



MONTACHUSETT REGIONAL PLANNING COMMISSION

R1427 Water Street Fitchburg, Massachusetts 01420
(978) 345-7376 ♦ FAX (978) 348-2490 ♦ Email: cdbg@mrpc.org



TOWNSEND SEPTIC SYSTEM & WELL REPAIR PROGRAM

Owner occupied single family

(Date Received)

(Intake No.)

Request for Assistance

This request for assistance will put you on the waiting list, and does not constitute approval or denial of assistance. Waiting list times vary depending on availability of funds. When you approach the top of the list, you will receive a full application. The Program will not verify your eligibility to receive assistance until submittal of a full application when funds are available. **We keep your information confidential.** Return this completed form to Montachusett Regional Planning Commission (MRPC) at the address above.

Owner Name(s): _____
Property Address: _____
Mailing Address: (if different from above): _____
Daytime phone number where we can reach you: _____ Email: _____
How did you hear about the program? _____

Please answer the following questions.

Is this property:	<input type="checkbox"/> A single family home?	<input type="checkbox"/> A multi-family home?	<input type="checkbox"/> A mobile home?
If multi-family:	Number of units: <input type="text"/>	Number of occupied units: <input type="text"/>	
Is this property your primary residence?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you owned this home for at least one year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a mortgage on this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it paid up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the municipal charges for this property (taxes, betterments, utility charges, etc.) paid and up to date?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this property insured against loss for its replacement value?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently in foreclosure or bankruptcy proceedings?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this property condemned or under an order to correct?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received Community Development Block Grant assistance for this property before? If yes, explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any owner or family member an elected or appointed municipal official or employee in this community, or employed by any firm that manages CDBG programs for this community?			<input type="checkbox"/> Yes <input type="checkbox"/> No
How many people live in your household? <input type="text"/> Please estimate the TOTAL GROSS ANNUAL INCOME before any deductions of all adult members of your household. Include salaries, wages, tips, unemployment, social security, pension, interest and dividends, disability insurance, alimony, etc. \$ <input type="text"/> .			
This information is kept confidential.			

Please indicate those items in need of repair:

☐ Septic System explain: _____
☐ Well explain: _____

Signature(s): _____ Date: _____
_____ Date: _____

Montachusett Regional Planning Commission (MRPC) administers CDBG programs for specific communities in North Central Massachusetts. Please call MRPC at (978) 345-7376 with any questions.

TOWNSEND PRESS RELEASE

The Town of Townsend will be working with the Montachusett Regional Planning Commission to assist residents with non-potable water issues and failed septic systems in Townsend.

The program is open to single family homeowners and multi-units where the owner lives in one of the units. The Town has up to \$80,000 available to help income eligible homeowners complete these repairs. Up to \$10,000 of these funds will be used to address potable water issues and the balance of the funds will be used to address septic repairs. A portion of the funds will also be used to pay for indirect costs related to administering the program.

Applications for the program will be received on a first come first served basis. However, applications will also be prioritized on evidence of need, such as income and assets and extent to which the repair is an emergency. Send applications to the Board of Health Department, Memorial Town Hall, 272 Main Street, Townsend, MA 01469.

This no-interest loan will require no payments and will be forgiven after 15 years. The principal will be reduced by 5% each year for the life of the loan. If you sell the property within those 15-years, you will pay a portion of the loan amount back to the Town; which will be used to assist another homeowner.

Applications can be picked up at that office, as well as the Town Web Site (www.townsend.ma.us), Town Clerk and Selectmen's office. Applications can be submitted Monday, April 3rd at 9am and the deadline is April 29th, 2017 at 2:00 p.m.