



Berkshire  
Housing  
Development  
Corporation

# Owner Incentive Initiative Application 2018

Fax to: 413-496-9831

Or email to: [Tpero@berkshirehousing.com](mailto:Tpero@berkshirehousing.com)

Or mail to address listed (left)

One Fenn Street, 3rd Floor, Pittsfield, Massachusetts 01201  
Tel 413-499-1630 Fax 413-496-9831 www.berkshirehousing.com

Date: \_\_\_\_\_

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

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

Owner Mailing City, State & Zip: \_\_\_\_\_

Owner Tel. Numbers: \_\_\_\_\_ Cell: \_\_\_\_\_

Owner Email Address: \_\_\_\_\_

Owner Tax ID #: (please fill out & sign attached W9 form) \_\_\_\_\_

**Please check all those that apply:**

**Tier 1**

<input type="checkbox"/>	Will improve grade of unit to a B (\$900.00)
<input type="checkbox"/>	Will improve grade of unit to an A or bring a unit onto program that is initially an A (\$1,200.00)

**Tier 2 - \$500**

<input type="checkbox"/>	Will be a new owner on the Section 8 program
<input type="checkbox"/>	Unit is new construction or has been substantially rehabilitated
<input type="checkbox"/>	The unit will be made handicapped accessible
<input type="checkbox"/>	Property listed below was purchased as foreclosed property & will be & offered as minimum grade B rental housing
<input type="checkbox"/>	Lease a unit to a Section 8 Housing Choice Voucher holder in an underserved community/neighborhood per census track

Tenant Name: \_\_\_\_\_ Move in Date: \_\_\_\_\_

Street Address of Unit Referenced Above in Tier(s) 1 & 2: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Census Track: \_\_\_\_\_

Building Type <i>(circle one)</i> :	Single Family	2/3 Family	Multi-Family		
Bedroom Size <i>(circle one)</i> :	Studio	1-Bedroom	2-Bedrooms	3-Bedrooms	4+ Bedrooms
Is this unit currently handicapped accessible?	Yes	No	<i>(circle one)</i>		
Is this unit de-leaded?	Yes	No	<i>(circle one)</i>		
<i>Is there a Letter of Compliance (LOC)?</i>	Yes	No	<i>(circle one)</i>		
Is this unit currently on the Section 8 Program?	Yes	No	<i>(circle one)</i>		
If <u>No</u> , has this unit ever been on the Section 8 Program?	Yes	No	<i>(circle one)</i>	If Yes, when? _____	
How much rent is or was being charged for this unit?	\$ _____				
Are any utilities included in the rent?	Yes	No	<i>(circle one)</i>		
If yes, please circle all that apply:	Heat	Electric	Oil	Gas	Hot Water

*I understand that this application is not an offer of funds or a guarantee of program participation. I certify that the information I have given in this application is true and correct. I understand that any false statements or misrepresentation may result in the cancellation of this application.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE