## **TOWN OF NEWINGTON**

HOUSING REHABILITATION LOAN PROGRAM APPLICATION

Fo Date Rece	r Town	Use	Only	
Application				

Head of

## 1. **PROPERTY INFORMATION**

Name	(s) on Title:	
Addre	ess	
2.	PERSONAL APPLICANT INFORMATION Name: Address:	
	Telephone (with area code): (H)	
	Are you or any member of your immediate family business ties an employee, agent, currently electhe Town or the Program Consultant A&E Services Yes No If Yes, please explain:_	eted or appointed official of Group, LLC?
	Are you a United States citizen? Yes If No, are you a "qualified alien"? Yes If you are a "qualified alien" please attach copy	No
3.	DESCRIPTION OF PROPERTY  Single Family (Owner Occupied)  Multi -Family Owner occupied. # of units  Multi Family Non Owner Occupied # of units  Multi Family with mixed use	s in building
4.	RESIDENCY INFORMATION List name of all occupants residing within the di	welling units

## Demographical information for HUD reporting purposes only. Unit# Student Name Gender Age Race Handicap Yes/No Household

5.	PROPERTY TAX				
•	Are the real estate taxes paid to date? Yes No				
	If not is there a payment plan in place. Yes No				
	If yes, is it being maintained Yes No				
	If applicable, Sewer & Water taxes paid to date? Yes No				
	Approximate amount Due on taxes: \$				
6.	MORTGAGE INFORMATION				
	Is there a mortgage on the property? Yes No Amount \$				
	Is there a Home Equity Line of Credit on the property? Yes No				
	Amount \$				
	Do you have a reverse equity mortgage on the property? Yes No				
7.	FINANCIAL INFORMATION Check and attach copies of all forms of income.				
	A. Most recent Federal Tax return with al attachments.				
b. Wage earnings. Attach 6 weeks of pay stubs.					
	B. Social Security Yes No If yes attach C. Social Security Disability Yes No If yes attach				
	C. Social Security Disability Yes No If yes attach				
	D. Child Support Yes No If yes amount per				
	E. Alimony Yes No If yes amount per				
	F. Pension Yes No If yes attach most recent statement				
	G. Annuities Yes No If yes attach most recent statement				
	H. Un-employment Yes No If yes amount per week				
8	PROPOSED RENOVATIONS Briefly describe the work you wish to do:				
	Federal Equal Opportunity Act prohibits creditors from discriminating against credit applications on the basis of sex or				
	tal status, race, color, creed or national origin. Furthermore, no discrimination shall be practiced in the sale, leasing,				
renta	l, or other disposition of residential property and related facilities, or in the use or occupancy thereof.				
	horize the Program to obtain such information as it may require concerning the statements made in this application,				
	ding a credit check, and agree that the application shall remain its property whether or not the application is accepted				
or rej	jected.				
	hereby certify that all statements hereto, attachments, and supporting documentation submitted with this application				
are tr	rue and complete.				
	Applicant Signature:				
	Date:				
	Applicant Signature:				
D = +	Date:				
Ketu	ırn To:				

Return To: Town of Newington Town Planner Office 131 Cedar Street Newington, CT 06111