

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
Jillene Woodmansee
4 South Eagleville Road
Storrs-Mansfield, CT 06268
(860) 429-3341
woodmanseejb@mansfieldct.org

- Most recent (2019) 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

2019 Income Guidelines

Household Size	Maximum Income
Single Person	\$52,850
2 persons	\$57,550
3 persons	\$67,950
4 persons	\$75,500
5 persons	\$81,550
6 persons	\$87,600
7 persons	\$93,650
8 persons	\$99,700

MANSFIELD HOUSING REHABILITATION LOAN APPLICATION

4 South Eagleville Rd.
Mansfield, CT 06268
Tel. (860) 429-3341

woodmanseejb@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 <i>(If different from owners)</i>				YEAR PURCHASED	
NUMBER OF UNITS		MORTGAGE AMOUNT		DATE OF LOAN	
BANK 1st <i>(Mortgage)</i>		ADDRESS			
BALANCE <i>(Approx.)</i>	ACCOUNT#	RATE	TERM	MONTHLY PAYMENT	
BANK 2nd <i>(Mortgage)</i>		ADDRESS			
BALANCE <i>(Approx.)</i>	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		TOTAL	
*LIABILITIES & CREDIT CARDS (List)	PURPOSE	CURRENT BALANCE	MONTHLY PAMENT

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	_____	Have you ever been or are you presently involved in any of the following legal actions? Any other legal action please explain	
Marketable Securities	_____	Bankruptcy <input type="checkbox"/>	Property lien <input type="checkbox"/>
Autos (describe)	_____	Judgment <input type="checkbox"/>	Lawsuit <input type="checkbox"/>
Other Property	_____	Other (explain) <input type="checkbox"/>	
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