

**TOWN OF AMHERST
HOUSING REHABILITATION PROGRAM**

REQUEST TO BE PLACED ON THE WAITING LIST

Please fill in the following information to be placed on the waiting list:

Name: _____

Street Address with Zip code: _____

Telephone Number: _____

Brief description of work needed: _____

Approximate Current Gross Yearly Income \$ _____

Total number of people in household _____

I understand that this information will be kept confidential and certify that it is correct to the best of my knowledge.

Homeowner's Signature

Date

**Return this completed form to:
Amherst Planning Department
Community Development Program
5583 Main Street**

**Williamsville, NY 14221
(716) 631-7082
Fax (716) 631-7153
e-mail: pmesches@amherst.ny.us**