

**Town of East Haven
Housing Rehabilitation Program Application
All Personal Information is Strictly Confidential**

For Town Use Only
Date Received:
Date Approved:
Application#:

1. PROPERTY INFORMATION

FULL NAME(s) as on Title _____

Address _____

This Property is: Owner Occupied _____ Non-Owner Occupied _____

2. PERSONAL APPLICATION INFORMATION

Name(s) _____

Address _____

Town, State, Zip _____

Phone (H) _____ (W) _____ (C) _____ Best time to be reached _____ AM/PM

E-mail _____

3. DESCRIPTION OF PROPERTY (Check one)

RESIDENTIAL

- Single Family (Owner Occupied) Three Family
 Single Family (Rental) Four Family or More (Specify # of Units _____)
 Two Family

Is there any space in the building used for non-residential purposes?

Yes No If Yes, usage: _____

Are there any back property taxes due on properties owned by you within the Town of East Haven?

Yes No If Yes, how much \$ _____

List the names of all persons residing in the dwelling. List name and apartment number (if applicable) for all residents.

| Name | Apt# | Age* | Race* | Sex | Handicapped Yes/No | Full-time Student Yes/No | Check if head Yes/No |
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*Information is requested Program reported purposes only. Provision of this information is not mandatory, and will not affect your application status.

4. PROJECT PLANS

Briefly describe the work you wish to have done.

Attach most recent copy of Federal Income Tax Return (1040). If not available explain. If you are receiving Social Security, Pensions, Unemployment Compensation, Child Support, Alimony, or other benefits which do not appear on your latest income tax, please attach documentation of the same.

Attach a copy of your mortgage statement(s) if applicable. Please estimate, below, the total of all mortgages currently secured by this property (Mortgages, Equity Line of Credit, Liens, etc \$ _____

Do you, or any member of your immediate family work for the Town of East Haven?

____ Yes ____ No If Yes, please explain _____

Are you a United States Citizen? _____ Yes _____ No

If No, are you a "qualified alien"? _____ Yes _____ No

If you are a "qualified alien" please attached a copy of supporting documentation.

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applications on the basis of sex or marital status, race, color, creed or national origin. Furthermore, no discrimination shall be practiced in the sale, leasing, rental or other disposition of residential property and related facilities, or in the use of occupancy thereof.

I authorized the Program to obtain such information as it may require concerning the statements made in this application, including a credit check, and agree that the application shall remain in the property whether or not the application is accepted or rejected.

I/We hereby certified that all statements attached, supporting documentation submitted with this application are true and complete.

Applicant(s) Signature _____

Applicant(s) Signature _____

Date _____

Please return to: Town of East Haven
 Urban Renewal & Community Development Agency
 250 Main Street
 East Haven, CT 06512
 (203) 468-3916 (Fax)

If you have any questions about the program please contact the Community Development Coordinator, James Albis, or Secretary, Francine Gaglione at (203) 468-3286. You may contact James by e-mail at jalbis.townofeh@gmail.com. Thank you.