

**APPLICATION
FOR
TRADITIONAL 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



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RESIDENTIAL 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 on designated streets. Qualified applicants may get up to \$15,000 per unit in loan assistance to use for renovation and building code violation repairs. Loans are repaid upon sale or refinance of home.

II General Eligibility

1. Applicant's house must be in the target areas of Hamden: Highwood, Hamden Plains, and the State Street Revitalization Zone.
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 owns a property in the target area and if the homeowner and his/her tenants meet the income guidelines, the homeowner may apply. The owner is required to rent the rehabilitated units to a resident of low-mod income for a period of 5-years or face repayment of loan. In addition, the rental rate charged cannot increase by more than 5% per year and can never exceed market rate, as established by HUD. (Up to \$15,000.00 per dwelling unit)
5. Applicant cannot exceed income and asset limits as established by HUD (See Part V Income/Asset Requirements)
6. All taxes owed by applicant (including motor vehicle registered in Hamden) must be current at the time of the application.
7. The Town of Hamden does not discriminate on the basis of race, color, creed, national origin, gender 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 under extreme circumstances will an applicant be considered for additional funding.
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.
6. Loans are awarded once and only under extreme circumstances will an applicant be considered for additional funding.

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 balance remaining at the time of transfer is repaid to the Town; or
 - b. The property is sold or transferred to a qualified buyer who must assume the balance of the loan.
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 2017 | | | | | | | | |
|-------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Family Size: | 1 person | 2 person | 3 person | 4 person | 5 person | 6 person | 7 person | 8 person |
| Maximum Adjusted Gross Income (AGI) | \$47,600 | \$54,400 | \$61,200 | \$68,000 | \$73,450 | \$78,900 | \$84,350 | \$89,800 |

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 applicant's 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 include but are 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 when funding becomes available. If the application exceeds a calendar year, new documentation will be required.

Town of Hamden
Office of Housing & Neighborhood Development
TARGET AREA

Census Tract 1655 (Highwood)

| | | | |
|-------------------------|--------------------------|------------------------|-----------------------|
| Alenier Street | Dudley Court | Helen Street to #164 | Remington Street |
| Alling Street | Dudley Street | Marlboro Street | Second Street |
| Alstrum Street | Easton Street | Millrock Road #335-420 | Shelton Avenue |
| Arch Street | Edwards Street | Morse Street | Shepard Street |
| Augur Street #323-342 | Fairview Avenue | Mott Street | St. Mary Street |
| Beaver Street | First Street | Murray Street | Third Street |
| Bowen Street | Fitch Street | Newbury Street | Warren Street |
| Burke Street | Fourth Street | Newhall Street | Warner Street |
| Butler Street | George Street | North Street | W Easton Street |
| Cherry Ann Street | Glemby Street | Notkins Street | Whiting Street |
| Columbus Street | Goodrich Street #149-406 | Pine Street | Winchester Avenue |
| Dix Street | Hamden Park Drive | Putnam Avenue #336-480 | Woodin Street to #175 |
| Dixwell Avenue to #1216 | Harris Street | Prescott Street | |

Census Tract 1656 (Hamden Plains)

| | | | |
|-------------------------|---------------------------|---------------------------|---------------------------|
| Albertson Road | Cumley Street | Lee Street | Pond Road |
| Arcadia Avenue | Dallas Street | Lexington Street | Red Rock Terrace |
| Arents Road | Dante Place | Malcolm Street | Robert Street |
| Bagley Avenue | Dewey Street | Manila Avenue | Roosevelt Street |
| Baldwin Road | Dixwell Avenue #1217-1932 | Maplewood Terrace | Rose Street |
| Bank Street | Duane Road | Marne Street | Rosedale Street |
| Battis Road | Foch Street | Meadow Road | Sampson Street |
| Beacon Street | Garden Street | Merrimac Street | Savoy Street |
| Beechwood Avenue | Garfield Street | Miles Street | Scott Street |
| Benham Street to #110 | Gilbert Avenue to #140 | Millis Street | St. James Street |
| Blacy Street #13-20 | Gorham Avenue | Newton Street | Summit Road |
| Blue Hills Avenue | Grandview Avenue | Noble Street | Taft Street |
| | Haig Street | | Treadwell Street #380-410 |
| Bradley Avenue | Hayward Road | Norton Avenue | Valley Road |
| Carrington Street | Haywood Lane | Oregon Avenue | Victor Street |
| Chester Street | Helen Street | Palmer Avenue | Village Circle |
| Church Street | Hillcrest Avenue | Park View Road | Weybossett Street |
| Circular Avenue to #487 | Hobson Avenue | Pearl Avenue | Wheeler Street |
| Claire Terrace | Homestead Avenue | Pershing Street | Wilbert Street |
| Collins Street | Hope Avenue | Pine Rock Avenue #610-865 | William Street |
| Concord Street | Lakeview Avenue | Piper Road | Woodland Avenue |
| Cross Street | Langer Street | Plains Road | |

