

**TOWN OF AMHERST
HOUSING REHABILITATION PROGRAM**

REQUEST TO BE PLACED ON THE WAITING LIST

Please fill in the following information to be placed on the waiting list:

Homeowner Name(s): _____

Street Address with Zip code: _____

Telephone Number(s): _____

Email: _____ Preferred Contact Method? _____

Year house was purchased: _____ Total number of people in household: _____

Brief description of work needed: _____

Approximate Current Gross Yearly Income \$ _____ Are you a Veteran? _____

How did you hear of our program? _____

Are your mortgage or loan payments current? Yes No Not Applicable

Are your property taxes completely paid? Yes No

I understand that this information will be kept confidential and certify that it is correct to the best of my knowledge.

Homeowner's Signature

Date

Return this completed form to:

**Amherst Planning Department
Community Development Program
5583 Main Street
Williamsville, NY 14221**

Phone: (716) 631-7082 Fax: (716) 631-7153 Email: rboerschig@amherst.ny.us