

**TOWN OF EAST HARTFORD  
APPLICATION FOR ASSISTANCE  
HOUSING REHABILITATION PROGRAM**

Please complete the following Application and return it with all requested information.

**Owner occupants:** submit most recent IRS 1040 Tax Return and all household income documentation (including two recent pay stubs, retirement statement, etc., see page 6 of Policies and Procedures), Receipt and Acknowledgement of Policies and Procedures Form on Page 18 of Policies and Procedures, Received Lead Hazard Information/Disclosure Booklet Form and if applying for a furnace, a service report (within past year) from a licensed heating contractor.

**Tenants:** submit Tenant Verification Form, Received Lead Hazard Information/Disclosure Booklet Form and income documentation (examples listed on form).

Contact the Grants Administration Office at (860) 291-7210 with questions.

NAME OF OWNER(S) AS LISTED  
ON PROPERTY TITLE:

OWNER(S) DATE(S) OF BIRTH:

\_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

ADDRESS OF PROPERTY TO RECEIVE ASSISTANCE (including zip code):

\_\_\_\_\_

TOTAL # OF PEOPLE IN HOUSEHOLD; LIST ALL NAMES & AGES (including self):

\_\_\_\_\_

**PHONE CONTACT- REQUIRED**

HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

CELL: \_\_\_\_\_

PROPERTY IS: SINGLE FAMILY \_\_\_\_\_ MULTI-FAMILY \_\_\_\_\_

(See page 2 for income limits; complete lower portion of page 2 if rental property)

ASSISTANCE APPLYING FOR (Please explain; See Policies and Procedures, page 5 for list of eligible repairs): \_\_\_\_\_

**Household Information:** (Used for HUD reporting purposes)

1. Is Owner of Hispanic or Latino ethnicity? Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Race: (Please check one)

\_\_\_\_\_ White

\_\_\_\_\_ American Indian/Alaskan Native & White

\_\_\_\_\_ Black/African American

\_\_\_\_\_ Black/African American & White

\_\_\_\_\_ Asian

\_\_\_\_\_ American Indian/Alaskan Native & Black/African American

\_\_\_\_\_ Asian & White

\_\_\_\_\_ Other Multi-racial

\_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Native Hawaiian/Other Pacific Islander

3. Head of Household is: Male: \_\_\_\_\_ Female: \_\_\_\_\_

**FIRE/HAZARD/LIABILITY INSURANCE ON PROPERTY:**

Name of Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Company's Address: \_\_\_\_\_

**FOR MULTI-FAMILY PROPERTIES:**

(Properties must be 1-4 units; owner-occupied)

Assistance will be provided only if at least fifty-one percent (51%) of the units within the multi-family dwelling are occupied by those whose household income meets HUD low income guidelines. In the case of a two-unit structure, the Owner’s Household must qualify. In the case of a three-unit structure, two units must qualify, including the Owner’s and in the case of a four-unit structure; three units must qualify, including the Owner’s. Tenant incomes will be verified by the Grants Administration Office (GAO). If the work to be undertaken includes disturbance of painted surfaces, a lead-based paint hazard assessment will be done by a certified lead inspector. In accordance with the U.S. Housing and Urban Development (HUD) Policy Guidance Memo #2002-01, lead hazard evaluation and control activities will be performed on all common areas servicing the units, including the bare soil around the building perimeter and play areas and on exterior painted surfaces with lead-based paint hazards.

*HUD Income Limits (as of 6/1/2021)*

<u>Household Size</u>	<u>Income Limit</u>
1	\$ 55,950
2	63,950
3	71,950
4	79,900
5	86,300
6	92,700
7	99,100
8	105,500

Owner must agree to a Rent Regulatory Agreement as described in this Application.

**Complete the following if property includes rental units:**

**Property Address:** \_\_\_\_\_

**Number of apartments/units:** \_\_\_\_\_

	<u>Monthly Rent</u>	<u>Number of bedrooms</u>	<u>Name of Occupant</u>
Apt # _____	\$ _____	_____ bedrooms	_____
Apt # _____	\$ _____	_____ bedrooms	_____
Apt # _____	\$ _____	_____ bedrooms	_____
Apt # _____	\$ _____	_____ bedrooms	_____

**Are utilities included in the rent?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If YES, what utilities?** \_\_\_\_\_

**Tenant Verification Forms must be completed and returned to the Grants Administration Office with required attachments (listed on form).**

**CERTIFICATION BY APPLICANT(S):**

The Applicant(s) hereby certifies that all information in this Application and all information furnished in support of this Application, if given for the purpose of obtaining assistance under the Town's Housing Rehabilitation Program is true and complete to the best of the Applicant's knowledge and belief. The Applicant(s) authorizes the Town of East Hartford to disburse all funds applied for in accordance with program requirements. The Applicant(s) further certifies that he/she/they are the Owner(s) of the property described in this Application.

The Applicant(s) covenants and agrees that he/she/they will comply with all requirements imposed by or pursuant to regulations of Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant(s) agrees not to discriminate on the basis of color, race, sex, creed, or national origin in the sale, lease, rental, use, or occupancy of property for which assistance was provided under the Town of East Hartford's Housing Rehabilitation Program. The Town shall be deemed to be a beneficiary of these provisions both for and in its own right and also for the purpose of protecting the interest of the community and other parties, public or private, in whose favor or for whose 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 other property proceedings to enforce the curing of such breach.

Verification of all the information contained in this Application may be obtained from all sources named herein.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(Date)

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT**

**U.S.C. Title 18, Sec. 1001, provides: "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies or makes false, fictitious statements or representation, or makes or uses any fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both."**

**RENT REGULATORY AGREEMENT (for Rental Properties only)**

The Owner agrees that the rent being charged to current Tenants will not be increased from the date of contract signing for a period of one (1) year nor will any other terms or conditions of occupancy be altered. Upon contract signing, the Owner must execute a Rent Regulatory Agreement for a period of three (3) years. Increases to any dwelling unit shall not exceed the HUD Fair Market Rents in effect at the time the rent increase is enacted.

In the event the Owner does increase the rent in violation of the Rent Regulatory Agreement, he/she shall be required to repay all proceeds of such increases to the Tenant(s).

To assure compliance with the Rent Regulatory Agreement, Tenants residing at a property that has received financial assistance from the GAO will verify that their rents are in keeping with current HUD-published Fair Market Rents by completing questionnaires before and after the project. Information provided may be verified periodically by the Housing Planning Analyst. The current HUD Fair Market Rent schedule will be the basis for the Rent Regulatory Agreement. This schedule changes periodically.

HUD Fair Market Rents (Effective 10/1/2020)

Efficiency	\$	889.00
1 Bedroom		1,091.00
2 Bedroom		1,347.00
3 Bedroom		1,675.00
4 Bedroom		1,958.00

(Monthly rent includes utilities)

**ACKNOWLEDGEMENT/AUTHORIZATION**

I/we understand that no sale, including quit claim, lease or transfer of all or any part of the ownership of the property shall take place. If the Owner elects to sell, lease or transfer ownership of the property, the loan will become due and payable at the time of such lease, transfer or sale.

I/we understand and agree to maintain property corrected under this program in strict compliance with the Town's Housing Code, and all other municipal ordinances governing residential/rental property.

I/we understand that any work performed may raise the value of the property and, therefore, may result in an increase in future tax bills.

I/we acknowledge that I/we have read and understood the "Protect Your Family From Lead In Your Home" Booklet provided to me/us and signed the Received Lead Hazard Information/Disclosure Booklet Form.

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**Owner's Signature**

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**Owner's Signature**

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**Date**