



HOME SECURITY PROGRAM

WHAT IS IT?

The Home Security Program offers a grant of up to \$500 per income-eligible unit for 1-4 family residences.

INCOME GUIDELINES

<u>Family Size</u>	<u>*Income limit</u>
1	\$54,950
2	\$62,800
3	\$70,650
4	\$78,500
5	\$84,800
6	\$91,100
7	\$97,350
8	\$103,650

(Income limits effective 04/01/20)

*Subject to change by the U.S. Department of Housing and Urban Development.

ELIGIBLE HOME SECURITY MEASURES

- Exterior spotlights
- Motion activated exterior lighting
- Timers for interior lighting
- Deadbolt locks
- Sash locks
- Window locks
- Security devices
- Security stickers
- Shrubbery/tree trimming
- House numbers

NOTE: Security systems requiring monthly monitoring fees are not covered.

The Town of West Hartford is committed to assuring equal access to programs, activities and services to all individuals. The Town works actively to comply with the requirements of the Americans with Disabilities Act.

HOW DOES IT WORK?

- Complete the Application Form and the Income Affidavit (on the reverse side).
- For multi-family, each tenant must complete the application form and the Income Affidavit.
- Return the completed application(s) to:

Town of West Hartford
Housing Rehabilitation Program
50 South Main Street
West Hartford, CT 06107-2431

- Upon approval by the Housing Division, you will be contacted by the Police to arrange a security assessment of your property.
- The property owner will review the security options available.
- The property owner will contact a licensed contractor to schedule the work within thirty (30) days after receiving the security assessment.
- The contractor will complete the work obtaining all permits and approvals as required.
- Upon completion, the property owner will verify the work has been completed by submitting the invoice(s) to the Town.
- The Town will process payment(s) up to \$500 for work completed and inspected.

The Town of West Hartford's Home Security Program is funded by the U.S. Department of Housing and Urban Development (HUD).

FOR OFFICE USE ONLY:

HS 1/20

Household Income: _____

% of Median: _____

Eligible Income: _____

HOUSING STAFF SIGNATURE _____

DATE _____

APPROVED _____

DENIED _____

Please check: OWNER TENANT

Name: _____	Application Date: _____
Address: _____	
City/State: _____	ZIP: _____
Home phone: _____	Work phone: _____

How long a West Hartford resident: ____ years ____ months
 How long have you owned this property: ____ years ____ months. Date of purchase: _____

Check ALL categories that apply:

<input type="checkbox"/> Female Head of Household	<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Single-Family
<input type="checkbox"/> Male Head of Household	<input type="checkbox"/> Black	<input type="checkbox"/> Multi-Family
<input type="checkbox"/> Elderly (65 years or older)	<input type="checkbox"/> Hispanic	# of Units _____
<input type="checkbox"/> Handicapped (elderly)	<input type="checkbox"/> Asian	
<input type="checkbox"/> Handicapped (family)	<input type="checkbox"/> Native American	

FAMILY CHARACTERISTICS (List yourself first)

Name(s)	Relationship	Sex	Date of Birth	Soc. Sec. #	Annual Income
	APPLICANT				\$
					\$
					\$
					\$
					\$
GROSS FAMILY INCOME					\$

* **Gross Family Income** includes wages, social security, pensions, interest, dividends, rental income, alimony/maintenance payments, other property, other miscellaneous income.

INCOME AFFIDAVIT

I/We, after being duly sworn, declare that: all information in this application is true and complete to the best of my/our knowledge. Verification may be obtained from any source named above or from copies of the applicant(s) Federal Income Tax Returns. I/We understand the Town has the right to reclaim any and all funds if the financial information has been falsely reported on this application. I/We understand that this application is not approved/denied until signed by the Housing Staff.

_____	_____	_____	_____
APPLICANT SIGNATURE	DATE	APPLICANT SIGNATURE	DATE

STATE OF CONNECTICUT)

Town of West Hartford

SS:

COUNTY OF HARTFORD)

Date: _____

Personally appeared _____ signer(s) of the foregoing Instrument, and acknowledged the same to be their free act and deed, before me.

Notary Public: _____

My Commission Expires: _____