthly mortgage payment? \$ _____ Does mortgage payment include real estate taxes? YES NO

Does mortgage payment include homeowner insurance? YES NO -- If NO, what is annual cost of insurance? \$ _____

List any additional Mortgages or liens on Property - include any cross collateralization:

Mortgage Holder: _____

Address of Mortgagee Holder: _____

Monthly payment: \$ _____ Unpaid balance: \$ _____

Water & Sewer Per Year: \$ _____ Common Utilities Per Year: \$ _____

RENTAL PROPERTY INFORMATION (please include owner occupant information below)

Apt #	Tenant's name	Household Size	# of Bedrooms	Total Rent	Utilities Paid by Landlord	Do you have a lease?

Total Rental Income from dwelling units at full occupancy \$ _____

List any additional monthly income from this property including garage, parking, and storage spaces (specify source) \$ _____

STATISTICAL INFORMATION:

The following information is used to assist this office in reporting to our funding sources. Information will be kept completely confidential.

Statistical Information:	Unit #__	Unit #__	Unit #__	Unit #__
a. # of Persons per unit				
b. # of children under six years old				
c. # of elderly (over 62)				
d. # of handicapped (non-elderly)				
e. # of elderly handicapped				
f. Is head of household female?				

Please place a check mark next to each repair you feel in needed:

<input type="checkbox"/>	Stairs, steps	<input type="checkbox"/>	Walls	<input type="checkbox"/>	Heating
<input type="checkbox"/>	Hallways	<input type="checkbox"/>	Roof	<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Porches	<input type="checkbox"/>	Windows	<input type="checkbox"/>	Masonry
<input type="checkbox"/>	Ceilings	<input type="checkbox"/>	Gutters/Drains	<input type="checkbox"/>	Chimneys
<input type="checkbox"/>	Foundation	<input type="checkbox"/>	Siding/clapboards	<input type="checkbox"/>	Doors
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Paint	<input type="checkbox"/>	Lead Paint Abatement

Briefly describe any other work you would like to accomplish with the CDBG Housing Rehabilitation Loan.

Once the attached form is completed, placement on a Housing Program Waiting List will be determined based on the information provided on the Pre-Application.

All persons whose names appear on the recorded copy of the deed must sign here:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____