Town of Seymour

Housing Rehabilitation Program Application

Notice to Applicants: PLEASE PRINT ALL INFORMATION CLEARLY
This Application is Strictly Confidential

	Do Not Write in This Section:	Application No:	Initials:		
	Date Received:	Time:	Date Approved:		
Name	of Applicant(s):				
Addres	SS:				
City, S	tate, Zip:				
	Phone (home):				
	Phone (work):				
	Phone (cell):				
	Email:				
	Social Security Number of Applicant(s):				
Is your property owner occupied? YES NO					
Proper	ty Location:				
	Is your property single	or multifamily	?		
	If multifamily, how many units? (for multi-family, each apt./unit must and include copies of all required ba	st complete the TENA			
Briefly describe the work needing to be done:					

List **all** individuals living at this address (include applicant, spouse, children, non-family members, etc.)

**Note: Estimated Annual Income declared below must include gross wages, in addition to any benefits and/or compensation (ie: social security, disability, unemployment, pension, child support, alimony, SNAP benefits, etc.)

Name	Age	Race/Ethnicity	Handicapped?	**Estimated Gross Annual Income

Financial documentation is required of ALL household members. Please attach copies of the following for each member of the household (if applicable):

- 1. A recent bank statement
- 2. Most recent tax return (Form 1040)
- 2. Pay stubs documenting a minimum of 6 consecutive weeks of wages
- 3. Social security benefit statement entitled "Your New Benefit Amount"
- 4. Pension, unemployment compensation, child support, alimony or any other benefit (statement, letter or check stub showing gross **monthly** benefit amount, etc..)

 REVERSE MORTGAGE

Please return the completed form with the REQUIRED supporting documentation to:

Lisa Low & Associates 293 Riggs Street Oxford, CT 06478

(203) 888-5624 (phone) • (203) 888-8800 (fax) • info@lisalowassociates.com

KEEP THIS PAGE FOR YOUR RECORDS

Checklist

Please verify before submitting that you have completed/included all required documents. Only completed applications will be considered.

Completed Application Form
Recent bank statement for all household members
Last year's tax returns for all household members

Pay stubs documenting 6 consecutive weeks of wages for all household members

Documentation of all other income (pensions, social security, disability, child support, etc)

□ Copy of field card/assessment from the Town Assessor's Office

Copy of tax currency printout from the Tax Collector's Office (including sewer taxes)

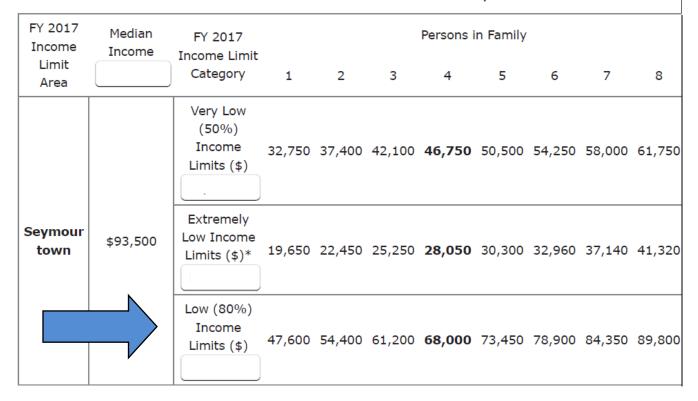
If you have any questions regarding what specific supporting documents to include, please call 203-888-5624 for more information.



FY 2017 INCOME LIMITS DOCUMENTATION SYSTEM

HUD.gov HUD User Home Data Sets Fair Market Rents Section 8 Income Limits MTSP Income Limits HUD LIHTC Database

FY 2017 Income Limits Summary



Landlords:

Your tenant(s) must complete this form and submit supporting documents

TENANT APPLICATION

Municipal Housing Rehabilitation Program

PLEASE PRINT ALL INFORMATION CLEARLY

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Name of Tenant(s): _					
Address:				_Unit #	
City, State, Zip:					
Phone (home):				Monthly Rent \$	
Phone (work): _					
Phone (cell):					
Email:					
**Note: Estimated An	nual Income decla	ared below must inclu	de gross wages, in ac	on-family members, etc.) ddition to any benefits support, alimony, SNAP	
Name	Age	Race/Ethnicity	Handicapped?	**Estimated Gross Annual Income	
member of the household 1. Bank statem 2. Most recent	(if applicable): ent ax return (Form 104			es of the following for each	
4. Social securi5. Pension, une agreement a	ty benefit statement employment comper nd/or letter)	entitled "Your New Be nsation, child support, a	nefit Amount" limony or any other ber	nefit statement, check stubs,	
knowledge:	ments and doct	iments submitted a	ne true and compl	ete to the best of my	
Print Name:	lame:Date:				
Signature:				F 00470 (000) 000 F004	