

**ASHFORD HOUSING REHABILITATION LOAN PROGRAM**

The Housing Rehabilitation Loan Program is designed for low and moderate income homeowners and landlords with low and moderate income tenants to address safety and public health code violations, as well as provide funds for necessary house repairs.

Funds will address safety and public health code violations first but also may be used by homeowners for common repair projects including but not limited to, septic system repairs, roofing & siding, structural deficiencies, replacement windows, plumbing, electrical, and heating systems.

The Housing Rehabilitation Loan Program is funded by a Community Development Block Grant from the United State Department of Housing and Urban Development and administered through the State Department of Housing.

Housing Rehabilitation Projects have a \$25,000 spending cap per eligible applicant. To be eligible for the Program applicants must income qualify, maintain at least a 90% loan to value ratio after completion of rehab work and be current on town taxes. Projects must also be able to address all serious housing deficiencies while staying within the spending cap.

**INCOME GUIDELINES (gross income)**

| Number in Family | 1     | 2     | 3     | 4     | 5     | 6     | 7     |
|------------------|-------|-------|-------|-------|-------|-------|-------|
| Household Income | 54950 | 62800 | 70650 | 78500 | 84800 | 91100 | 97350 |

The housing rehabilitation funds are a loan to homeowners that must be eventually paid back. Loan repayments are used to continue the Program. Low and moderate income eligible applicants will receive a loan that is deferred until the property changes ownership or the homeowner refinances through an equity loan.

Completed applications may be mailed to Ashford Housing Rehab Program, 5 Town Hall Road, Ashford, CT 06278 or dropped off at the First Selectman's Office in an envelope addressed to the Ashford Housing Rehab Program.

The Housing Rehabilitation Committee has designed the Program to give life threatening and serious public health hazards first priority. Applications that do not meet this criteria will be placed on a waiting list and will be addressed as funding allows.

Upon acceptance in the Program applicants must submit a copy of their latest IRS tax return, current pay stubs, homeowner's certificate of insurance, and current balance of all mortgages/liens on the property. The Program is being administered by Peter Huckins at 456-0782. Please feel free to contact him if

additional information is required.

**ASHFORD HOUSING REHABILITATION LOAN PROGRAM**  
**APPLICATION**

Name of Applicant \_\_\_\_\_ Address of Property \_\_\_\_\_

Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

Total # of Persons in Household \_\_\_\_\_

# of Children (under 18) \_\_\_\_\_ # of Elderly (62 or older) \_\_\_\_\_ # of Disabled \_\_\_\_\_

Number of persons of each Nationality/Race : White \_\_\_\_\_ Black \_\_\_\_\_  
Hispanic \_\_\_\_\_ Indian/Alaskan \_\_\_\_\_ Asian/Pacific Isl \_\_\_\_\_ Portugese \_\_\_\_\_

**LIST BELOW ALL OCCUPANTS OF PROPERTY ON A PERMANENT OR RENTAL BASIS INCLUDING NAME, SOCIAL SECURITY NUMBER, AGE, AND HOUSEHOLD INFORMATION. SPECIFY SOURCE OF INCOME i.e., SALARY, PENSION, ALIMONY, CHILD SUPPORT, SOCIAL SECURITY BENEFITS, INTEREST, AND OTHER.**

1. Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Age \_\_\_\_\_ Income \_\_\_\_\_

Source of Income \_\_\_\_\_ Place of Income \_\_\_\_\_

2. Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Age \_\_\_\_\_ Income \_\_\_\_\_

Source of Income \_\_\_\_\_ Place of Income \_\_\_\_\_

3. Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Age \_\_\_\_\_ Income \_\_\_\_\_

Source of Income \_\_\_\_\_ Place of Income \_\_\_\_\_

4. Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Age \_\_\_\_\_ Income \_\_\_\_\_

Source of Income \_\_\_\_\_ Place of Income \_\_\_\_\_

5. Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Age \_\_\_\_\_ Income \_\_\_\_\_

Source of Income \_\_\_\_\_ Place of Income \_\_\_\_\_

6. Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Age \_\_\_\_\_ Income \_\_\_\_\_

Source of Income \_\_\_\_\_ Place of Income \_\_\_\_\_

NOTE: If more space is needed, continue on back of the page.

**Total Estimated Household Income for the Year 2020: \$ \_\_\_\_\_**

WHEN ACCEPTED INTO PROGRAM APPLICANT WILL BE REQUESTED TO SUBMIT COPY OF THE MOST RECENT INCOME TAX RETURN OR INCOME RELATED DOCUMENTS AND COPY OF HOMEOWNER'S CERTIFICATE OF INSURANCE.

Are Town taxes currently paid up to date? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you currently involved in any type of litigation? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, give brief explanation\_\_\_\_\_

Total all mortgages & liens on the property \$\_\_\_\_\_

Please check type of repairs that you feel necessary.

\_\_\_Life Safety Hazards, Public Health \_\_\_Exterior Integrity, Roof & Siding

(\* explain life safety below)

\_\_\_Structural, including Sills & Joists \_\_\_Septic systems & Water Supplies

\_\_\_Physically Impaired Accessibility \_\_\_Energy Conservation

\_\_\_Interior Plumbing, Electrical, and Heating systems

\_\_\_Other\_\_\_\_\_

\* If you feel you have an immediate life safety hazard in your home, give a brief explanation. \_\_\_\_\_

**NOTE:** Acceptance of this application is contingent upon provision of all required information and applicant's agreement to abide by all applicable procedures and policies of the Ashford Housing Rehabilitation Loan Program. Upon acceptance in the program, the applicant must submit a copy of the most recent Federal Income Tax Return and/or other documents that might be required to support the applicant's income.

The Applicant(s) agrees that the Town of Ashford neither assumes nor acknowledges any liability of any kind, directly or indirectly, as might be incurred from this program. Authorization is hereby granted to support and/or verify statements contained in this Application. It is agreed that this application will remain property of the Town of Ashford, once submitted.

Agreement: The undersigned applies for the loan indicated in this application to be secured by a mortgage or deed of trust on the property described herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and correct to the best knowledge of the applicant. Verification may be obtained by any source named in this application.

I/We fully understand that it is a federal crime punishable by fine and/or imprisonment, to knowingly make any false statements concerning any of the above facts as applicable under provisions of Title 18, United States Code, Section 1014. Also the applicant(s) have read and understood the application and the narrative explaining the program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature

Date