

Town of Guilford
Housing Rehabilitation Program Application



Notice to Applicants: **PLEASE PRINT ALL INFORMATION CLEARLY**
This Application is Strictly Confidential

Do Not Write in This Section:	Application No: _____	Initials: _____
Date Received: _____	Time: _____	Date Approved: _____

Name of Applicant(s): _____

Address: _____

City, State, Zip: _____

Phone (home): _____

Phone (work): _____

Phone (cell): _____

Email: _____

Is your property owner occupied? YES _____ NO _____

Property Location: _____

Is your property single _____ or multifamily _____?

If multifamily, how many units? _____

(for multi-family, each apt./unit must complete the TENANT APPLICATION and include copies of all required backup financial documentation)

Briefly describe the work needing to be done:

Do you have homeowners insurance? YES _____ NO _____

List **all** individuals living at this address (include applicant, spouse, children, non-family members, etc.)

****Note:** *Estimated Annual Income declared below must include gross wages, in addition to any benefits and/or compensation (ie: social security, disability, unemployment, pension, child support, alimony, SNAP benefits, etc.)*

Name	Age	Race/Ethnicity	Handicapped?	**Estimated Gross Annual Income

Financial documentation is required of ALL household members. Please attach copies of the following for each member of the household (if applicable):

1. 2 recent bank statements from each bank account
2. Monthly mortgage statement with current remaining balance
3. Prior year federal tax return (Form 1040), *additional years may be required depending on sources of income*
4. Pay stubs documenting a minimum of **6 consecutive weeks of wages**
5. Social security award letter entitled, **“Your New Benefit Amount”**
6. Pension, unemployment compensation, child support, alimony or any other benefit (statement, letter or check stub showing gross **monthly** benefit amount, etc..)

Please estimate total of all mortgage debt still owed on this property: \$ _____

- If you have a **Reverse Mortgage**, you are **not eligible to participate**

Are you up to date on all your municipal taxes (including sewers)? YES _____ NO _____

- Please attach copy of tax currency printout (from Tax Collector’s Office)

Is anyone in the household an employee of the municipality? YES _____ NO _____

I authorize the program to obtain required information regarding statements made in this application and certify that all statements and documents submitted are true and complete to the best of my knowledge:

Print Name: _____

Sign Name: _____

Date: _____

The Program is administered by Lisa Low & Associates

Please return the completed form with the REQUIRED supporting documentation to:

Lisa Low & Associates

293 Riggs Street

Oxford, CT 06478

(203) 888-5624 (phone) • (203) 888-8800 (fax) • info@lisalowassociates.com

List of Assets for ALL Household Members

(ie: Savings Account, Checking Account, Stocks, Bonds, Investments, any additional properties, etc..)

NAME	ASSET DESCRIPTION	CURRENT CASH VALUE

All Household Members 18 years of age and older must sign below

*I declare under **penalty of perjury** (under the laws of the United States of America) that the information provided above is true and correct.*

<u>PRINTED NAME</u>	<u>SIGNATURE</u>	<u>DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

KEEP THIS PAGE FOR YOUR RECORDS

Checklist

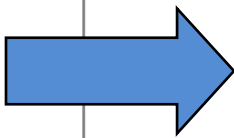
Please verify before submitting that you have completed/included all required documents. Only completed applications will be considered.

- Completed Application Form
- 2 Recent bank statements for all accounts and for all household members
- Recent mortgage statement, showing remaining principal balance
- Last year's federal tax returns for all household members
- Pay stubs documenting 6 consecutive weeks of wages for all household members
- Documentation of all other income (pensions, social security, disability, child support, etc)
- List of Assets (signed and dated by all household members 18 years and older)

If you have any questions regarding what specific supporting documents to include, please call 203-888-5624 for more information.

FY 2019 Income Limits Summary

FY 2019 Income Limit Area	Median Family Income <input type="text"/>	FY 2019 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
New Haven- Meriden, CT HUD Metro FMR Area	\$92,800	Very Low (50%) Income Limits (\$) <input type="text"/>	35,350	40,400	45,450	50,450	54,500	58,550	62,600	66,600
		Extremely Low Income Limits (\$)* <input type="text"/>	21,200	24,200	27,250	30,250	32,700	35,100	39,010	43,430
		Low (80%) Income Limits (\$) <input type="text"/>	52,850	60,400	67,950	75,500	81,550	87,600	93,650	99,700



To view HUD Income Limits online, go to: <https://www.huduser.gov/portal/datasets/il.html>

Landlords:
Your tenant(s)
must complete
this form and
submit supporting
documents

TENANT APPLICATION

Municipal Housing Rehabilitation Program



PLEASE PRINT ALL INFORMATION CLEARLY

This Application is Strictly Confidential

Name of Tenant(s): _____

Address: _____ Unit # _____

City, State, Zip: _____

Phone (home): _____ Monthly Rent \$ _____

Phone (work): _____

Phone (cell): _____

Email: _____

List **all** individuals living at this address (include yourself, spouse, children, non-family members, etc.)

***Note: Estimated Annual Income declared below must include gross wages, in addition to any benefits and/or compensation (ie: social security, disability, unemployment, pension, child support, alimony, SNAP benefits, etc.)*

Name	Age	Race/Ethnicity	Handicapped?	**Estimated Gross Annual Income

Financial documentation is required of ALL household members. Please attach copies of the following for each member of the household (if applicable):

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4. Social security award letter entitled **"Your New Benefit Amount"**
5. Pension, unemployment compensation, child support, alimony or any other benefit statement, check stubs, agreement and/or letter)

I certify that all statements and documents submitted are true and complete to the best of my knowledge:

Print Name: _____ Date: _____

Signature: _____

The Program is administered by Lisa Low & Associates, 293 Riggs St., Oxford, CT 06478 - (203) 888-5624