



# American Recovery Act Homeowner Resiliency Program

## 1. PERSONAL DATA

### HOMEOWNER(S)

FULL NAME \_\_\_\_\_

FULL NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

BEST DAYTIME  
NUMBER \_\_\_\_\_

BEST DAYTIME  
NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DISABLED?  YES  NO

DISABLED?  YES  NO

## 2. HOUSEHOLD DATA (LIST EVERY HOUSEHOLD MEMBER)

|    | NAME | DATE OF BIRTH | DOES THIS PERSON HAVE ANY SOURCE OF INCOME?              |
|----|------|---------------|----------------------------------------------------------|
| 1. |      |               | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. |      |               | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. |      |               | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. |      |               | <input type="checkbox"/> YES <input type="checkbox"/> NO |

## 3. INCOME DATA

### MONTHLY INCOME (HOMEOWNER 1)

SALARY: \$ \_\_\_\_\_

RETIREMENT: \$ \_\_\_\_\_

SSI/DISABILITY: \$ \_\_\_\_\_

CHILD SUPPORT: \$ \_\_\_\_\_

ALIMONY: \$ \_\_\_\_\_

RENTAL INCOME: \$ \_\_\_\_\_

OTHER: \$ \_\_\_\_\_

TOTAL INCOME: \$ \_\_\_\_\_

### MONTHLY INCOME (HOMEOWNER 2)

SALARY: \$ \_\_\_\_\_

RETIREMENT: \$ \_\_\_\_\_

SSI/DISABILITY: \$ \_\_\_\_\_

CHILD SUPPORT: \$ \_\_\_\_\_

ALIMONY: \$ \_\_\_\_\_

RENTAL INCOME: \$ \_\_\_\_\_

OTHER: \$ \_\_\_\_\_

TOTAL INCOME: \$ \_\_\_\_\_



4. ASSETS

|                         | BANK/FINANCIAL INSTITUTION | AVAILABLE BALANCE |
|-------------------------|----------------------------|-------------------|
| CHECKING ACCOUNT 1      |                            |                   |
| CHECKING ACCOUNT 2      |                            |                   |
| SAVINGS ACCOUNT 1       |                            |                   |
| CERTIFICATE OF DEPOSITS |                            |                   |
| OTHER                   |                            |                   |
| OTHER                   |                            |                   |
| OTHER                   |                            |                   |

5. WHAT IS THE NATURE OF THE PROBLEM(S) TO BE REPAIRED?

Exterior Painting | Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exterior Work | Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other | Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



All owners must sign below.

*I/WE ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE HEREBY GRANT PERMISSION TO THE CITY OF CHICOPEE TO OBTAIN ANY FURTHER INFORMATION NECESSARY TO DETERMINE MY/OUR ELIGIBILITY FOR THE ASSISTANCE LOAN PROGRAM.*

*SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature(s) of Homeowner

\_\_\_\_\_  
Date

#### CHECKLIST

*As an essential part of this application, **ALL** adult household members must submit relevant documentation regarding all income and assets. **APPLICATIONS WITHOUT ALL ACCOMPANYING DOCUMENTATION MAY NOT BE PROCESSED.** The following documents must be submitted with your completed application:*

- \_\_\_\_\_ *Prior year tax returns (all occupants)*
- \_\_\_\_\_ *Copy of annual income from Social Security, Court Ordered Alimony, Child Support*
- \_\_\_\_\_ *Copy of most recent past 2 months of consecutive statements (most recent) for each Asset*
- \_\_\_\_\_ *Current Mortgage Statement*