

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 APPLICANT INFORMATION

Name(s): _____

Address: _____

Town, State, Zip: _____

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

E-mail: _____

3. DESCRIPTION OF PREPERTY (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/sewer taxes due on properties owned by you within the Town of East Haven?
 Yes No Is "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 #	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.
 Application continues onto page 2

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 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 of 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 in the property whether or not the application is accepted or rejected.

I/We hereby certify 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) 468-3372 (fax)

Questions, please contact: Sarah Morrill, Community Development Coordinator
(203) 468-3286 phone
sarahmorrill@snet.net