

Town of _____
0% Interest Home Repair Loan Program
Letter of Interest

To Whom It May Concern:

I have read the information regarding the Housing Rehabilitation Loan program for the **Town of** _____ under the HUD program. I believe I may be eligible according to the program guidelines listed below and may apply for and take advantage of the program funded by a Community Development Block Grant if it is awarded to the **Town of** _____, CT.

- 10 percent equity in my home (Estimate your current mortgage _____)
- Up to date on all municipal taxes (including sewer taxes)
- HUD Income Limits (Persons in Household/Low Income)

Limit (1) \$47,600 (2) \$54,400 (3) \$61,200 (4) **\$68,000** (5) \$73,450 (6) \$78,900 (7) \$84,350 (8) \$89,800
Limit (1) \$51,600 (2) \$58,950 (3) \$66,300 (4) **\$73,650** (5) \$79,550 (6) \$85,450 (7) \$91,350 (8) \$97,250
(Brookfield & New Fairfield only)

Name: _____

Address: _____

City/State/Zip: _____

of Household Members: _____ Household Income: _____

Telephone Number: _____

Email: _____

Briefly describe the work needing to be done: _____

How did you hear about the Program? _____

Signed: _____ Date: _____

Note: a typed name will substitute for a handwritten signature (if emailed)

Please mail, e-mail or fax to: **Lisa Low & Associates**
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(203) 888-5624 phone
(203) 888-8800 fax
info@lisalowassociates.com