STATE STREET NEIGHBORHOOD REVITALIZATION ZONE

| | | |
|-----------------------|-------------------------------------|---|
| Addison Road | Franklin Road | Ridge Road to #30, odd only from #31 to 539 |
| Allene Drive | Grafton Road | Robinwood Road |
| Armstrong Street | Hartford Turnpike odd only #441-963 | Sidehill Road #53-101 |
| Atlas Street | Hepburn Road | Sebec Street |
| Battis Road | Hesse Road | Smith Drive |
| Benton Street | Hubbard Road | State Street |
| Cardo Road | Hyde Street | State Street Rear #2301-2700 |
| Carew Road | Jean Street | Town Line Road #9-15 |
| Carroll Road | Lent Road | Vineyard Road #80-209 |
| Cook Street | Leo Road | Wayne Street |
| Corbin Road | London Drive | Webb Street |
| Craft Street | Lovell Street | Welton Street |
| Curry Street | Lynmour Place | Welton Street Rear |
| Dadio Road | Maple Street | Westcott Road |
| Daniel Road | Merritt Street | Windsor Street |
| Davis Street #244-315 | Myra Road | |
| Edgecomb Street | Olds Street | |
| Edmond Street | Park Road | |
| Farm Road | Pickwick Road | |
| Fenway Drive | Potter Place | |
| Fernwood Road | Quaker Road | |
| Foote Street #11-223 | "Quinnipiac Meadows" Stevens Street | |

APPLICATION FOR RESIDENTIAL REHABILITATION ASSISTANCE

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 will be residing in the household.
- Most recent bank statement for all accounts
- Proof of AGI credit, if applicable

APPLICATION FOR 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



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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 NFPAS 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

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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**Acknowledgement of Receipt of
"Renovate Right" Brochure**

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

This is to acknowledge that I have received a copy of the following brochure's "Protect Your Family From Lead In Your Home" and "Renovate Right" from my Landlord.

Landlord Name Printed

Tenant Name Printed

Tenant Signature

Date

Tenant Address

The following information is used for statistical reporting only. This information is not considered when determining eligibility for assistance. Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Black |
| <input type="checkbox"/> Female Head of Household | <input type="checkbox"/> Latino |
| <input type="checkbox"/> Small Family (1-4) | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Large Family (5+) | <input type="checkbox"/> White |
| <input type="checkbox"/> Handicapped | <input type="checkbox"/> Other Ethnicity |
| <input type="checkbox"/> Asian | |

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SCOPE OF WORK

Please be advised rehabilitation consists of work which accomplishes conservation of housing. It is the general expression for repairing or improving the housing conditions. "Home improvements" (new kitchen, family room, etc.) are not rehabilitation activities. Sidewalks, driveways, landscaping, tree pruning, detached garages, etc. are not eligible work for rehabilitation assistance.

I am applying for assistance to address the following conditions on my property.

HISTORIC STRUCTURES

Properties named to the Hamden Historical Society’s list of historic structures may not be eligible for all types of rehabilitation work. By signing below, you are acknowledging that you have verified that the property is not a historic structure named by the Hamden Historic Society.

Property Address: _____

Primary Signature

Date

Secondary Signature

Date