

# Brockton Redevelopment Authority Homeowner Rehabilitation Program

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Address to be rehabilitated: \_\_\_\_\_

Are you the owner-occupant? (Yes / No) \_\_\_\_\_

The City of Brockton and the Brockton Redevelopment Authority provide a homeowner rehabilitation program that is designed to assist eligible low to moderate-income families with necessary repairs to their owner-occupied single-family or two-family properties. *Currently, we are only focusing on emergency repairs.* To qualify for this program, the following criteria must be met:

1. *The amount of money owed on your mortgage must be no more than 150% of the assessed value.*
  - a. *Current Mortgage Balance: \$ \_\_\_\_\_*
2. *You cannot owe utility bills or taxes to the City of Brockton*
3. *Your total household (anyone living in the home) income can be no higher than the maximum income as shown below:*

Household Size	Maximum Income	Your Household Income
1 Person	\$66,250	\$ _____
2 People	\$75,700	\$ _____
3 People	\$85,150	\$ _____
4 People	\$94,600	\$ _____
5 People	\$102,200	\$ _____
6 People	\$109,750	\$ _____
7 People	\$117,350	\$ _____
8 People	\$124,900	\$ _____

When calculating income, please include all earnings such as wages, social security, pensions, child support, interest, rent, etc.

For information regarding this program, please call The Brockton Redevelopment Authority at 508-586-3887 or come in person to 50 School Street, 2nd floor, Brockton, MA 02301. Applications can be obtained on our website at [www.brocktonredevelopmentauthority.com](http://www.brocktonredevelopmentauthority.com), from our office, or by mail if you call our office.

***It is important to note that this is a loan program that will be paid back only if you refinance the property, transfer ownership, or in the event of the owner's death. A lien will be placed on the property for the amount of rehabilitation costs.***

What type of work is needed in your home? (Check all that apply)

Exterior     Plumbing     Electrical     De-Leading     Heating     Structural  
 Windows     Doors     Roof     Sewer Line     Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date