

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:

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 Roxbury
Housing Rehabilitation Program
c/o First Selectman's Office
29 North Street
PO Box 203
Roxbury, CT 06783