

**TOWN OF PLAINFIELD**  
 HOUSING REHABILITATION LOAN PROGRAM APPLICATION

|                   |       |
|-------------------|-------|
| For Town Use Only |       |
| Date Received     | _____ |
| Application No.   | _____ |

**1. PROPERTY INFORMATION**

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

**2. PERSONAL APPLICANT INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone (with area code): (H) \_\_\_\_\_ (W or Cell) \_\_\_\_\_  
 Best time to be reached: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

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 or the Program Consultant A&E Services Group, LLC?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If No, are you a "qualified alien"? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 If you are a "qualified alien" please attach copy of supporting documentation.

**3. DESCRIPTION OF PROPERTY**

\_\_\_\_\_ 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

**4. 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: \$ \_\_\_\_\_

**5. 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 \_\_\_\_\_

**6. RESIDENCY INFORMATION**

List name of all occupants residing within the dwelling units  
 Demographical information for HUD reporting purposes only.

| Name | Unit # | Gender | Age | Race | Student<br>Yes/No | Head of<br>Household |
|------|--------|--------|-----|------|-------------------|----------------------|
|      |        |        |     |      |                   |                      |
|      |        |        |     |      |                   |                      |
|      |        |        |     |      |                   |                      |
|      |        |        |     |      |                   |                      |

**7. FINANCIAL INFORMATION** *Check and attach copies of all forms of income.*

- A. Most recent Federal Tax return with all 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 \_\_\_\_\_
- 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:

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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: \_\_\_\_\_

Please return to:  
 Town of Plainfield  
 Housing Rehabilitation Program  
 Town Planers Office  
 8 Community Avenue  
 Plainfield, CT 06374