**APPLICATION FOR MASSACHUSETTS**

**RENTAL VOUCHER PROGRAM & OWNER AMOUNT:**

**REQUESTED INSPECTION CHECK #:**

**DATE:**

**PID#:**

**APPLICATION MADE BY:**

**PROPERTY OWNER:**

**(not Manager or Management)**

**STREET ADDRESS:**

**(NO P.O.BOX)**

**CITY: STATE: ZIP:**

**OWNER’S TELEPHONE: FAX:**

CONTACT PERSON: TELEPHONE NO:

ADDRESS OF DWELLING:

UNIT: FLOOR: NUMBER OF BEDROOMS:

NAME OF AGENCY PROVIDING VOUCHER:

ADDITIONAL ITEMS ETC., TO BE SUPPLIED WITH THIS APPLICATION:

1. LEAD COMPLIANCE CERTIFICATE (IF CHILD UNDER 6, OCCUPYING UNIT)
2. INSPECTIONS FEE OF $75.00 PAYABLE TO “CITY OF HOLYOKE”

NOTE: INITIAL INSPECTION FEE COVERS THE INITIAL INSPECTION AND ONE (1) COMPLIANCE INSPECTION. ADDITIONAL INSPECTIONS REQUIRED A FEE OF $40.00 PER INSPECTION.

SIGNATURE OF OWNER/AGENT APPLYING FOR INSPECTION

\*\*UPON THE ABOVE REFERENCED UNIT MEETING REQUIREMENTS OF ARTICLE 11 OF THE STATE SANITARY CODE. AN APPROVAL FORM WILL BE MAILED TO THE OWNER/AGENT. A DENIAL FORM IS MAILED IF UNIT DOES NOT PASS INSPECTION.

\*\*THIS APPLICATION IS SIGNED UNDER THE PAINS AND THE PAINS AND PENALTIES OF PERJURY.

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LIST NAMES OF MEMEBERS TO OCCUPY UNIT DATE OF BIRTH

\*\*\* IF A CHILD IS UNDER 6 YEARS OF AGE, RESIDING AT THIS ADDRESS, YOU WILL NEED TO PROVIDE A LEAD CERTIFICATE WITH THIS APPLICATION. \*\*\*