

TOWN OF PUTNAM  
HOUSING REHABILITATION PROGRAM  
TENANT INFORMATION FORM

Name: \_\_\_\_\_ Age \_\_\_\_\_ Social Security #: \_\_\_\_\_

Spouse: \_\_\_\_\_ Age \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ home  
\_\_\_\_\_ work

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Permanent Alien? Yes \_\_\_\_\_ No \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

How much do you pay in rent/mo? \_\_\_\_\_ Does the owner pay for utilities? \_\_\_\_\_

Do you receive rental assistance? \_\_\_\_\_

Does anyone living in your apartment have an Elevated Blood Lead Level? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list the other members of your household:

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



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:	_____	_____

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 Please provide your employment history:

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

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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 real estate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide address: \_\_\_\_\_

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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.

## 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 Housing 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."

Tenant Signature \_\_\_\_\_

\_\_\_\_\_  
Date

Tenant 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) \_\_\_\_\_

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