



Project# \_\_\_\_\_  
(to be assigned by the City)

# Rehabilitation Rebate Program APPLICATION

Complete and submit this application to the City of Newton, Office of Revitalization & Preservation

Owner's Name: \_\_\_\_\_ Daytime Phone No. \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_

Owner Occupied:  Yes  No      Historic District:  Yes  No

On Broadway, Main or 1st:  Yes  No      1<sup>st</sup> Time Homebuyer:  Yes  No

Senior Citizen:  Yes  No

Low Income Qualifications (Check any/all that apply):

MEDICAID      SNAP      TANF      Free/Reduced Price Lunch

**Acknowledgements:**

1. I have received and read a copy of Resolution G-1256 that authorizes the funding and parameters for the program and agree to follow all procedures and criteria.
2. Applications must be filed before December 31, 2023 to be eligible for reimbursement.
3. Owner is responsible for completing work and providing receipts of work done.
4. Applicants placed on the waiting list are not guaranteed to receive reimbursement.
5. This program is subject to modification and termination at the discretion of the City of Newton.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**FOR CITY OF NEWTON USE ONLY**

BASED UPON THE INFORMATION SUPPLIED BY THE APPLICANT, THE PROJECT CONFORMS TO PROGRAM GUIDELINES.

YES                       NO                       POSSIBLY

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

City's Rebate Value: up to 50% of the cost of materials or \$1,000 (whichever is less) for paint or guttering.

Cost of Project: \_\_\_\_\_

Total Rebate Amount \_\_\_\_\_

Disbursement of Funds:      Date: \_\_\_\_\_ Amount \_\_\_\_\_