



CITY OF SALEM DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

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HOUSING REHABILITATION LOAN PROGRAM TENANT APPLICATION CONFIDENTIAL

INSTRUCTIONS Please complete all items on this application. If the information requested does not apply to you, please write "not applicable" or "n/a." Should you have any questions regarding this application, please contact the Housing Rehabilitation Program in the Department of Planning and Community Development.

PROPERTY INFORMATION

Property Address: _____
Apartment Number: _____ Number of Bedrooms: _____
Telephone Number: _____ Date: _____

TENANT INFORMATION

Tenant Name: _____ Co-Tenant Name: _____
Social Security #: _____ Social Security #: _____
Marital Status: _____ Marital Status: _____

Please names, ages and relationship below of other household members:

Name:	Age:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of Minorities in the household: ___ Black ___ Hispanic ___ Asian ___ American Indian

Do you have physically handicapped persons living in the unit? No Yes How many? _____



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).



RENTAL INFORMATION

Current rent? \$ _____ / Month How long have you resided at this address? ____ Years ____ Months

What utilities are your responsible to pay for? _____

Do you receive rental assistance? No Yes (Please check the type of rental assistance you receive.)

Section 8 Voucher Section 8 Certificate 707 Certificate Other _____

SOURCES OF INCOME

A. EMPLOYMENT INFORMATION

Please complete this section for **ALL** household members age 18 and over. You must include both *full* and *part* time employment. (*Please list additional employers on a separate sheet.*)

1. Name: _____

Employer: _____ Employer Phone: _____

Employer Address: _____

Annual Earnings (including overtime, bonuses & tips): _____

2. Name: _____

Employer: _____ Employer Phone: _____

Employer Address: _____

Annual Earnings (including overtime, bonuses & tips): _____

3. Name: _____

Employer: _____ Employer Phone: _____

Employer Address: _____

Annual Earnings (including overtime, bonuses & tips): _____

B. OTHER SOURCES OF INCOME: (Include all Household Members)

Source	Amount Received per Year	Source	Amount Received per Year
Social Security:	\$	Welfare:	\$
S.S.I. Benefits:	\$	Worker's Compensation:	\$
Pension:	\$	Unemployment:	\$
V.A. Benefits:	\$	Alimony:	\$
Retirement:	\$	Child Support:	\$
Disability:	\$	Other:	\$



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ACKNOWLEDGEMENT AND AGREEMENT

The applicant (s) certifies that all information provided in this application is true and correct to the best of his/her knowledge and belief and no information, which might reasonably affect a judgment regarding eligibility. Signing this document gives the City of Salem's Department of Planning and Community Development the authorization to obtain verification from any source herein. *ALL APPLICANTS MUST SIGN BELOW.*

I/we certify that the information provided in this application is true and correct as of the date set forth opposite my/our signatures on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, and liability for monetary damages to the City of Salem, its agents successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation, which I/we have made on this application.

Applicant's Signature _____ Date: _____

Co- Applicant's Signature _____ Date: _____

IMPORTANT

ALL APPLICANTS MUST PROVIDE THE REQUIRED DOCUMENTATION WITH THE APPLICATION. PLEASE USE THE ENCLOSED DOCUMENTATION CHECKLIST AND RETURN ALONG WITH DOCUMENTATION AND COMPLETED APPLICATION.

Tenant Application.doc



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