



## TOWN OF MANSFIELD PLANNING AND DEVELOPMENT

Jessie L. Shea  
Planning and Community Development Assistant

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(860) 429-3330-OFFICE  
(860) 429-6863-FAX

Dear Mansfield Property Owner:

The Small Cities Housing Rehabilitation Grants are an excellent resource for lower income homeowners to receive technical and financial support to repair their owner occupied single family homes. The program works by offering eligible residents loans at a 0% interest rate. The Town would place a lien in the amount borrowed on your deed. Upon sale or refinance of your property, the Town would get repaid the original amount and then that money goes back into the community into another home.

If you meet the Low to Moderate Income (LMI) Household Qualifications of Mansfield set by The Department of Housing and Urban Development (HUD) (see table below) and you are interested in applying to the waiting list for funding from this program, please fill out the attached application and provide copies of the documents listed, and return to:

The Town of Mansfield  
Jessie L. Shea  
Planning and Development Office  
4 South Eagleville Road  
Storrs, CT 06268

### **LMI HOUSEHOLD QUALIFICATION GUIDELINES**

Single	\$44,750	5 Persons	\$69,050
2 Persons	\$51,150	6 Persons	\$74,150
3 Persons	\$57,550	7 Persons	\$79,250
4 Persons	\$63,900	8 or more	\$84,350

If you have any questions or concerns please do not hesitate to contact me at (860) 429-3330.

Sincerely,

Jessie L. Shea  
Planning and Community Development Assistant

# TOWN OF MANSFIELD



## HOUSING REHABILITATION PROGRAM HOW TO APPLY

Please complete the attached application and provide copies of the documents listed below.

Mail or drop them off to:  
Town of Mansfield  
Department of Planning and Development  
Attention: Jessie L. Shea  
4 South Eagleville Road  
Storrs-Mansfield, CT 06268  
(860) 429-3330  
(860) 429-6863-fax  
[sheajl@mansfieldct.org](mailto:sheajl@mansfieldct.org)

- Most recent (2013) Federal Income Tax Return
- If self-employed-Current profit and loss statement
- Three (3) most recent pay stubs for all income earners in the household
- Copy of other source of income (if applicable) I.e.: Social Security, Private Pension, Workman's Comp, Disability Benefits, etc.
- Most recent mortgage statement
- Copy of property insurance policy

# MANSFIELD HOUSING REHABILITATION LOAN APPLICATION

4 South Eagleville Rd.  
 Mansfield, CT 06268  
 Tel. (860) 429-3330 or Fax (860) 429-6863  
[planzonedept@mansfieldct.org](mailto:planzonedept@mansfieldct.org)



## APPLICANT (S) GENERAL INFORMATION

APPLICANT		CO-APPLICANT	
ADDRESS		ADDRESS	
TOWN	STATE	ZIP CODE	
TOWN	STATE	ZIP CODE	
PHONE #		PHONE #	
EMAIL	BIRTH DATE	EMAIL	BIRTH DATE
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER	

## EMPLOYMENT INFORMATION

EMPLOYER		EMPLOYER	
ADDRESS		ADDRESS	
TOWN	STATE	ZIP CODE	
TOWN	STATE	ZIP CODE	
PHONE		PHONE	
GROSS ANNUAL WAGES		GROSS ANNUAL WAGES	
LENGTH OF EMPLOYMENT		LENGTH OF EMPLOYMENT	

## HOUSING INFORMATION

PROPERTY ADDRESS (If different from owners)		YEAR PURCHASED	
NUMBER OF UNITS	MORTGAGE AMOUNT	DATE OF LOAN	
BANK 1st (Mortgage)		ADDRESS	
BALANCE (Approx.)	ACCOUNT#	RATE	TERM
BANK 2nd (Mortgage)		ADDRESS	
BALANCE (Approx.)	ACCOUNT#	RATE	TERM
		MONTHLY PAYMENT	

