

**ANNIE MAXIM HOUSE, INC., HOUSING ASSISTANCE PROGRAM**  
**706 NORTH AVENUE, ROCHESTER, MASS. 02770**  
**PHONE: (508) 763-4810 FAX: (508) 763-3797**

### **ANNIE MAXIM HOUSE HOUSING ASSISTANCE PROGRAM**

Thank you for your interest in the Housing Assistance Program sponsored by the Annie Maxim House, Inc. The intent of the program is to provide financial assistance to individuals of slender means of support for small-scale home repairs in order to enhance the health, safety and quality of life for persons 62 years of age or older.

#### **GRANT PROCESS:**

1. The homeowner completes the Housing Assistance Program (HAP) Application (below) and submits to **Annie Maxim House, Inc. at 706 North Avenue, Rochester, Mass., 02770**. The application can be mailed in or faxed at #(508) 763-3797.
2. If application is approved, HAP staff conducts home visit to ensure repair can be addressed through HAP.
3. If it appears HAP can assist, HAP encourages the homeowner to obtain a contractor for an estimate. The homeowner is also asked to obtain proof of liability insurance from the contractor.
4. HAP reviews the estimate and makes a final decision as to the final amount HAP will provide towards the repair.
5. HAP provides a written proposal outlining HAP's financial agreement to the homeowner. Homeowner returns signed agreement to HAP.
6. Once the repair is completed to the satisfaction of the homeowner, the homeowner submits the contractor bill to HAP.
7. HAP pays the contractor for completion of the requested repair.

#### **HAP CRITERIA:**

- Homeowner must be 62 years of age
- Homeowner's net income/assets must be at or below the following guidelines:  
**Net Income: \$ 29,000/year Couple: \$ 41,000/year**  
**Assets: \$ 35,000**  
\*Assets include savings/checking accounts. Primary residence and automobile are not included as countable assets.

## Housing Assistance Program Application

Please be advised that providing any false or misleading information in response is grounds for denial of this request for assistance with home repairs.

1. Homeowner's Name:

2. Homeowner's Age:

3. Address:

4. Cell Telephone #:

Home Telephone #:

5. Income/ Assets:

- List all sources of monthly income, regardless of the type:

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

- List all bank savings accounts or other monetary assets other than ordinary income:

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

6. Please describe the repair which needs to be done:

7. Are you able to pay for some of the repairs that are requested?

8. How will the repairs/improvements requested help you in maintaining a safe and livable environment in your home?

9. Have you contacted a contractor yet to make the repairs you've requested? If so, please submit a copy of their estimate and liability insurance paperwork to HAP.

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Homeowner's Signature

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Date