

CITY OF TORRINGTON
HOUSING REHABILITATION PROGRAM APPLICATION

For City Use Only

Date Received _____

Date Approved _____

Application No. _____

ALL PERSONAL INFORMATION IS STRICTLY CONFIDENTIAL

I. PROPERTY INFORMATION

ADDRESS: _____

Name(s) on Title: _____

The Property is: _____ Owner Occupied _____ Non-Owner Occupied

II. PERSONAL APPLICANT INFORMATION

Name: _____ Social Security #: _____

Address: _____

Telephone (with area code): (H) _____ (W or Cell) _____

Best time to be reached: _____

Email Address: _____

III. DESCRIPTION OF PROPERTY (CHECK ONE)

RESIDENTIAL:

_____ Single Family (Owner Occupied)

_____ Three Family

_____ Single Family (Rental)

_____ Four Family or More

_____ Two Family

of units: _____

Is there any space in the building used for non-residential purposes?

_____ No _____ Yes If Yes, usage: _____

Are there any back property/sewer taxes due on this property or other properties owned by you or other owners of this property within the City?

_____ No _____ Yes If Yes, amount: \$ _____

IV. If property is a single family home, list the names of all persons residing in the dwelling. List name and apartment number for each resident per apartment.

NAME	APT #	*SEX	*AGE	*RACE	*HANDI-CAPPED YES/NO	FULL TIME STUDENT YES/NO	✓ IF HEAD OF HOUSEHOLD

*Information is requested for Program reporting purposes only. Provision of this information is not mandatory, and will not change your eligibility.

V. Briefly describe the work you wish to do: _____

VI. Attach most recent copy of Federal Income Tax Return (1040). If not available, explain. If you are receiving Social Security, Pensions, Unemployment Compensation, Child Support, Alimony, or other Benefits which do not appear on your latest income tax return, please attach documentation of same.

VII. Attach a copy of your most recent mortgage statement(s) showing the current principal balance, if applicable.
Estimate below the total of all mortgages currently secured by this property (Mortgages, Equity Line of Credit, Liens, etc.) _____

VIII. 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 City of Torrington or the Program Consultant, L. Wagner & Associates, Inc.?
_____ No _____ Yes If Yes, please explain:

IX. 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.

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: _____

Applicant Signature: _____

Date: _____

Please return to: City of Torrington
Housing Rehabilitation Program
c/o Corporation Counsel Office
140 Main Street
Torrington, CT 06790