



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.*

___ Evidence of Funds Available. Evidence of funds available may include a copy of a bank statement and/or a commitment letter from a bank showing that the necessary funds are readily available. *Evidence of funds available must be in the name of the purchaser.*

Documents should be submitted to:

With a copy to:

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

Michael R. Siddall, Esquire
Siddall & Siddall, P.C.
1350 Main Street, Suite 210
Springfield, MA 01103
413-732-3600/Fax: 413-732-3611
msiddall@siddalllaw.com