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Department of Health
41 Elm Street

TOWN OF SOUTHBRIDGE
SOUTHBRIDGE, MASSACHUSETTS 01550-2638

APPLICATION

Massachusetts Rental Voucher Program Inspection

“The Massachusetts Rental Voucher Program (MRVP), formerly known as the Chapter 707 Program, provides a permanent improvement in the lives of low-income families and individuals by offering both tenant and project based rental subsidies. The tenant based voucher, which is known as Mobile, is assigned to the Participant and is valid for any housing unit that meets the Standards of the Sanitary Code” From the Official Website of the Executive Office of Housing and Economic Development (EOHED)

FEE: \$50.00 per housing unit. Fee must be paid prior to inspection. Payable by cash or check to the Town of Southbridge

Property Owner Name: _____

Home Address: _____

Phone: _____

Location of Property to be Inspected

Street Address: _____

Apartment Number/Letter: _____

As the owner of this property I am requesting the Southbridge Health Department to conduct an inspection of the referenced property. By signing below, I am promising that the unit is currently UNOCCUPIED. I understand if the unit is currently occupied the occupant must personally grant access to the Southbridge Health Department in writing.

I have read and understand the above statements.

Property Owner Signature

Date

NOTE: This request does not include a Lead Paint Determination