



<p>FOR TOWN USE ONLY</p> <p>Date Received: _____</p> <p>Application #: _____</p> <p>Signature: _____</p>
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**TOWN OF NEW MILFORD**  
HOUSING REHABILITATION LOAN PROGRAM APPLICATION

**1. PROPERTY INFORMATION**

Name(s) on Title: \_\_\_\_\_

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

**2. PERSONAL APPLICANT INFORMATION**

Applicant Name(s): \_\_\_\_\_

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

Telephone #s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Best time to be reached: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

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

Are you a United States Citizen or Qualified Alien? Yes \_\_\_\_\_ No \_\_\_\_\_

If Qualified Alien, please attach copy of supporting documentation.

Are you or any member of your immediate family or anyone with whom you have business ties an employee, agent, currently elected or appointed official of the Town of New Milford or the Program Consultant, A&E Services Group, LLC? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. DESCRIPTION OF PROPERTY (please select one)**

\_\_\_\_\_ Single Family - Owner Occupied

\_\_\_\_\_ Single Family Rental

\_\_\_\_\_ Multi Family - Owner occupied

# of units in building \_\_\_\_\_

\_\_\_\_\_ Multi Family - Non Owner Occupied

# of units in building \_\_\_\_\_

\_\_\_\_\_ Multi Family - with mixed use (retail, office, etc.)



**7. FINANCIAL INFORMATION** Please respond and attach copies of all forms of INCOME

- A. Most recent Federal Tax return: Please include complete return with all attachments
- B. Wage earnings: Attach 6 weeks of pay stubs
- C. Social Security Income: Yes\_\_\_\_ No\_\_\_\_ If yes, please attach statement
- D. Social Security Disability: Yes\_\_\_\_ No\_\_\_\_ If yes, please attach statement
- E. Child Support: Yes\_\_\_\_ No\_\_\_\_ If yes, amount \$\_\_\_\_\_ per \_\_\_\_\_
- F. Alimony: Yes\_\_\_\_ No\_\_\_\_ If yes, amount \$\_\_\_\_\_ per \_\_\_\_\_
- G. Pension: Yes\_\_\_\_ No\_\_\_\_ If yes, attach most recent statement
- H. Annuities: Yes\_\_\_\_ No\_\_\_\_ If yes, attach most recent statement
- I. Un-employment: Yes\_\_\_\_ No\_\_\_\_ If yes, amount \$\_\_\_\_\_ per week

**8. PROPOSED RENOVATIONS** Briefly describe the work to be done on the property

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The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applications on the basis of sex or marital status, race, color, creed or national origin. Furthermore, no discrimination shall be practiced in the sale, leasing, rental, or other disposition of residential property and related facilities, or in the use or occupancy thereof.

I authorize the Program to obtain such information as it may require concerning the statements made in this application, including a credit check, and agree that the application shall remain its property whether or not the application is accepted or rejected.

I/We hereby certify that all statements hereto, attachments, and supporting documentation submitted with this application are true and complete.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete applications with all supporting documents will be considered priority applications. Applications will be reviewed in the order they are received. Incomplete applications or those missing documentation may not be considered for funding, should funding availability not support all applications/projects.

**\*\*Please return application and all required documents to: Town of New Milford, Attn: Tammy Reardon, Grants & Compliance Specialist, 10 Main St, New Milford, CT 06776**