

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: Amber M. Gould Office of Housing 1600 East Columbus Avenue Springfield, MA 01105 413-787-6500/Fax: 413-787-6515 agould@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@siddallaw.com

REHABILITATION PLAN

Contractor Signature: ______ Printed Name: ______ License No.:

	Completion Date	Total Amount
EXTERIOR		
Windows		
Roofing		
Exterior Masonry (Foundation, Steps, Chimney, Etc.		
Siding/Painting (including trim)		
Doors		
Porches		
Demolition		
Paving		
Clearing, removal of rubbish, mowing, landscaping		
Additional Exterior Improvements:		
INTERIOR		
Waterproofing		
Insulation		
Wiring (including cable, electric and telephone)		
Plumbing (labor, fixtures and piping)		
Water Heater		
HAVC		
Kitchen(s) should include cabinets, fixtures, etc.		
Bathroom(s) should include vanity, fixtures, shower, toilet, etc.		
Drywall		
Painting		
Interior doors, hardware		
Stairs		
Flooring, Carpeting		
Appliances		
Fixtures		
Additional Interior Improvements:		
MISCELLENEOUS COSTS		
Purchase Price		
Permits/Fees		
Utility Fees		
Contingency		
Additional Miscellaneous Costs		
FINAL COMPLATION DATE & TOTAL COST:		