

TOWN OF PUTNAM

**HOUSING REHABILITATION PROGRAM
APPLICATION**

Applicant: _____ Age _____ Social Security #: _____

Co-Applicant: _____ Age _____ Social Security #: _____

Address: _____

Telephone Number: _____ home
_____ cell

E-Mail: _____

Are you the owner of the property? Yes _____ No _____

Do you have any liens on your property? Yes _____ No _____

Are there any other persons listed on the deed as owners of the property? Yes ___ No ___

*** All legal property owners must execute all documents associated with this program.**

Are you a citizen of the United States? Yes _____ No _____

Are you a Permanent Alien? Yes _____ No _____

Please list the other members of your household:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Property Address to be rehabilitated:

How many units are in the property to be rehabilitated: _____

How many of the units are occupied: _____

All income sources from household occupants 18 years and older must be reported and verified to determine eligibility. Information is strictly confidential. Please report gross income on a monthly basis.

	AMOUNT	NAME/ADDRESS OF INCOME SOURCE
Wages/Salary:	_____	_____
Unemployment:	_____	_____
Supplemental Income:	_____	_____
Public Assistance:	_____	_____
Alimony/Child Support:	_____	_____
Social Security:	_____	_____
Pensions:	_____	_____
Interest/Dividends:	_____	_____
Rental Income:	_____	_____
Other:	_____	_____

Please provide your employment history:

	Applicant	Spouse
Present Employer:	_____	_____
Address:	_____ _____	_____ _____
Position Held:	_____ No. of Years: _____	_____ Years: _____
Previous Employer:	_____	_____

All assets from household occupants 18 years and older must be reported and verified to determine eligibility. Information is strictly confidential.

ASSETS	Account #	Balance	Name & Address of Depository
Savings Accounts:	_____	_____	_____
Checking Accounts:	_____	_____	_____
Stocks, Bonds:	_____	_____	_____
Certificates of Deposit	_____	_____	_____
IRA/Retirement	_____	_____	_____
Other	_____	_____	_____

Do you own other real estate? Yes _____ No _____

If yes, please provide address: _____

Please provide information on your monthly expenses:

	Amount	Months Remaining	Name/Address of Creditor
Mortgage (include principal, interest)	_____	_____	_____
Taxes	_____	_____	_____
Insurance	_____	_____	_____
Home Heating	_____	_____	_____
Electric	_____	_____	_____
Credit Card(s)	_____	_____	_____
Other (specify)	_____	_____	_____
	_____	_____	_____

What would you like to have done to your property?

Have you had your property tested for lead paint? Please attach test, if available.

Does anyone living in the property have an Elevated Blood Lead Level? Yes ____ No ____

Applicant understands that any financial contribution required by owner will be payable at loan closing.

Applicant covenants and agrees that he/she will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant agrees not to discriminate upon the basis of race, color, religion, sex, familial status, disability, or national origin in the sale, lease, rental, use or occupancy of the real property provisions both for and in its own right and also for the purpose of protecting the interests of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

Verification of any of the information contained in this application may be obtained for any source named herein.

Applicant acknowledges that he/she has read and understands the program guidelines.

RIGHT TO FINANCIAL PRIVACY ACT

As required by the Right to Financial Privacy Act of 1978, this is to notify you that the Department of Housing and Urban Development has the right of access to financial records held by any financial institution in connection with the connection with the consideration or administration of the Federal Assistance for which you have applied. Financial records involving your transactions will be available to the State of Connecticut Department of Economic and Community Development and the U. S. Department of Housing and Urban Development without further notice or authorization but will not be disclosed or released to another Government Agency or Department without your consent, except as required or permitted by law.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C., Title 18, Sec. 1001, provides "whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined no more than \$10,000 or imprisoned not more than five years, or both."

Homeowner's Signature

Date

Homeowner's Signature

Date

Household Characteristics for **statistical purposes only**

Head of Household: Male _____ Female _____

Race:

White _____

Black _____

Hispanic _____

Asian _____

American Indian/Alaskan Native _____

Native Hawaiian _____

Pacific Islander _____

Other (please specify) _____

Please attach the following documentation for your application to be complete:

1. Application form
2. Tenant Application Form(s) with income documentation – if applicable
3. **Income documentation for all person over age 18 from all sources**
4. Copy of your homeowner's insurance policy
5. Copy of your latest mortgage statement showing current balance and rate
6. Copy of your latest electric bill
7. Copy of your latest water bill
8. Copy of your latest home heating bill
9. Copy of your latest credit card statement(s)
10. Copy of any other outstanding loan statement
11. Sign-offs for lead and radon pamphlets
12. Completed weatherization application

Town of Putnam

Housing Rehabilitation Program Walk Away Policy

The Town of Putnam, through its Housing Rehabilitation Program, provides financing to qualified property owners to make comprehensive renovations to their properties. The Program can repair/replace roofing, windows, exterior painting/siding; make major system improvements and general property improvements including handicap accessibility. However, the Program at minimum must correct major code violations that threaten life or safety of its occupants and make the property lead safe if built prior to 1978.

Consequently, the Town may withdraw its funding commitment letter to a property owner after the property inspection(s) required for participation for the following reasons:

1. Project funds are insufficient to correct all major code violations and complete lead hazard control work and the property owner is unable or unwilling to contribute the needed balance of funding required for the work.
2. An investment property owner is unable or unwilling to make the required financial contribution to the project at the time of loan closing (contract signing).
3. The property owner is unwilling to complete or have completed the work required for program participation (code and lead compliance).

A property owner whose funding commitment was withdrawn may reapply with documentation that he/she can meet all program guidelines, financial and programmatic.

Norman B. Seney, Jr.
Mayor

April 12, 2019

I have read and understand the policy and its requirements.

Owner

Date

Confirmation of Receipt of Lead Pamphlet

I have received a copy of the pamphlets, *Protect Your Family From Lead in Your Home and Renovate Right*, informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Printed Name of recipient

Date

Signature of recipient

Self-Certification Option (for tenant-occupied dwellings only) –

If the lead pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

- ☐ Refusal to sign – I certify that I have made a good faith effort to deliver the pamphlets, *Renovate Right and Protect Your Family From Lead in Your Home*, to the rental dwelling unit listed below at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.
- ☐ Unavailable for signature – I certify that I have made a good faith effort to deliver the pamphlets, *Renovate Right and Protect Your Family From Lead in Your Home*, to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door.

Printed name of person certifying
lead pamphlet delivery

Attempted delivery date and time

Signature of person certifying
lead pamphlet delivery

Unit Address

Note Regarding Mailing Option – As an alternative to delivery in person, you may mail the lead pamphlet to the owner and/or tenant. Pamphlet must be mailed at least 7 days before renovation (Document with a certificate of mailing from the post office).