



Rev. 03/07

HOUSING REHABILITATION LOAN APPLICATION

APPLICANT (S) GENERAL INFORMATION

APPLICANT	CO-APPLICANT
ADDRESS	ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
PHONE #	PHONE #
DATE OF BIRTH	DATE OF BIRTH
RACIAL/ETHNIC GROUP	RACIAL/ETHNIC GROUP
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER

EMPLOYMENT INFORMATION

EMPLOYER	EMPLOYER
ADDRESS	ADDRESS
TOWN STATE ZIP CODE	TOWN STATE ZIP CODE
PHONE	PHONE
GROSS ANNUAL WAGES	GROSS ANNUAL WAGES
LENGTH OF EMPLOYMENT	LENGTH OF EMPLOYMENT

HOUSING INFORMATION

PROPERTY ADDRESS <i>(If different from owners)</i>	YEAR PROPERTY ACQUIRED
Number of Units	
MORTGAGE – NAME & ADDRESS OF BANK	
MORTGAGE AMOUNT	DATE OF LOAN
BALANCE <i>(APPROX.)</i>	RATE TERM
ACCOUNT NUMBER	MONTHLY PAYMENT
2nd MORTGAGE - NAME & ADDRESS OF BANK	
2 ND MORTGAGE AMOUNT	DATE OF LOAN
ACCOUNT NUMBER	MONTHLY PAYMENT
BALANCE <i>(Approx.)</i>	RATE TERM

It is expressly understood that I am to notify the Office of Community Development should I seek to borrow any additional funds before the completion of work financed through the Town's Housing Rehabilitation program. Should additional financing is secured without the knowledge or consent of the Community Development Office, we reserve the right to terminate assistance.

HOUSEHOLD INCOME	
	Annual Household Income
*Gross Wages/Salary	
Pension, Social Security, Self Employment	
Rental Income	
Welfare Benefits	
Unemployment Comp., Workmen's Comp., Alimony, Child support	
TOTAL	

***Eligibility is based on the combined income of all household members as defined by Section 8 of the Housing & Community Development Act of 1974. Applicants are required to document all sources of income.**

PERSONS LIVING IN UNIT 1			
Name of all persons living in household	Age	Employer	Annual Income

PERSONS LIVING IN UNIT 2			
Name of all persons living in household	Age	Employer	Annual Income

RACIAL AND ETHNIC CLASSIFICATION					
Racial Classification	Owner		Renter		
	All	Hisp	All	Hisp	
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					

HOUSING EXPENSES

	Annually
1 ST MORTGAGE PAYMENT	
2 ND MORTGAGE PAYMENT	
PROPERTY TAXES	
INSURANCE	
OTHER	
TOTAL	

LIABILITIES

*CREDITOR	PURPOSE	CURRENT BALANCE	MONTHLY PAMENT

**Excluding mortgages listed above*

Do you owe for any loans, charge accounts or installments other than those listed above? _____
If so, please explain: _____

BANK ACCOUNT INFORMATION

BANK NAME	ADDRESS	ACCT TYPE	ACCT NUMBER	BALANCE

LIST ASSETS AND THE ESTIMATED VALUE

U. S. 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: _____

GENERAL INFORMATION

Is the property located in the Wilson Neighborhood? Yes _____ No _____

(South of Putnam Highway, East of I-91)

Are there any individual in the household handicapped or over 62 year of age?

Yes _____ No _____

Have you ever participated in the Town of Windsor’s rehabilitation program before?

Yes _____ No _____

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

Are any of the children, under age 6, diagnosed with elevated blood lead levels? (EBL)? _____

Is this a “Female Headed Household”? Yes _____ No _____

Type of work needed _____

The Towns share of housing rehabilitation funds is provided under a grant-in-aid from the Federal Department of Housing and Urban Development and the State of Connecticut Department of Housing. The Town of Windsor is firmly committed to fair housing and equal opportunity in housing.

OFFICE USE ONLY

Deferred Loan	
3% Loan	
Asbestos Abatement Loan	
4.5% Investor Loan	

CERTIFICATION OF APPLICANTS

The applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining Financial Assistance under the Town of Windsor Housing Rehabilitation Program, and is true and complete to the best of the Applicant's knowledge and belief.

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 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, he shall have no further interest, right or claim.

The Applicant covenants and agrees that he 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 (78 Stat. 252). The Applicant agrees not to discriminate upon the basis of race, color, creed or national origin 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 request 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) agree that the information contained herein may be shared with a bank if appropriate, to whom I (we) may apply in conjunction with the Housing Rehabilitation Loan Program. 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, may use photographic or videotaped images of the rehabilitated home as it relates to the Community Development Program.

PENALTY FOR FALSE OR FRADULENT STATEMENT; U.S.C Title 8, Section 1001, provides; "Whoever, in any matter within the jurisdiction of any Department or Agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements of representation, 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 not more that \$10,000 or imprisoned not more than five years, or both."

Date

Applicant Signature

Date

Applicant Signature