

Town of Salisbury  
Housing Rehabilitation Program

Pre-Application

Please complete this form and return it to the  
Salisbury Housing Rehabilitation Program  
5 Beach Rd, Salisbury, MA 01952

1. Name\_\_\_\_\_
2. Telephone\_\_\_\_\_
3. Your mailing address\_\_\_\_\_
4. Property address to be rehabilitated (if different)\_\_\_\_\_
5. Are you an owner occupant? YES/NO
6. Investor owner? YES/NO
7. How many units are in the building to be rehabilitated?\_\_\_\_\_
8. How many people are in each unit?\_\_\_\_\_
9. Property owners, please check whether your total income is above or below the income range listed next to your household size. (Include all earning such as wages, Social Security, pensions, child support, interest, etc.)

Household Size

Income Range

1 person under_____	33,050	_____47,150	Over_____
2 people under_____	37,800	_____53,900	Over_____
3 people under_____	42,500	_____60,650	Over_____
4 people under_____	47,200	_____67,350	Over_____
5 people under_____	51,000	_____72,750	Over_____
6 people under_____	54,800	_____78,150	Over_____
7 people under_____	58,550	_____83,550	Over_____
8 people under_____	62,350	_____88,950	Over_____

10. What type of work is needed in your home? (Check all that may apply.)

Exterior\_\_\_Plumbing\_\_\_Electrical\_\_\_Deleading\_\_\_Heating\_\_\_Roofing\_\_\_Structural\_\_\_  
Windows\_\_\_Doors\_\_\_Septic Repair/Replacement\_\_\_Sewer line installation\_\_\_  
Other (specify)\_\_\_\_\_

SHRP Staff

Lisa Beaulieu, Program Manager 978-463-2262 or lbeaulieu@salisburyma.gov

Terri Mahoney, Administrative & Financial Assistant 978-463-2263 cdbg@salisburyma.gov