



CITY OF SPRINGFIELD, MASSACHUSETTS  
**PURCHASER INFORMATION & CHECKLIST FORM**

**Property Address:** \_\_\_\_\_

**Purchaser:** \_\_\_\_\_

**Purchaser Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Purchaser Contact Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Attorney:** \_\_\_\_\_

**Attorney Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attorney Contact Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Attorney Email Address:** \_\_\_\_\_

Please attach the following documents to this form:

\_\_\_ Rehabilitation Plan. *Must be signed by contractor performing the work.*

\_\_\_ Proof of Financing. Appropriate proof of financing may include a copy of a bank statement, commitment letter from a bank showing that the necessary funds are readily available. *Proof of financing must be in the name of the purchaser.*

Documents should be submitted to:  
Tina Quagliato  
Office of Housing  
1600 East Columbus Avenue  
Springfield, MA 01105  
413-787-6500/Fax: 413-787-6515  
tquagliato@springfieldcityhall.com

With a copy to:  
Allison B. Turner, Esquire  
Siddall & Siddall, P.C.  
1350 Main Street, Suite 210  
Springfield, MA 01103  
413-732-3600/Fax: 413-732-3611  
aturner@siddalllaw.com