

APPLICATION FOR EMERGENCY RESIDENTIAL REHABILITATION ASSISTANCE



**Office of Housing and Neighborhood Development
Keefe Community Center, 11 Pine Street, Hamden, CT 06517
Telephone (203) 776-5978 x 1123
asendroff@hamden.com**

www.hamdencommunitydevelopment.com

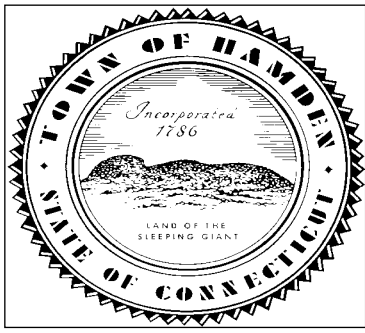
Emergency Residential Rehabilitation Application revised 11/2016
Previous editions obsolete.

<p style="text-align: center;">APPLICATION FOR EMERGENCY RESIDENTIAL REHABILITATION ASSISTANCE</p>

DOCUMENT CHECKLIST

Prior to submitting application for assistance, please make sure you have included the appropriate documents as indicated below. **Failure to provide all information will result in longer processing time.**

- Complete and signed application**
- Property insurance declaration page**
- Copy of most recent federal tax return for all household wage earners**
- Most recent pay stub (2) from all sources of employment for all individuals who reside in the household.**
- Most recent bank statement for all accounts**
- Proof of AGI credit, if applicable**



Town of Hamden

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RESIDENTIAL EMERGENCY REHABILITATION ASSISTANCE PROGRAM

I. General Program Guidelines

This program is designed to improve and conserve housing in the Town of Hamden. Assistance is granted to low and moderate-income homeowners. Qualified applicants may receive up to \$15,000 per unit in loan assistance to use for emergency rehabilitation repairs. Loan are repaid upon sale or refinance of home.

II. General Eligibility

1. Applicant cannot exceed income and asset limits as established by HUD (See Part V Income/Asset Requirements)
2. No corporate or commercial entity is eligible.
3. The residence must be a single family (detached) or two to four family dwelling.
4. Investment properties are ineligible. However, if a homeowner, who is income qualified, owns a property in the target area and his/her tenants meet the income guidelines, the homeowner may apply.
5. All taxes owed by applicant (including motor vehicle registered in Hamden) must be current at the time of the application.
6. The Town of Hamden does not discriminate on the basis of age, veteran status, race, color, creed, national origin, gender, gender identity or expression, or disability.

III. Other Requirements

1. The property must be covered by homeowner's insurance (e.g., hazard, property, fire and liability) and flood if applicable.
2. Title to the property must be in the name of the applicant.
3. Loans are awarded once and only after five (5) years will an applicant be considered for additional funding. Only one roof or heating system loan can be made on any given property.

4. Loan will not be used for repayment of loans, liens, attachments, judgments or other items.
5. All documentation for priority consideration must accompany application at the time of submission. The Town will not be obligated to consider applications without required documentation.

IV. Loan Amount and Repayment Terms

1. The amount of assistance awarded to an applicant depends on the availability of program funds. However, financial assistance will not exceed \$15,000 per unit.
2. Financial assistance is granted in the form of an interest-free loan/mortgage lien. There are no monthly payments. The loan is only repaid upon sale or transfer of the property.
3. Loan amounts are subject to 0% interest rate.
4. Loans are secured via a second mortgage lien on the property, and may include attorney fees as may be paid by the Town.
5. The borrower may sell or otherwise transfer the property at any time provided:
 - a. The principal loan at the time of sale is repaid to the Town; or
 - b. The property is transferred to a family member who must assume the balance of the loan in the event the Town of Hamden approves such transfer
6. The loan to value ratio on the property may not exceed 110%. The loan to value is determined by dividing all outstanding liens by the appraised property value.

V. Income/Assets Requirements

1. **Income of all persons, related or otherwise living in the applicant’s household will be included in determining gross income.** Total income must not exceed 80% of the median family adjusted gross income (AGI) for the New Haven/Meriden MSA as adjusted for family size and illustrated below.

Income Limits for 2018								
Family Size:	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Maximum Adjusted Gross Income (AGI)	\$50,350	\$57,550	\$64,750	\$71,900	\$77,700	\$83,450	\$89,200	\$94,950

