CITY OF TORRINGTON

HOUSING REHABILITATION LOAN PROGRAM APPLICATION

For	Town	Use	Only
Date Receive	ed		
Application	No.		

PROPERTY INFORMATION 1.

ne(s)) on Tit	_e:							
dress	S								
	ERSONAL AF	_	INFORMATI	ON					
Ad	ddress:								
Te	elephone est time	(with a	rea code):	: (H)			r Cell)		
Em	mail Addr	ess:							
Em Ar bu th	mail Addr re you or usiness t ne City o	any me les, an Torri	mber of y employee,	your immedi , agent, cu the Progra Yes, plea	iate famuurrently m Consul	ily or a elected tant A&F	or appo	ointed es Grou	official up, LLC?
Em Ar bu th Ye Ar If	mail Addr re you or usiness t ne City o es re you a f No, are	any meies, an Torri No Jnited you a	mber of y employee, ngton or f If States cif	our immedi agent, cu	iate famurrently m Consul se expla	ily or a elected tant A&F in: No	or appo	ointed es Grou	official up, LLC?

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

Name	Unit #	Gender	Age	Race/ Ethnicity	Handicap	Student Yes/No	Head of Household

5.	PROPERTY TAX
J .	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: \$
	Approximate amount bue on taxes. Y
6.	MORTGAGE INFORMATION
0.	Is there a mortgage on the property? Yes No
	Mortgage Balance \$
	Is there a Home Equity Line of Credit on the property? Yes No
	Original Home Equity Line of Credit Amount \$
	Do you have a reverse equity mortgage on the property? Yes No
	bo you have a reverse equity mortgage on the property: res No
7.	FINANCIAL INFORMATION Check and attach copies of all forms of income.
	The wearter the Children Concor and according to piece of any or meeting.
	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
	E Pension Ves No If was attach most recent statement
	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
	I. Bank statements. Attach 2 months of most recent statements.
	1. Bank Statements. Attach 2 months of most recent statements.
0	DPODOCED PENOVATIONS Driefly describe the work way wish to de-
8	PROPOSED RENOVATIONS Briefly describe the work you wish to do:
Th. E.	dent Person On a secondar Astronomic to the condition of
	deral Equal Opportunity Act prohibits creditors from discriminating against credit applications on the basis of sex or
	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.
T .1	
	orize the Program to obtain such information as it may require concerning the statements made in this application,
	ng a credit check, and agree that the application shall remain its property whether or not the application is accepted
or reje	cted.
	ereby certify that all statements hereto, attachments, and supporting documentation submitted with this application
are tru	e and complete.
	Applicant Signature:
	Date:
	Applicant Signature:
	Date:
Ratiir	n To:

Return To: City of Torrington Mayor's Office 140 Main Street Torrington, CT 06790