



**Berkshire  
Housing  
Development  
Corporation**

**Owner Incentive Initiative  
Application 2020**

One Fenn Street, 3rd Floor, Pittsfield, Massachusetts 01201  
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Fax to: 413-496-9831  
Or email to: [Tpero@berkshirehousing.com](mailto:Tpero@berkshirehousing.com)  
Or mail to address listed (left)

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