



**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 purposes? 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**

	<u>Owner</u>		<u>Renter</u>	
	<u>All</u>	<u>Hispanic</u>	<u>All</u>	<u>Hispanic</u>
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**

<b>Bank name</b>	<b>Address</b>	<b>Acct. type</b>	<b>Acct. #</b>	<b>Balance</b>

**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	\$40,700
2 PERSONS	\$46,500
3 PERSONS	\$52,300
4 PERSONS	\$58,100
5 PERSONS	\$62,800
6 PERSONS	\$67,480

MONTHLY PAYMENT LOAN - INCOME LIMIT – 80% AREA MEDIAN	
1 PERSON	\$50,350
2 PERSONS	\$57,550
3 PERSONS	\$64,750
4 PERSONS	\$71,900
5 PERSONS	\$77,700
6 PERSONS	\$83,450

## **Additional Documentation Required**

- 1. Current Income Tax Return**
- 2. Paystubs Consecutive (3)**
- 3. Annual Social Security Statement**
- 4. Pension Statement**
- 5. Child Support Document**
- 6. Attach copy of your most recent mortgage statement**
- 7. Driver's License**
- 8. (3) Bank Statements – (Consecutive)**

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