

**ADAMS HOUSING REHABILITATION PROGRAM (Adams HRP)**  
**MASSACHUSETTS COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**  
Town of Adams – 8 Park Street  
Adams, MA 01220  
Telephone: 413-743-8317

**APARTMENT - OCCUPANT FORM**  
**SUPPLEMENTAL INFORMATION FOR INVESTOR OWNED PROPERTY**

- A. **PROPERTY OWNER(S):** Braytonville Properties llc
1. Name(s): \_\_\_\_\_
  2. Address: PO Box 150, North Adams, MA 01247  
\_\_\_\_\_
  3. Application #: \_\_\_\_\_
  4. Rehab Address: 84 - 92 Columbia Street, Adams, MA 01220  
\_\_\_\_\_

- B. **APARTMENT INFORMATION:**
1. Apartment #: \_\_\_\_\_ Phone #: \_\_\_\_\_
  2. Name Household Head: \_\_\_\_\_ Age: \_\_\_\_\_  
S.S. #: \_\_\_\_\_  
Name Spouse: \_\_\_\_\_ Age: \_\_\_\_\_  
S.S. #: \_\_\_\_\_
  3. Total number of persons in apartment: \_\_\_\_\_  
Total number of dependents: \_\_\_\_\_  
Total number of bedrooms \_\_\_\_\_  
Age of dependents: \_\_\_\_\_ M/F \_\_\_\_\_ M/F \_\_\_\_\_ M/F \_\_\_\_\_ M/F \_\_\_\_\_ M/F \_\_\_\_\_ M/F
  4. Amount of monthly rent: \$ \_\_\_\_\_; which includes: \_\_\_\_\_  
\_\_\_\_\_

NOTE: All information contained herein shall be used only for the purpose of determining eligibility for and Adams Housing Rehabilitation Grant. Access to this information is limited to the Adams Community Development Department and the Community Development Block Grant Program.

- C. **SOURCES OF INCOME:** (Income will be for all persons that live in the household to be rehabilitated that are 18 years of age and older, except full time students, and shall include all sources of income.)

- \_\_\_\_\_ 1. Base gross pay of household head: \$ \_\_\_\_\_
- \_\_\_\_\_ 2. Base gross pay of spouse: \$ \_\_\_\_\_
- \_\_\_\_\_ 3. Base gross pay of other members: \$ \_\_\_\_\_

- \_\_\_\_\_ 4. Pension amount (if applicable): \$ \_\_\_\_\_
- \_\_\_\_\_ 5. Social Security amount (if applicable): \$ \_\_\_\_\_
- \_\_\_\_\_ 6. Rental income amount (if applicable): \$ \_\_\_\_\_
- \_\_\_\_\_ 7. Interest income amount (if applicable): \$ \_\_\_\_\_
- \_\_\_\_\_ 8. Other sources (explain): \$ \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ 9. **ATTACH COPY OF CURRENT TAX RETURNS**

**TOTAL HOUSEHOLD ANNUAL INCOME \$ \_\_\_\_\_**

<u>Place of Employment/Address</u>	<u>Years Employed</u>
Applicant: _____	_____
Spouse: _____	_____
Member: _____	_____
Member: _____	_____
Member: _____	_____

D. APPLICANTS CERTIFICATION: [NOTE: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFUL FALSE STATEMENT OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.]

The apartment occupant(s) certifies that I (we) am (are) the occupants of the herein described property and all information in this form and all information furnished in support of the form, is given for the purpose of obtaining a housing rehabilitation grant from the Adams HRP/Community Development Block Grant Program, and is true and complete to the best of the tenants knowledge and belief.

Verification may be obtained from any source named within.

The apartment occupant authorizes the Town of Adams to conduct any and all code related inspections that may pertain to the housing rehabilitation grant applied for.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**OFFICE USE ONLY**

The above income information has been verified (attach necessary information).

Donna E. Cesan, Community Development Director

Date: \_\_\_\_\_