



MULTIFAMILY REHABILITATION GRANT PROGRAM PROGRAM APPLICATION



The information collected in this application will be used to determine if you qualify for the Multifamily Rehabilitation Grant 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: APPLICANT INFORMATION

Primary Applicant/Owner Name: _____

(All owners must apply)

Contact Number: _____ Email Address: _____

Preferred way for us to reach you? Email Phone

Applicant/ Co-owner Name: _____

Contact Number: _____ Email Address: _____

Preferred way for us to reach you? Email Phone

SECTION 2: PROPERTY INFORMATION

Property Address: _____ # of units in property: _____

Length of ownership: _____ Year of building construction: _____ # of Rental units: _____

SECTION 3: ADDITIONAL HOUSING INFORMATION

- | | | |
|--|---------------------------------|--------------------------------|
| Are you and other owner(s), if any, current on all mortgage payments on the above referenced property? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| Are you and other owner(s), if any, current in town, federal and state taxes, fees and assessments, on the property? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| Have you or any other owner(s) filed for bankruptcy protection within the past five (5) years? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

SECTION 4: PROPOSED REHABILITATION WORK

Using the Eligible Activities section of the “[Multifamily Rehabilitation Grant Program Guidelines](#)” as a general guide, please provide a description of the dwelling unit(s) 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 repair of code violations.***

UNIT OCCUPANCY AND RENT CHARGES

Refer to Exhibit A on Program Guidelines for Low to Moderate Income (LMI) and Fair Market Rent (FMR) eligibility guidance.

UNIT OCCUPANCY AND RENT CHARGES									
UNIT 1 Address:			# of Bedrooms		Household size:				
Occupied by LMI Household * (Y/N)			Vacant <input type="checkbox"/>		Owner-Occupied <input type="checkbox"/>			Monthly Rent:	
Utility Type									
Heating		Cooking		Water Heating		Electricity			
Included in rent? Yes No		Included in rent? Yes No		Included in rent? Yes No		Included in rent? Yes No			
<input type="checkbox"/> Natural Gas		<input type="checkbox"/> Natural Gas		<input type="checkbox"/> Natural Gas					
<input type="checkbox"/> Oil		<input type="checkbox"/> Electric		<input type="checkbox"/> Oil					
<input type="checkbox"/> Electric		<input type="checkbox"/> Propane/Bottle Gas		<input type="checkbox"/> Electric					
<input type="checkbox"/> Propane/Bottle Gas				<input type="checkbox"/> Propane/Bottle Gas					

UNIT 2 Address:			# of Bedrooms		Household size:				
Occupied by LMI Household * (Y/N)			Vacant <input type="checkbox"/>		Owner-Occupied <input type="checkbox"/>			Monthly Rent:	
Utility Type									
Heating		Cooking		Water Heating		Electricity			
Included in rent? Yes No		Included in rent? Yes No		Included in rent? Yes No		Included in rent ? Yes No			
<input type="checkbox"/> Natural Gas		<input type="checkbox"/> Natural Gas		<input type="checkbox"/> Natural Gas					
<input type="checkbox"/> Oil		<input type="checkbox"/> Electric		<input type="checkbox"/> Oil					
<input type="checkbox"/> Electric		<input type="checkbox"/> Propane/Bottle Gas		<input type="checkbox"/> Electric					
<input type="checkbox"/> Propane/Bottle Gas				<input type="checkbox"/> Propane/Bottle Gas					

UNIT 3 Address:			# of Bedrooms		Household size:				
Occupied by LMI Household * (Y/N)			Vacant <input type="checkbox"/>		Owner-Occupied <input type="checkbox"/>			Monthly Rent:	
Utility Type									
Heating		Cooking		Water Heating		Electricity			
Included in rent? Yes No		Included in rent? Yes No		Included in rent? Yes No		Included in rent ? Yes No			
<input type="checkbox"/> Natural Gas		<input type="checkbox"/> Natural Gas		<input type="checkbox"/> Natural Gas					
<input type="checkbox"/> Oil		<input type="checkbox"/> Electric		<input type="checkbox"/> Oil					
<input type="checkbox"/> Electric		<input type="checkbox"/> Propane/Bottle Gas		<input type="checkbox"/> Electric					
<input type="checkbox"/> Propane/Bottle Gas				<input type="checkbox"/> Propane/Bottle Gas					

UNIT 4 Address:			# of Bedrooms		Household size:				
Occupied by LMI Household * (Y/N)			Vacant <input type="checkbox"/>		Owner-Occupied <input type="checkbox"/>			Monthly Rent:	
Utility Type									
Heating		Cooking		Water Heating		Electricity			
Included in rent? Yes No		Included in rent? Yes No		Included in rent? Yes No		Included in rent ? Yes No			
<input type="checkbox"/> Natural Gas		<input type="checkbox"/> Natural Gas		<input type="checkbox"/> Natural Gas					
<input type="checkbox"/> Oil		<input type="checkbox"/> Electric		<input type="checkbox"/> Oil					
<input type="checkbox"/> Electric		<input type="checkbox"/> Propane/Bottle Gas		<input type="checkbox"/> Electric					
<input type="checkbox"/> Propane/Bottle Gas				<input type="checkbox"/> Propane/Bottle Gas					

* Please remember that fifty 50% of units must be occupied by Low to Moderate Income (LMI) households (or households at or below 80% AMI) and 50% of units must be at or below Fair Market Rent rates.

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 provided in this application may be given to other agencies in order to coordinate rehabilitation and financial assistance.

I (we) further certifies that I (we) am the Owner(s) 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 Department 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.

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 reporting American Rescue Funds use.

By submitting this application, I agree to the Program Criteria and the Funding Guidelines, and that the proposal meets the criteria of eligibility. If I receive funding, I understand that unless otherwise informed, invoices or receipts for the project will be submitted to the Town of Windsor in a timely fashion before receiving the award.

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

PRINTED NAME

PRINTED NAME

DATE

DATE

Program staff will screen applications once they are complete and in the order they are received. Please keep this checklist with you as you will need to provide these documents at different stages (as shown below).

REQUIRED APPLICATION DOCUMENTS CHECKLIST

Initial Document Submission

- Application filled out and signed by all property owners.
- 📶 Copy of photo ID of applicant(s)
- 📶 Owner occupant/Tenant Information Form filled out and signed by LMI tenant(s) and/or LMI owner occupant (for at least 50% of units).
- 📶 Current (signed) lease showing FMR for at least 50% of unit(s). Please remove sensitive information. i.e. SSN
- 📶 Before pictures of proposed improvements (from different sides/angles)*.
- 📶 Current Property Insurance Declaration Page
- 📶 Notarized Representative Signer Document (if applicable)

Post-Inspection Document Submission

- 📶 **Two** contractor itemized quotes for town-approved scope of work (Town will provide grant funds equal to low bid amount)
- 📶 Desired contractor's license and insurance information
- 📶 Signed Contractor Handout
- 📶 Initial Contract Draft (before it's signed)
- 📶 Final Contract Draft (before it's signed) *Applicable if changes were needed.*
- 📶 If providing own matching funds: bank statements for the most recent three months (please see required amounts on page 4 of guidelines). Please remove sensitive information. i.e. account or routing number.
- 📶 Signed contract copy

📶 *If you submit your application online, these documents should be submitted via Application Status Portal.*

**Please send three or four separate high-resolution photos of items that need repair for "before" photos.*