

TOWN OF WINDSOR HOUSING REHABILITATION PROGRAM

The information collected in this application will be used to determine whether you qualify for the housing rehabilitation assistance through the Town of Windsor Community Development Block Grant (CDBG) program. This information may be disclosed as a Freedom of Information Act. You do not have to provide the information, but if you do not your application may be delayed or rejected.

GENERAL INFORMATION ON OCCUPANTS

FEMALE HEADED HOUSEHOLD YES NO
 HEAD OF HOUSEHOLD: _____ NUMBER OF PERSONS IN HOUSEHOLD _____
 ADDRESS: _____
 PHONE NUMBER: _____ CELL PHONE _____
 SOCIAL SECURITY: _____
 DATE OF BIRTH: _____ RACIAL CLASSIFICATION _____
 PLACE OF EMPLOYMENT: _____
 WORK PHONE NUMBER: _____ SUPERVISOR: _____
 RATE/METHOD OF PAY: _____
 DISABILITIES, IF ANY: _____

WILL YOUR HOME NEED TO ACCOMMODATE DISABLED PERSONS IN THE HOUSEHOLD: YES NO

CO-APPLICANT'S NAME: _____

SOCIAL SECURITY NO.: _____ RACIAL CLASSIFICATION: _____

DATE OF BIRTH: _____

PLACE OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____ SUPERVISOR: _____

RATE/ METHOD OF PAY: _____

DISABILITIES, IF ANY: _____

* REQUEST A COPY OF TAX RETURN	RECEIVED:
* REQUEST A COPY OF PAY STUBS	RECEIVED:

OTHER HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF	SEX	DATE OF BIRTH	SOCIAL SECURITY #	PLACE OF EMPLOYMENT OR SOURCE OF	MONTHLY AMOUNT

II. UNIT INFORMATION

APPROX. YEAR BUILT: _____ YEAR YOU MOVED IN: _____
TYPE OF UNIT: _____ HOUSE ____ CONDOMINIUM _____ OTHER
DESCRIPTION: _____ ONE STORY ____ MULTI-LEVEL _____ BRICK ____ VINYL ____ WOOD ____ OTHER
TYPE OF HEAT: NATURAL GAS _____ ELEC. _____ WOOD _____ OTHER _____

Is there any space in the building used for non-residential proposes? Yes ____ No ____ If yes, usage

NUMBER OF ROOMS:

_____ KITCHEN _____ SEPARATE DINING ROOM _____ LIVING ROOM _____
_____ DEN _____ BEDROOMS _____ BATHROOMS _____ OTHER

III. HOUSING

INFORMATION OWNER

NAME OF OWNER/S: _____
ADDRESS OF OWNER'S: _____
PHONE NUMBERS: _____
TYPE OF OWNERSHIP: _____ DEED _____ LAND CONTRACT _____ OTHER
DEED OF RECORD: DEED BOOK _____ PAGE _____ TOWN CLERK OFFICE
DATE OF PURCHASE: _____

FIRST MORTGAGE OR OTHER

PAYMENTS MADE TO: _____
RECORDED: MORTGAGE BOOK _____ PAGE _____ TOWN CLERK OFFICE
MORTGAGE DATE: _____ ORIGINAL AMOUNT: _____
MONTHLY PAYMENT: _____ BALANCE OWED: _____

SECOND MORTGAGE OR OTHER

PAYMENTS MADE TO: _____
RECORDED: MORTGAGE BOOK _____ PAGE _____ TOWN CLERK OFFICE
MORTGAGE DATE: _____ ORIGINAL AMOUNT: _____
MONTHLY PAYMENT: _____ BALANCE OWED: _____

HOMEOWNERS INSURANCE CO.: _____

ADDRESS: _____
NEXT PAYMENT DUE: _____
LIMITS OF COVERAGE: _____

PROPERTY TAXES: _____ DATE PAID _____ UNPAID AND DUE _____

TENANT

DATE MOVED INTO UNIT: _____
MONTHLY AMOUNT: \$ _____ DUE DATE: _____ CURRENT: YES NO
RENTAL INSURANCE: \$ _____ MONTHLY: _____ ANNUAL: _____
LEASE: YES NO IF YES, DATE EXPIRES: _____
INCLUDES UTILITIES: _____ YES _____ NO WHICH UTILITIES: _____ ELEC. _____ GAS _____ WATER _____ SEWER

Racial Classification

	Owner		Renter	
	All	Hispanic	All	Hispanic
White				
Black/African-American				
Asian				
American Indian/Alaskan Native				
Native Hawaiian/Other Pacific Islander				
American Indian/Alaskan Native & white				
Asian & White				
Black/African American & white				
American Indian/Alaskan Native & Black/African				
American				
Other Multi-Racial				

Bank Account Information

Bank Name	Address	Account Type	Acct. #	Balance

LIST ASSETS AND THE ESTIMATED VALUE

US Savings Bonds
Marketable Securities
Autos (describe)
Other Property
Total Assets

CREDIT AND LEGAL QUESTIONS

Have you ever been or are you presently involved in any of the following legal actions?		
Bankruptcy	Judgment	Lawsuit
Property Liens	Any other Legal Action	
If so, please explain		

Have you received financial assistance in the past for repairs on your home? YES NO

Is property used for any purposes other than residential? YES NO

TYPE OF WORK NEEDED

Have any children, under age 6, been tested for elevated blood lead levels (EBL)? Are any of the children, under age 6 diagnosed with elevated blood lead levels (EBL)?

