



HOUSING REHABILITATION ASSISTANCE

Brookfield Homeowners: The Town of Brookfield is working with the Central Massachusetts Regional Planning Commission (CMRPC) and its partner the Pioneer Valley Planning Commission (PVPC) to operate a Community Development Block Grant-funded housing rehabilitation (HR) program for eligible homeowners, until funds are depleted. The Town may apply for additional grant funds to continue the program in future years.

Eligible HR activities include code-related repairs, lead paint abatement, roof and window replacements, septic system work, heating system repairs and various other rehab activities. Funding is provided in the form of a deferred loan, with loan payments generally required only if homeownership changes during the loan period.

If you are interested in being contacted about HR assistance should funds become available from current or future grants, please complete and **mail** this **pre-application** form to **Brookfield HR, c/o CMRPC, 1 Mercantile Street, Suite 520, Worcester, MA 01608**. Contact Shirley Stephens of PVPC at (413) 781-6045 or Ian McElwee of CMRPC at (508) 459-3331 with any questions.

1. What repairs/improvements do you need assistance with? *Check all items that apply.*

- ☐ Heating System
☐ Septic System Repair/Replacement
☐ Plumbing
☐ Electrical
☐ Roof
☐ Disabled Accessibility (ramps, grab bars, etc.)
☐ Weatherization/Energy Efficiency
☐ Other, Describe: _____

2. Please tell us about the residents of your household:

How many persons are there in your household? _____

How many members of household are children under 18 years of age? _____

How many members of house are 62 years of age or older? _____

Are any members of the household disabled? If so, how many? _____

Is this a single-parent head of household? *Circle Choice* YES NO

3. How does your home's condition impact your quality of life and health/wellness? (Use other side if needed)

4. Does your home's condition represent an **emergency** that imminently threatens the health and well-being of members of your household? Emergencies include (but are not limited to) total septic system failure, severe roof or other major structural damage, and total heating system failure. Potential emergencies will be verified by the Brookfield Board of Health and/or Building Inspector.

Circle Choice YES NO

5. Homeowners who meet federal low-to-moderate income guidelines are eligible for the program. Please provide your approximate annual household income: \$_____. Current income limits for the program are shown below. Also provide your mailing address, if different from the home address.

# of persons in household	1	2	3	4	5	6	7	8
Max. income (annual)	\$55,350	\$63,250	\$71,150	\$79,050	\$85,400	\$91,700	\$98,050	\$104,350

6. Please provide the address of the home you are requesting assistance for, and your contact information:

Home address in Brookfield _____

Name _____

Phone # _____