



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@siddalllaw.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:		