**Housing Rehab Program Waiting List**

Provide the name, address, size of household, and income level of each applicant on the Town’s waiting list for the proposed activity.

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| --- | --- | --- | --- |
| Name | Address | Size of Household | Household Income Level (<30%, <50%, <80% AMI) |
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**The following documents are recommended to be collected for every member of each household at the time of application intake:**

* The most recent tax returns (Form 1040)
* Six (6) to 8 weeks’ worth of the most recent pay stubs
* Social Security benefit statements
* Pension benefit statements
* Unemployment compensation statements
* Child support documentation
* Alimony documentation
* Three (3) most recent bank statements
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, hereby acknowledge that the information provided here is true and accurate. The documents checked off above have been collected and are available to the State for review.

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Signature of Authorized Official of Grantee Date

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(TYPE or PRINT) Name and Title