

**Town of Guilford**  
**Housing Rehabilitation Program Application**



Notice to Applicants: **PLEASE PRINT ALL INFORMATION CLEARLY**  
This Application is Strictly Confidential

<b>Do Not Write in This Section:</b>	Application No: _____	Initials: _____
Date Received: _____	Time: _____	Date Approved: _____

Name of Applicant(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number of Applicant(s): \_\_\_\_\_

Is your property owner occupied?      YES \_\_\_\_\_ NO \_\_\_\_\_

Property Location: \_\_\_\_\_

Is your property single \_\_\_\_\_ or multifamily \_\_\_\_\_?

If multifamily, how many units? \_\_\_\_\_

***(for multi-family, each apt./unit must complete the TENANT APPLICATION and include copies of all required backup financial documentation)***

Briefly describe the work needing to be done:

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Do you have homeowners insurance?      YES \_\_\_\_\_ NO \_\_\_\_\_

List **all** individuals living at this address (include applicant, spouse, children, non-family members, etc.)

**\*\*Note:** Estimated Annual Income declared below must include gross wages, in addition to any benefits and/or compensation (ie: social security, disability, unemployment, pension, child support, alimony, SNAP benefits, etc.)

Name	Age	Race/Ethnicity	Handicapped?	**Estimated Gross Annual Income

**Financial documentation is required of ALL household members.** Please attach copies of the following for each member of the household (if applicable):

1. 2 recent bank statements from each bank account
2. Monthly mortgage statement with current remaining balance
3. Prior year federal tax return (Form 1040), *additional years may be required depending on sources of income*
4. Pay stubs documenting a minimum of **6 consecutive weeks of wages**
5. Social security award letter entitled, **“Your New Benefit Amount”**
6. Pension, unemployment compensation, child support, alimony or any other benefit (statement, letter or check stub showing gross **monthly** benefit amount, etc..)

Please estimate total of all mortgage debt still owed on this property: \$ \_\_\_\_\_

- If you have a **Reverse Mortgage**, you are **not eligible to participate**

Are you up to date on all your municipal taxes (including sewers)? YES \_\_\_\_\_ NO \_\_\_\_\_

- Please attach copy of tax currency printout (from Tax Collector’s Office)

Is anyone in the household an employee of the municipality? YES \_\_\_\_\_ NO \_\_\_\_\_

**I authorize the program to obtain required information regarding statements made in this application and certify that all statements and documents submitted are true and complete to the best of my knowledge:**

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_

*The Program is administered by Lisa Low & Associates*

**Please return the completed form with the REQUIRED supporting documentation to:**

**Lisa Low & Associates**

**293 Riggs Street**

**Oxford, CT 06478**

**(203) 888-5624 (phone) • (203) 888-8800 (fax) • info@lisalowassociates.com**

# List of Assets for ALL Household Members

(ie: Savings Account, Checking Account, Stocks, Bonds, Investments, etc..)

NAME	ASSET DESCRIPTION	CURRENT CASH VALUE

All Household Members 18 years of age and older must sign below

I declare under **penalty of perjury** (under the laws of the United States of America) that the information provided above is true and correct.

PRINTED NAME	SIGNATURE	DATE

**KEEP THIS PAGE FOR YOUR RECORDS**

**Checklist**

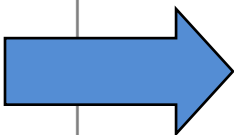
Please verify before submitting that you have completed/included all required documents. Only completed applications will be considered.

- Completed Application Form
- 2 Recent bank statements for all bank accounts and for all household members
- Recent mortgage statement, showing remaining principal balance
- Last year's federal tax returns for all household members
- Pay stubs documenting 6 consecutive weeks of wages for all household members
- Documentation of all other income (pensions, social security, disability, child support, etc)
- Copy of tax currency printout from the Tax Collector's Office (including sewer taxes)
- List of Assets (form completed and signed by all members, 18 yrs and older)

If you have any questions regarding what specific supporting documents to include, please call 203-888-5624 for more information.

**FY 2018 Income Limits Summary**

FY 2018 Income Limit Area	Median Family Income	FY 2018 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
<b>New Haven- Meriden, CT HUD Metro FMR Area</b>	\$91,900	Very Low (50%) Income Limits (\$)	33,900	38,750	43,600	<b>48,400</b>	52,300	56,150	60,050	63,900
		Extremely Low Income Limits (\$)*	20,350	23,250	26,150	<b>29,050</b>	31,400	33,740	38,060	42,380
		Low (80%) Income Limits (\$)	50,350	57,550	64,750	<b>71,900</b>	77,700	83,450	89,200	94,950



To view HUD Income Limits online, go to: <https://www.huduser.gov/portal/datasets/il.html>

**Landlords:**  
Your tenant(s)  
must complete  
this form and  
submit supporting  
documents

# **TENANT APPLICATION**

## **Municipal Housing Rehabilitation Program**



**PLEASE PRINT ALL INFORMATION CLEARLY**

This Application is Strictly Confidential

Name of Tenant(s): \_\_\_\_\_

Address: \_\_\_\_\_ Unit # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Phone (work): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

Email: \_\_\_\_\_

List **all** individuals living at this address (include yourself, spouse, children, non-family members, etc.)

*\*\*Note: Estimated Annual Income declared below must include gross wages, in addition to any benefits and/or compensation (ie: social security, disability, unemployment, pension, child support, alimony, SNAP benefits, etc.)*

Name	Age	Race/Ethnicity	Handicapped?	**Estimated Gross Annual Income

**Financial documentation is required of ALL household members.** Please attach copies of the following for each member of the household (if applicable):

1. 2 recent bank statements for each bank account
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4. Social security award letter entitled **"Your New Benefit Amount"**
5. Pension, unemployment compensation, child support, alimony or any other benefit statement, check stubs, agreement and/or letter)

**I certify that all statements and documents submitted are true and complete to the best of my knowledge:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*The Program is administered by Lisa Low & Associates, 293 Riggs St., Oxford, CT 06478 - (203) 888-5624*