

TOWN OF SPRAGUE
 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. # of units in building _____

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 Yes/No	Head of 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:

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 Sprague
 First Selectman's Office
 1 Main Street
 PO Box 677
 Baltic, CT 06330