## ANNUAL HOUSEHOLD INCOME

*Gross Wages/Salary	Rental Income	Welfare
Pension, SSI, Self-Employment	Alimony, Child support	
Unemployment & Workmen's Comp.,	Other (List)	TOTAL

## PERSONS LIVING IN UNIT

<u>Name of all people in living in household</u>	<u>Age</u>	<u>Employer</u>	<u>Yrly Income</u>

\*Eligibility is based on the combined income of all household members as defined by Section 8 of the Housing & Community Development Act of 1974. Applicants are required to document all sources of income by submitting (4 pay stubs, income taxes, pension checks, SSI checks or deposits, etc.)



**MONTHLY HOUSING EXPENSES**

1ST MORTGAGE PAYMENT		2nd MORTGAGE PAYMENT	
PROPERTY TAXES		INSURANCE	
SEWER & WATER		<b>TOTAL</b>	
<b>*LIABILITIES &amp; CREDIT CARDS (List)</b>	<b>PURPOSE</b>	<b>CURRENT BALANCE</b>	<b>MONTHLY PAMENT</b>

**BANK ACCOUNT INFORMATION**

BANK NAME	ADDRESS	TYPE (Checking or savings)	ACCOUNT NUMBER	BALANCE

LIST ASSETS AND THE ESTIMATED VALUE	CREDIT AND LEGAL QUESTIONS
U. S. Savings Bonds _____	<b>Have you ever been or are you presently involved in any of the following legal actions?</b> Any other legal action please explain Bankruptcy <input type="checkbox"/> Property lien <input type="checkbox"/> Judgment <input type="checkbox"/> Lawsuit <input type="checkbox"/> Other (explain) <input type="checkbox"/>
Marketable Securities _____	
Autos (describe) _____	
Other Property _____	
Total Assets _____	

**CERTIFICATION OF APPLICANTS**

The applicant certifies that they are the owner of the property and all the information furnished to support this application, is given for the purpose of obtaining Financial Assistance under the Town of Mansfield Housing Rehabilitation Program, and is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further certifies that the rehabilitation financing proceeds will be used only for the work and materials necessary to meet the code standards, energy conservation improvements and general improvements which are prescribed for the property described in this application. If the Town determines that the rehabilitation finance proceeds cannot be used for the purposes described herein, the Applicant agrees that the proceeds shall be returned forthwith, in full, to the Town of Mansfield, and acknowledges that with respect to such proceeds so returned, he shall have no further interest, right or claim.

The Applicant covenants and agrees not to discriminate based on housing or services directly or indirectly on the basis of race, color, religion, sex, national origin, age, familial status, or disability. that he will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Acts of 1964 (78 Stat. 252).

The United States shall be deemed a beneficiary of these provisions both for and in its own right and also for the purpose of protecting the interests of the community and other parties, public or private in whose favor or for the benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any proceedings to enforce the curing of such breach. Verification of any of the information contained in this application may be obtained for any source.

I (we) agree that you may get or share credit information in considering this request or in extending credit because of the request. I (we) agree that this application will be your property whether or not credit is granted. If approved, I (we) agree to pay you as outlined in the note or agreement issued. I (we) agree that the information contained herein may be shared with a bank if appropriate, to whom I (we) may apply in conjunction with the Housing Rehabilitation Loan Program. I (we) do hereby waive my (our) right to confidentially with respect to this application in connection with the Town's Community Development-financed Program.

I (we) agree that the Town of Mansfield and or any other person authorized by the Town of Mansfield, may use photographic or videotaped images of the rehabilitated home as it relates to the Community Development Program.

**PENALTY FOR FALSE OR FRADULENT STATEMENT; U.S.C Title 8, Section 1001, provides; "Whoever, in any matter within the jurisdiction of any Department or Agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements of representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."**

\_\_\_\_\_ Date \_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Date \_\_\_\_\_ Applicant Signature