

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 _____
- 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: _____

Return to:
Allison Maynard
Vernon Town Hall
Social Services Dept.
14 Park Place
Vernon, CT 06066
(860) 870-3567
amaynard@vernon-ct.gov