



# HOUSING REHABILITATION PROGRAM OWNER OCCUPANT 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: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Disabilities, if any: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Head of Household: YES  NO

Co-Applicant's Name: \_\_\_\_\_ Home Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Disabilities, if any: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Head of Household: YES  NO

### Applicant's Household Information: (Used for reporting purposes)

1. Is the head of household age 62 or older? Yes  No

2. Head of Household is? Male  Female  Non-binary  Prefer to self-describe: \_\_\_\_\_

3. Are you of Latinx ethnicity? Yes  No

4. Race: (Please check one)

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

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

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

Please complete the following information if property includes rental units:

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

**HOUSEHOLD INCOME** (please include information for all household members ages 18 and up)

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  Dividends and Interest from Investments

Household Member (Name)	Relationship to Head of Household	Gender	Date of Birth	Place of Employment or Source of Income	Supervisor Name and Number	Monthly Income

**HOUSEHOLD ASSETS** (please include information for all household members ages 18 and up)

BANK ACCOUNT INFORMATION				
Household Member (Name)	Bank Name	Account Type	Last four digits of account #	Balance

ASSETS AND ESTIMATED VALUE						Household Member Name
<u>Other Property:</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Address:	Market Value:		
<u>Stocks/ Bonds/ Mutual Funds/ Money Market:</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Acct. Type: _____	Balance: _____	Interest Earnings: _____	
			Acct. Type: _____	Balance: _____	Interest Earnings: _____	
			Acct. Type: _____	Balance: _____	Interest Earnings: _____	
<u>Retirement and Pension Funds:</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Acct. Type: _____	Balance: _____	Interest Earnings: _____	
			Acct. Type: _____	Balance: _____	Interest Earnings: _____	
<u>401K / IRA:</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Acct. Type: _____	Balance: _____	Interest Earnings: _____	
			Acct. Type: _____	Balance: _____	Interest Earnings: _____	
<u>Other Assets:</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Asset Type:	Value:		

**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**

Homeowners 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.*

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**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 will be required to provide all supporting income documents along with each tenants' household income documentation (if applicable).

\_\_\_\_\_  
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 select 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

Check any of the following that apply to your household:  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.

## OWNER OCCUPIED APPLICATION SUPPORTING DOCUMENTS

*(May be required at a later stage)*

- APPLICATION FOR FINANCIAL ASSISTANCE
  - RESIDENT/TENANT INFORMATION FORM – page 5 (IF A MULTI-FAMILY PROPERTY)
  - CURRENT LEASE DOCUMENTS (FOR ANY RESIDENT/TENANTS)
  - OWNERS UNIT – INCOME INFORMATION (FOR EACH HOUSEHOLD MEMBER OVER THE AGE OF 18)
    - 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 INVESTMENTS 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)
  - TENANT’S UNIT (IF APPLICABLE, FOR EACH HOUSEHOLD MEMBER OVER THE AGE OF 18 IN ALL RENTAL UNITS) - INCOME INFORMATION
    - 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
  - HOMEOWNERS 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