

For Town Use Only	
Date Received	_____
Date Approved	_____
Application No.	_____

TOWN OF EAST HAVEN
HOUSING REHABILITATION PROGRAM APPLICATION

ALL PERSONAL INFORMATION IS STRICTLY CONFIDENTIAL

I. PROPERTY INFORMATION

ADDRESS: _____
 Name(s) on Title: _____
 The Property is: _____ Owner Occupied _____ Non-Owner Occupied

II. PERSONAL APPLICANT INFORMATION

Name: _____ Social Security #: _____
 Address: _____
 Telephone (with area code): (H) _____ (W or Cell) _____
 Best time to be reached: _____
 Email Address: _____

III. DESCRIPTION OF PROPERTY (CHECK ONE)

RESIDENTIAL:
 _____ Single Family (Owner Occupied) _____ Three Family
 _____ Single Family (Rental) _____ Four Family or More
 _____ Two Family _____ # of units: _____

Is there any space in the building used for non-residential purposes?
 _____ No _____ Yes If Yes, usage: _____
 Are there any back property/sewer taxes due on this property or other
 properties owned by you or other owners of this property within the Town?
 _____ No _____ Yes If Yes, amount: \$ _____

IV. If property is a single family home, list the names of all persons residing in the dwelling. List name and apartment number for each resident per apartment.

NAME	APT #	*SEX	*AGE	*RACE	*HANDI-CAPPED YES/NO	FULL TIME STUDENT YES/NO	✓ IF HEAD OF HOUSEHOLD

*Information is requested for Program reporting purposes only. Provision of this information is not mandatory, and will not change your eligibility.

V. Briefly describe the work you wish to do: _____

VI. 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 return, please attach documentation of same.

VII. Attach a copy of your most recent mortgage statement(s) showing the current principal balance, if applicable.
Estimate below the total of all mortgages currently secured by this property (Mortgages, Equity Line of Credit, Liens, etc.) _____

VIII. Are you or any member of your immediate family or anyone with whom you have business ties an employee, agent, currently elected or appointed official of the Town of East Haven or the Program Consultant, L. Wagner & Associates, Inc.?
_____ No _____ Yes If Yes, please explain:

IX. Are you a United States citizen? _____ Yes _____ No
If No, are you a "qualified alien"? _____ Yes _____ No
If you are a "qualified alien" please attach 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 or occupancy thereof.

I authorize 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 its property whether or not the application is accepted or rejected.

I/We hereby certify that all statements hereto, attachments, and supporting documentation submitted with this application are true and complete.

Applicant Signature: _____
Applicant Signature: _____
Date: _____

Please return to:
Town of East Haven
Housing Rehabilitation Program
c/o Urban Renewal & Comm. Dev. Agency
250 Main Street
East Haven, CT 06512