



Town of Ayer
Office of Community & Economic Development
One Main Street, Ayer, MA 01432
HOUSING REHABILITATION PROGRAM

Office Use Only

(Date Received)

(Intake No.)

Request for Assistance

NAME OF OWNER(s): _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____
(if different from above)

TELEPHONE: _____ (home) _____ (work)

A. APPLICANT DATA:

1. Is this property your principal residence? ☐ Yes ☐ No

2. How many people permanently reside here? _____

3. What is your total household income? \$_____

B. PROPERTY DATA:

1. Is this property: ☐ A single family home? ☐ A multi-family dwelling?

2. If multi-family: Number of Units: _____ Number of occupied units: _____

3. Have you previously received Community Development Block Grant (CDBG) assistance for this property? ☐ Yes (If so, what year? _____) ☐ No

4. Please provide a brief description of work for which you are interested in receiving assistance.
(i.e. septic, roof, windows, porches, etc.)

Signature(s): _____ Date: _____

_____ Date: _____

Note: Your signed Request for Assistance form places you on the Waiting List for the Housing Rehabilitation Program. When you approach the top of the list, you will receive an Application for Program assistance. After the application is completed and reviewed, a permanent Project Number will be issued.

Please call the Office of Community & Economic Development at (978) 772-8220 ext. 142 with any questions.