2. Income includes sources such as employment wages, unemployment wages, annuity, pension, disability payments, retiree social security payments, survivor social security payments, welfare, alimony, child support, military stipend, interest income, dividends from investments and savings, rental income, workers' compensation, income from family, friends, roomers and boarders, and any other sources of income not mentioned.
3. Gross income shall be verified at time of application. The primary determinant of such income is the most recent federal income tax return. However, other documentation may be required.
4. The income of full-time students will not be included in the AGI provided documentation regarding such proof of status is submitted.
5. Only the following deductions will be allowed from the applicants AGI.
 - a \$500 for each minor child (18 years and under).
 - b \$500 for each elderly (62 years or over) or disabled household member.
6. Applicant's liquid assets following approval must not exceed \$20,000 in the aggregate.
7. Assets include but are not necessarily limited to:
 - a Cash held in savings and checking accounts, safety deposit box, etc.
 - b Trusts, except irrevocable trusts outside any family member's control.
 - c Equity in real estate or other capital investment (equity is determined by the current market value as determined by the Town of Hamden, less the unpaid balance of loan(s) secured by the property.
 - d Stocks, bonds, treasury bills, certificates of deposit, money market funds.
 - e Assets do not include approved and dedicated pension funds, IRAs, 401K, etc.
8. The applicant shall provide such documentation or verification of all items requested for processing the application. The receipt of a signed application authorizes the Town to verify any information provided, including but not limited to credit history. (Even though credit history is not a determinant for loan approval or denial)

VI. Selection Process

1. Availability of funding is limited and subject to budgetary restrictions.
2. Other factors affecting selection include applicant pool, applicant characteristics that impact overall applicant need; including but not limited to total household income, size and cash availability.
3. All applicants will be notified in writing regarding the status of their application.

4. Qualified applicants will be placed on a waiting list when funding is not readily available. They will be notified via mail or email when funding becomes available. If the application exceeds a calendar year, new documentation will be required.

APPLICATION FOR EMERGENCY RESIDENTIAL REHABILITATION ASSISTANCE

Census Tract # _____
FOR OFFICE USE ONLY

Address to be Rehabilitated: _____

SECTION 1: NAME(S) ON TITLE

A. Primary Owner

Name: _____ Social Security Number: _____

Age: _____

Address: _____

Home Phone # _____ Work Phone # _____

Email _____

B. Secondary Owner

Name: _____ Social Security Number: _____

Age: _____

Address: _____

Home Phone # _____ Work Phone # _____

Email _____

C. List name, age, and relationship of all others living in the housing unit.

If additional space is needed, attach sheet.

Name: _____ Age _____ Relationship: _____

Name: _____ Age _____ Relationship: _____

Name: _____ Age _____ Relationship: _____

Name: _____ Age _____ Relationship: _____

Name: _____ Age _____ Relationship: _____

Name: _____ Age _____ Relationship: _____

SECTION 2: MORTGAGE INFORMATION

Date of Purchase: _____ Purchase Price: \$ _____ Appraised value: \$ _____

Name of bank/lender of mortgage: _____

Address: _____

Monthly Mortgage payment: _____ \$ _____

Name of subordinate mortgage holder, (If applicable): _____

Address: _____

Are you current on your mortgage payments? Yes No

Taxes per year: _____ \$ _____

Are you current on your taxes? Yes No

SECTION 3: PROPERTY INCOME WORKSHEET

Complete only if home to be rehabilitated is **multi-unit**

Number of apartments: _____

Floor _____ Number of Room _____ Monthly Rent _____ \$ _____

Tenant Name: _____

Number of Persons in Household _____ Total Household Income _____ \$ _____

Floor _____ Number of Room _____ Monthly Rent _____ \$ _____

Tenant Name: _____

Number of Persons in Household _____ Total Household Income _____ \$ _____

Floor _____ Number of Room _____ Monthly Rent _____ \$ _____

Tenant Name: _____

Number of Persons in Household _____ Total Household Income _____ \$ _____

SECTION 4: FIRE HAZARD AND LIABILITY INSURANCE ON PROPERTY

Include a copy of insurance declaration page with application.

Name of Insurance Agency _____ Amount of Coverage \$ _____

Are your payments current? Yes No

Do you own other real estate? Yes No

Address of other property _____

Lien(s) on other property \$ _____ Annual Income Received \$ _____

SECTION 5: INCOME INFORMATION

Proof of income (W-2 forms, tax returns, social security 1099, documentation of pension or retirement or unemployment earnings, etc.) must be provided for all persons, related or otherwise, residing in the applicant's household, regardless of whether the individual makes a financial contribution to the household. All such documentation will be considered in determining the applicant's income eligibility.

PRIMARY OWNER

Employer _____

Address _____

Job Title _____ Annual Income \$ _____

Years with current employer _____

If less than 2 years, please list previous employer _____

SECONDARY OWNER

Employer _____

Address _____

Job Title _____ Annual Income \$ _____

Years with current employer _____

If less than 2 years, please list previous employer _____

OTHER INCOME RECEIVED

Social Security:	Primary	_____	Secondary	_____
Child Support:	Primary	_____	Secondary	_____
Alimony:	Primary	_____	Secondary	_____
Pension:	Primary	_____	Secondary	_____
Other:	Primary	_____	Secondary	_____

Indicate the annual income of all other persons residing in the housing unit as identified in Section 1C

Name: _____ Social Security # _____ Income \$ _____

Name: _____ Social Security # _____ Income \$ _____

Name: _____ Social Security # _____ Income \$ _____

SECTION 6: OTHER ASSETS

Cash on Hand \$ _____ Stocks \$ _____ Bonds \$ _____

Life Insurance \$ _____ Property \$ _____ Other \$ _____

Account Type	Account Number	Institution Name	Address	Account Balance
Total				\$

LEAD ACKNOWLEDGEMENT

By signing below you are acknowledging that you have received, read, and understand the brochure entitled ***Renovate Right***.

