TOWN OF EAST HAVEN

HOUSING REHABILITATION LOAN PROGRAM APPLICATION Application No.

For Town Use Only Date Received

| 1. | PROPERTY INFORMATION | | | |
|-------|--|---|--|--|
| Name | (s) on Title: | | | |
| Addre | ess | | | |
| 2. | PERSONAL APPLICANT INFORMATION Name: Address: Telephone (with area code): (H) Best time to be reached: Email Address: Are you or any member of your immediate fam business ties, an employee, agent, currently the Town of East Haven or the Program Consul Yes No, are you a "qualified alien"? Yes | (W or Cell) ily or anyone with whom you have elected or appointed official of tant A&E Services Group, LLC? in: No | | |
| 3. | DESCRIPTION OF PROPERTY Single Family (Owner Occupied) Multi -Family Owner occupied. # of u | gle Family (Owner Occupied) Single Family Rental Family Owner occupied. # of units in building Family Non Owner Occupied # of units in building | | |
| 4. | RESIDENCY INFORMATION List name of all occupants residing within t Demographical information for HUD reporting | - | | |

| Name | Unit # | Gender | Age | Race/ Ethnicity | Handicap | Student Yes/No | Head of Household |
|------|--------|--------|-----|--------------------|----------|-------------------|----------------------|
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PROPERTY TAX 5.

| | Are the real estate taxes paid to date? YesNoIf not is there a payment plan in place. YesNoIf yes, is it being maintainedYesNoIf applicable, Sewer & Water taxes paid to date?YesNoApproximate amount Due on taxes:\$YesNo | | | | |
|----|--|--|--|--|--|
| 6. | MORTGAGE INFORMATION Check and attach copies of all mortgage information. | | | | |
| | Is there a mortgage on the property? Yes No If yes, provide copy of latest mortgage statement. | | | | |
| | Is there a Home Equity Line of Credit on the property? Yes No | | | | |
| | If yes, what was original line of Credit 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. | | | | |
| Α. | 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 YesNoIf yes attach most recent statementH. Un-employment YesNoIf yes amountper week | | | | |
| | H. Un-employment Yes No If yes amount per week | | | | |
| | I. Bank statements. Attach 2 months of most recent statements. | | | | |
| 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: | | |
| East Haven Town Hall | | |
| Mayor's Office | | |
| 250 Main Street | Der. 10/01/0 | 001 |
| East Haven, CT 06512 | Rev.10/21/20 | JZI |