Exclusions

- Work covered by insurance
- General remodeling/additions
- Cosmetic improvements
- Work begun prior to approval for participation in the Elderly Assistance Program

If more than one system has failed or more than one handicapped adaptation is needed, the owners will be required to use the Housing Rehabilitation Program.

Technical and Financial Procedures

Assistance is provided by the professional construction staff of the Housing Division throughout the project. The following is a list of services that the Elderly Assistance Program will provide:

- Application assistance
- Underwriting
- Identification of needs
- Product information
- Request for Proposals
- Progress inspections
- Payment processing

As a result of the issuance of building permits, owners may be contacted by the Dept. of Assessment. Staff routinely inspect properties with permitted activity to ensure the accuracy of their records as part of required Grand List procedures. The property's assessed value may or may not change as a result of an inspection.

Town of West Hartford
Elderly Assistance Program
Housing Rehabilitation
50 South Main Street, Room 128
West Hartford, CT 06107

TOWN OF WEST HARTFORD
Department of Social Services

Elderly Assistance Program FY 2025-2026

Phone: 860-561-7562

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

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

https://www.westhartfordct.gov/housingrehab

What is the Elderly Assistance Program?

The purpose of the Elderly Assistance Program is to provide financial and technical assistance to eligible West Hartford homeowners age 65 and older to replace a failed system or install a handicapped accommodation.

(Exceptions may be made for persons under age 65 for a handicapped accommodation.)

The gross household income must be at or below 80% of median income for the Hartford PMSA as prescribed by the United States Department of Housing and Urban Development (HUD). The following are examples of eligible repairs:

- Furnaces, boilers and hot water heaters.
- Roofing systems.
- Ramp to access structure.
- Handicapped bathroom accommodation.
- Widening doorways.
- Handicapped kitchen adaptation.
- Handrails, stair glides.

Financial assistance in the form of grants and Lifetime Mortgage Deeds may be available to qualified owners.

Do you own residential property in West Hartford and are you 65 years of age or older?

The Town of West Hartford's Housing Division may be able to assist you in making necessary repairs to your home.

If you <u>own and occupy</u> your home, are age 65 years or older, and fall within the income guidelines listed below, or are eligible for another income-based program, you may be eligible for the Elderly Assistance Program.

A household's gross income cannot exceed 80% of median income for the Hartford PMSA. Proof of eligibility must be submitted as documentation at the time of application. Verification shall include, but is not limited to the following:

- Energy Assistance Program Award Letter
- ConnPace Eligibility Card
- State of Connecticut's elderly/disabled property tax relief program acceptance letter

Household Size	Income Limit
1	$70,950
2	$81,050
3	$91,200
4	$101,300

(Income limits effective 04/01/2024)

Assistance provided will be in the form of a grant (50%) and a 0% Lifetime Mortgage Deed (50%). The LTMD is to be repaid in one lump sum upon sale or transfer of any interest in the property.

Please see reverse side for more information.

Yes, I want to apply for the Town of West Hartford's Elderly Assistance Program.
Please provide me with the application packet.

Name: _____

Address: _____

City/State/ZIP: _____

Work Tel. # _____ Home Tel. # _____ Cell # _____

Are you 65 or older? ____ Yes ____ No   Do you live at this property? ____ Yes ____ No

Signature: _____ Date: _____

Date Received: _____ *(to be completed by the office)*

Please clip and mail this self-addressed form to the Elderly Assistance Program office (see reverse side for address)