

NORTH SUBURBAN CONSORTIUM

Serving the communities of

MALDEN ❖ MEDFORD ❖ ARLINGTON ❖ CHELSEA ❖ EVERETT ❖ MELROSE ❖ REVERE ❖ WINTHROP

c/o Malden Redevelopment Authority

P.O. Box 278

Malden, MA 02148

781-324-5720 x 5729 or x 5730

info@maldenredevelopment.com

APPLICATION

FTHB COURSE REIMBURSEMENT PROGRAM

All information submitted will be confidential and used solely for the purpose of processing this application

Applicant Name			
Home Address			
<i>Proof of residency required. If application is approved, check will be mailed to home address.</i>			
Home Phone		Cell Phone	
Email			
Course	In Person <input type="checkbox"/>	Online <input type="checkbox"/>	
Pre-Purchase <input type="checkbox"/>	Post-Purchase <input type="checkbox"/>	Multi-Family Owner/Landlord <input type="checkbox"/>	Foreclosure Prevention <input type="checkbox"/>
Course Offered By			
Course Date(s) AND Date Completed			

Please Attach:

Proof of Payment *(Receipt/Copy of Cancelled Check)*

Copy of Course Completion Certificate

Proof of Residency *(Copy of Utility Bill acceptable)*

I understand this application shall not be approved if adequate information or required supporting documentation is not provided and/or misstatements or misrepresentations with respect to the qualifications were made by me. Any misrepresentations will disqualify my participation in the program. I declare all information submitted is true and correct to the best of my knowledge and further agree to provide additional information or documentation deemed necessary to verify information in the application.

Applicant Name (printed) _____

Applicant Signature _____ **Date:** _____

Official MRA/NSC Use Only

Application for Reimbursement Approved by:

_____ ***(signature)***

Name/Title _____

Approved Reimbursement Amount \$ _____ ***(\$100 limit per household)***

Check Number and Date _____

Check Mailed _____

Address _____

