



## HOUSING REHABILITATION ASSISTANCE Towns of Brimfield/Holland/Wales Waitlist Form

The towns of **Brimfield/Holland/Wales**, with the assistance of the Pioneer Valley Planning Commission (PVPC) continues to seek funding to assist qualified homeowners in making necessary repairs to their homes. To be eligible for assistance, the total household income shall **not exceed current FY2024** Federal income guidelines based on the number of people residing in the household. See chart below.

If you need to make improvements to eliminate building code violations, unsafe or unhealthy conditions, improve weatherization or other repairs, please fill out this form and return it to the PVPC. The address is on the bottom of this page.

This is a zero percent (0%) deferred payment loan (DPL), which becomes a grant after 15 years. At that time, the DPL is forgiven. If the property is sold or transferred during the 15-year term, a percentage of the loan must be paid back.

Please note that there may or may not be current funding available to help at this time, but we want to ensure that your place on the housing rehabilitation waiting list has been properly established. Therefore, we ask that you complete this form and send it back to our office at your earliest convenience. Completing this form will secure your name on the wait list and verify we have the correct information on file for you.

**My gross household income is not greater than (CIRCLE ONE according to your household size):**

1 Person	2 Person	3 Person	<b>4 Person</b>	5 Person	6 Person	7 Person	8 Person
\$61,350	\$71,100	\$78,850	<b>\$87,600</b>	\$94,650	\$101,650	\$108,650	\$115,650

Owner Name(s) \_\_\_\_\_

Property Address & Zip \_\_\_\_\_

Mailing Address & Zip \_\_\_\_\_

Multi or Single Family \_\_\_\_\_ Year Built \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**For P.V.P.C. use only:**

**Date Received:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_

**Full App Sent:** \_\_\_\_\_

**Full App Rec:** \_\_\_\_\_

**Type of improvements requested:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ALL information received is strictly confidential and will be maintained in the Springfield office of the PVPC.

**Mail form to: PVPC, 60 Congress Street, Floor 1, Springfield, MA 01104 Attn: Shirley Stephens**

**If you have questions, please email: [ssstephens@pvpc.org](mailto:ssstephens@pvpc.org) or call (413) 781-6045.**