



Project# _____
(to be assigned by the City)

Rehabilitation Rebate Program APPLICATION

Complete and submit this application to the City of Newton, Office of Revitalization & Preservation

Owner's Name: _____ Daytime Phone No. _____

Owner's Email Address: _____

Owner's Mailing Address: _____

Address of Property: _____

Parcel Identification Number: _____

Owner Occupied: ☐ Yes ☐ No Historic Home: ☐ Yes ☐ No

On Broadway, Main or 1st: ☐ Yes ☐ No 1st Time Homebuyer: ☐ Yes ☐ No

Senior Citizen: ☐ Yes ☐ No

Low Income Qualifications (Circle any/all that apply):

MEDICAID SNAP TANF Free/Reduced Price Lunch

Acknowledgements:

1. I have received and read a copy of G-1256 that authorizes the funding and parameters for the program and agree to follow all procedures and criteria.
2. Applications must be filed before December 31, 2025 to be eligible for reimbursement.
3. Owner is responsible for completing work and providing receipts of work done.
4. Applicants placed on the waiting list are not guaranteed to receive reimbursement.
5. This program is subject to modification and termination at the discretion of the City of Newton.

Signature

Date

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FOR CITY OF NEWTON USE ONLY

BASED UPON THE INFORMATION SUPPLIED BY THE APPLICANT, THE PROJECT CONFORMS TO PROGRAM GUIDELINES.

☐ YES ☐ NO ☐ POSSIBLY

Received By: _____ Date: _____

Approved By: _____ Date: _____

City's Rebate Value: up to 50% of the cost of materials or \$1,000 (whichever is less) for paint or guttering.

Cost of Project: _____

Total Rebate Amount _____

Disbursement of Funds: Date: _____ Amount _____