



**HOUSING REHABILITATION PROGRAM
INVESTOR PRELIMINARY APPLICATION FOR
FINANCIAL ASSISTANCE**



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.

SECTION 1: PROPERTY INFORMATION

Property Address: _____ # of Dwelling units: _____

Owner's Name(s): _____ Year Built (approx.): _____

(Include all owners listed on the deed of the property)

SECTION 2: APPLICANT INFORMATION

Applicant's Name: _____ Home Number: _____

Business Number: _____ Cell Phone: _____

Place of Employment: _____ Email Address: _____

Have you received Community Development financial assistance before? YES NO If so, when: _____

Social Security Number: _____ Date of Birth: _____

Co-Applicant's Name: _____ Business/ Home Number: _____

Business Number: _____ Cell Phone: _____

Place of Employment: _____ Email Address: _____

Have you received Community Development financial assistance before? YES NO If so, when: _____

Social Security Number: _____ Date of Birth: _____

FOR MULTI-FAMILY PROPERTIES *Tenant Verification Forms must be completed and returned.

Please complete the following information for rental units:

		Monthly Rent	Number of Bedrooms	Name of Occupant(s)	Utilities Included (Y/N)
Apt #	\$		bedrooms		
Apt #	\$		bedrooms		
Apt #	\$		bedrooms		

PROPERTY OWNER INCOME

Applicant Name	Source of Income	Monthly Income

As described in the guidelines, applicants who are investors are required to provide a 50% match. Please fill the table below to explain how you will come up with these funds.

Source of Funds	Reference Name	Reference Contact Number	Amount Committed

SECTION 3: ADDITIONAL HOUSING INFORMATION

First Mortgage

Payments made to: _____ Original Amount: _____

Monthly Payment: _____ Current Balance: _____

Second Mortgage

Payments made to: _____ Original Amount: _____

Monthly Payment: _____ Current Balance: _____

Other Information

Are you and other owner(s), if any, current on all mortgage payments on the above referenced property? YES NO

Are you and other owner(s), current in Town, federal and state taxes, fees and assessments, if any, on the property? YES NO

Have you or any other owner(s) filed for bankruptcy protection within the past five (5) years? YES NO

Fire/ Hazard/ Liability Insurance on Property

Property Owners Insurance Company: _____ Address: _____

Next payment due date: _____ Limits of Coverage: _____

Contact Number: _____ Policy Number: _____

SECTION 4: PROPOSED REHABILITATION WORK

Using the information on page 3 (Selection Criteria and Eligible Activities), of the "Housing Rehabilitation Program Guidelines" as a general guide please provide a description of the dwelling conditions that could assist the department in determining the rehabilitation needs of the property. ***An application without this information may not be processed.***

Reminder: The focus of this program is lead correction and property maintenance code violations.

APPLICANT AUTHORIZATION AND CERTIFICATION

I (we) 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 (we) further understand that any willful misstatement of material fact will be grounds for disqualification.

I (we) 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.

I (we) further certifies that I (we) am 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 described in this application.

I (we) covenant and agree I (we) 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). I (we) agree 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.

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) do hereby waive my (our) right to confidentially with respect to this application in connection with the Town's Housing Rehabilitation Program.

I (we) agree that the Town of Windsor Community Development Office, or any other person authorized by it, may 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.

I (we) understand that, should this preliminary application be approved, once OCD is ready to receive a complete application, I (we) will be required to provide supporting income documents along with each tenants' household income documentation.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

RESIDENT/TENANT INFORMATION FORM (To be completed by tenants for each rental unit)

Name: _____ Address: _____ Unit #: _____

Telephone #: _____ Home/Cell _____ Email Address: _____ Move-in Date: _____

Monthly Rent \$ _____ Number of Bedrooms: _____ Utilities Included: Yes No

Household Information: (Used for reporting purposes)

Are you Hispanic? YES NO Are you 62 or older? YES NO Is yours a female-headed household? YES NO

Race: (Please check one box)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial |

HOUSEHOLD INCOME by Number of Persons in the Household							
Please circle the amount that is your current Household Income Range							
Number of Persons in Household							
1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$ 21,200 or less	\$24,200 or less	\$27,250 or less	\$30,250 or less	\$32,700 or less	\$35,100 or less	\$37,550 or less	\$ 39,950 or less
\$21,201 to \$35,350	\$24,201 to \$40,400	\$27,251 to \$45,450	\$30,251 to \$50,450	\$32,701 to \$54,500	\$35,101 to \$58,550	\$37,551 to \$62,600	\$39,951 to \$66,600
\$35,351 to \$52,850	\$40,401 to \$60,400	\$45,451 to \$67,950	\$50,451 to \$75,500	\$54,501 to \$81,550	\$58,551 to \$87,600	\$62,601 to \$93,650	\$66,601 to \$99,700
More than \$52,850	More than \$60,400	More than \$67,950	More than \$75,500	More than \$81,550	More than \$87,600	More than \$93,650	More than \$99,700

Please check any of the following that apply to you: Regular Employment SSI SSDI Alimony
 Child Support Pension Section 8 IRA Distributions/Annuity Payments Unemployment
 Gifts/financial contributions from family/friends. Dividends and Interest from Investments.

Name of each Adult 18 and over in the Unit

Name of each Child under 18 in the Unit	Child's DOB

Does any resident child six years or younger have an Elevated Blood Lead Level?

Yes No Do not know Not Applicable

I certify that the information provided herein is accurate and complete and understand that, should this preliminary application be approved, I will be required to provide household income documentation once OCD is ready to receive a complete application.

Signature

Date

Please be mindful that, should your preliminary application be approved, you will be required to submit an updated application (along with all the supporting documents listed below) once the OCD is ready to receive a complete application. At that time, the OCD will determine your program eligibility based on the information on the documents listed below.

INVESTOR APPLICATION SUPPORTING DOCUMENTS

(May be required at a later stage)

- APPLICATION FOR FINANCIAL ASSISTANCE
- RESIDENT/TENANT INFORMATION FORM (FOR EACH TENANT) – page 4
- CURRENT LEASE DOCUMENTS (FOR ANY RESIDENT/TENANTS)
- PROPERTY OWNER’S MOST RECENTLY FILED FEDERAL TAX RETURN, INCLUDING SUPPORTING DOCUMENTS, SCHEDULES AND ATTACHMENTS (W-2, 1099, ETC.)
- TENANT’S INCOME DOCUMENTS (FOR EACH HOUSEHOLD MEMBER OVER THE AGE OF 18 IN ALL RENTAL UNITS)
 - PAY STUBS (MOST RECENT EIGHT WEEKS) (If applicable)
 - SOCIAL SECURITY BENEFIT LETTER FOR CURRENT YEAR (If applicable)
 - PENSION BENEFIT STATEMENT (If applicable)
 - MOST RECENTLY FILED FEDERAL TAX RETURN, INCLUDING SUPPORTING SCHEDULES AND ATTACHMENTS (W-2, 1099, ETC.)
 - IRA DISTRIBUTIONS/ ANNUITY PAYMENTS (If applicable)
 - MOST RECENT INVESTMENT ACCOUNT STATEMENTS (stocks, bonds, treasury bills, certificates of deposit, mutual funds, and money market accounts) (If applicable)
 - UNEMPLOYMENT COMPENSATION STATEMENTS (If applicable)
 - CHILD SUPPORT DOCUMENTATION (If applicable)
 - ALIMONY DOCUMENTATION (If applicable)
 - COPY OF MOST RECENT 6 MONTHS FOR ALL CHECKING ACCOUNTS AND MOST RECENT STATEMENT FOR ALL SAVINGS ACCOUNTS (Include all pages)
- COPY OF YOUR MOST RECENT MORTGAGE(S) STATEMENT(S) SHOWING \$0 PAST DUE BALANCE
- PROPERTY OWNERS INSURANCE POLICY DECLARATION PAGE

MAKE CERTAIN THAT YOU ARE UP TO DATE ON THE FOLLOWING:

- LOCAL TAXES
- WATER, SEWER AND ALL OTHER LOCAL FEES AND ASSESSMENTS
- REAL ESTATE TAXES
- MOTOR VEHICLE TAXES