Primary Signature

Date

Secondary Signature

Date

**TOWN OF HAMDEN
OFFICE OF HOUSING AND NEIGHBORHOOD DEVELOPMENT
11 PINE STREET, HAMDEN, CONNECTICUT 06514**

SCOPE OF WORK

I am applying for assistance to address the following emergency conditions on my property. Please complete EITHER Section One or Section Two, as appropriate. **OHND is unable to perform more than one emergency project per household.**

Section One: Furnace Repair or Replacement

Please check the appropriate description

- Gas furnace Oil furnace

Please check the appropriate description

- Hot air fired furnace
 Hot water fired furnace
 Steam fired furnace

*hot air – air ducts on floor or in wall
hot water – (pumps(s)) at furnace
steam – (No pump(s)), single pipe radiator or radiators have 2 pipes*

If Oil Furnace, do you have oil in your tank?

- Yes No

Please submit a written description from a licensed furnace contractor of the current condition of your furnace.

Disclaimer

Protection to provide appropriate and safe heat to protect the source structure is the sole responsibility of the homeowner. The Town of Hamden, Office of Housing and Neighborhood Development will not be responsible for any freeze damage resulting from owner's lack of providing appropriate heat protection.

Section Two: Roof Repair or Replacement

Is your roof currently leaking? Yes No

If yes please describe where the roof is leaking

TENANT INFORMATION SHEET (If Applicable)

Tenant Name: _____

Floor: _____

Please check the appropriate income range for the households listed in Section 3: Property Income Worksheet. (This information is required for each household unit.)

Number of People Residing in Household	Income Schedule
	Check one
1	<input type="checkbox"/> Below \$30,650 <input type="checkbox"/> \$30,650 - \$46,000 <input type="checkbox"/> Above \$46,000 <input type="checkbox"/> Section 8
2	<input type="checkbox"/> Below \$35,000 <input type="checkbox"/> \$35,000 - \$52,600 <input type="checkbox"/> Above \$52,600 <input type="checkbox"/> Section 8
3	<input type="checkbox"/> Below \$39,400 <input type="checkbox"/> \$39,400 - \$59,150 <input type="checkbox"/> Above \$59,150 <input type="checkbox"/> Section 8
4	<input type="checkbox"/> Below \$43,750 <input type="checkbox"/> \$43,750 - \$65,700 <input type="checkbox"/> Above \$65,700 <input type="checkbox"/> Section 8
5	<input type="checkbox"/> Below \$47,250 <input type="checkbox"/> \$47,250 - \$71,000 <input type="checkbox"/> Above \$71,000 <input type="checkbox"/> Section 8
6 or more	<input type="checkbox"/> Below \$50,750 <input type="checkbox"/> \$50,750 - \$76,250 <input type="checkbox"/> Above \$76,250 <input type="checkbox"/> Section 8

Tenant Signature

Date



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Financial Information Disclosure Form

I am interested in applying for the Residential Rehabilitation Assistance program offered by the Town of Hamden. As part of the application process, I authorize the Office of Housing and Neighborhood Development to make inquiries as to the employment, income, background, credit history and savings or other banking statements for any member of my household. Upon request of the Office of Housing and Neighborhood Development, I will also provide evidence of income of any tenants.

Signed:

Name (Printed):

Social Security #:



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CERTIFICATION OF OPERATING SMOKE DETECTORS

The Fire Administration Authorization Act of 1992 ("the Act") prohibits the use of housing assistance, including Community Development Block Grant Program funding, in connection with all types of dwelling units unless various fire protection and safety standards are met.

The Act mandates that housing assistance cannot be "used in connection with" any dwelling unit (including all single and multifamily properties), unless the unit is protected by a hard wired or battery operated smoke detector installed in accordance with NFPA 74.

As part of the application process, you are required to certify the presence of operating smoke detectors.

Know all persons by these presents that I, the undersigned _____,
certify as the owner of _____ that
operating hard wired and/or battery smoke detector(s) are present in the dwelling unit(s)
as required by the applicable codes.

Owner

Date

Owner

Date



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**Acknowledgment of Receipt of
"RENOVATE RIGHT" Brochure**

This is to acknowledge that I have received a copy of the following brochure "RENOVATE RIGHT" from my Landlord.

Landlord Name Printed

Tenant Name Printed

Tenant Signature

Date

Tenant Address