APPLICANT AUTHORIZATION AND CERTIFICATION

I certify that the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith to obtain rehabilitation assistance. I further understand that any willful misstatement of material fact will be grounds for disqualification.

I understand that any information, including income, provided in this application may be given to other state and local agencies in order to coordinate rehabilitation/relocation and financial assistance.

The applicant further certifies that he is the Owner of the property described in this application, and that the rehabilitation financing proceeds will be used only for the work and materials necessary to meet the code standards, as applicable, energy conservation improvements and general improvements which are prescribed for the property described for the property described in this application. If the Town determines that the rehabilitation finance proceeds will not or cannot be used for the purposes described herein, the Applicant agrees that the proceeds shall be returned forthwith, in full, to the Town of Windsor, and acknowledges that with respect to such proceeds so returned, they shall have no further interest, right or claim.

The Applicant covenants and agrees that they will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Acts of 1964 (87 Stat. 252). The Applicant agrees not to discriminate upon the basis of race, color, creed, national origin, ancestry, sex, gender identity or expression, marital status, age, lawful source of income, familial status, learning disability or physical/mental disability or sexual orientation in the sale, lease, rental, use or occupancy of the real property rehabilitated with assistance of the loan.

The United States shall be deemed to be a beneficiary of these provisions both for and in its own right and also for the purpose of protecting the interests of the community and other parties, public or private in whose favor or for the benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any proper proceedings to enforce the curing of such breach. Verification of any of the information contained in this application may be obtained for any source.

I (we) agree that you may get or share credit information in considering this requires or in extending credit because of the request. I (we) agree that this application will be your property whether or not credit is granted. If approved, I (we) agree to pay you as outlined in the note or agreement issued. I (we) may apply in conjunction with the Housing Rehabilitation Loan Program. (I (we) do hereby waive my (our) right to confidentially with respect to this application in connection with the Town's Community Development-financed Program.

I (we) agree that the Community Development Office, Town of Windsor or any other person authorized by these mentioned organizations, my use photographic or videotaped images of the rehabilitated home as it relates to the Community Development Program.

WARNING:

SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES, KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED NOMORE THAN \$10,000.00 OR IMPRISONED NO MORE THAN FIVE (5) YEARS OR BOTH.

 APPLICANT SIGNATURE

 WITNESS

 DATE

 CO-APPLICANT SIGNATURE

 WITNESS

 DATE

NAME OF PERSON CONDUCTING INTERVIEW _____

OWNER OCCUPIED DEFERRED PAYMENT INCOME LIMIT - 60% AREA MEDIAN*	
1 PERSON	\$40,680
2 PERSONS	\$46,500
3 PERSONS	\$52,320
4 PERSONS	\$58,080
5 PERSONS	\$62,760
6 PERSONS	\$67,380

MONTHLY PAYMENT LOAN - INCOME LIMIT - 80% AREA MEDIAN*	
1 PERSON	\$54,824
2 PERSONS	\$62,656
3 PERSONS	\$70,488
4 PERSONS	\$78,320
5 PERSONS	\$84,586
6 PERSONS	\$90,851

*Income guidelines reflect DOH's Development Program Income Limits revised on 4/25/2019

Additional Documentation Required

- 1. Pay stubs (most recent 8 weeks);**
- 2. Most Recent 4 Months Bank Statements for all checking and savings accounts (include all pages):**
- 3. Social Security benefit letter for current year:**
- 4. Most recent Mortgage Statement that shows principal balance;**
- 5. A copy of the deed to the property;**
- 6. Homeowners Insurance Policy Declaration Page;**
- 7. A signed, complete copy of the most recent year's Federal Tax Return for each household member, including supporting schedules and attachments (W-2s, 1099s, etc.). If you do not file taxes, call the program office for instructions.**
- 8. Pension benefit statements.**
- 9. IRA Distributions/Annuity Payments.**
- 10. Dividends and Interest from Investments (IRS Form 1099).**
- 11. Unemployment compensation statements.**
- 12. Child support payment documentation.**
- 13. Alimony documentation.**

Please return to: Town of Windsor
Community Development
2nd Floor
275 Broad Street
Windsor, CT 06095