MANSFIELD HOUSING REHABILITATION LOAN APPLICATION

4 South Eagleville Rd.
Mansfield, CT 06268
Tel. (860) 429-3330 or Fax (860) 429-6863
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	MONTHLY PAYMENT
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

Name of all people in living in household	Age	Employer	Yrly Income

Eligibility is based on the combined income of all household members as defined by Section 8 of the Housing & Commmunity Devlelopment 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.)

HOUSING REHABILITATION LOAN APPLICATION

ETHNICITY APPLICANT/CO-APPLICANT		
White	☐	☐
African American	☐	☐
Asian	☐	☐
American Indian/Alaskan	☐	☐
Hawaiian/Pacific Islander	☐	☐
AmericanIndian/Alask/Wht	☐	☐
Asian & white	☐	☐
African american & white	☐	☐
Latino/Hispanic	☐	☐
Other/ Multi-Racial	☐	☐

GENERAL INFORMATION	
Property is located in a historic zone?	Yes or NO
Are any residents handicapped or age 62 or older?	Yes or NO
Is a female Head of Household?	Yes or NO
Have you ever participated in the Town's housing rehabilitation program before?	Yes or NO
Have any children under 6 years old been tested for lead poisoning?	Yes or NO
Children under 6 yrs old have been tested have elevated blood lead levels (EBL)?	Yes or NO
Property has been cited by Town or Health Dept. to correct hazards?	Yes or NO

Disclosure of ethncity is optional, the Town or it's agents may check the appropriate boxes base on visual characterisitics to comply with State and Federal demographic requirements. The Town does not discriminate based on sex, race or ethnicity and adheres to equal opportunity for all.

OWNERS COMMENTS ON DESIRED WORK

The Town's share of the housing rehabilitation funds is provided by a grant from U.S. Department of Housing and Urban Development (HUD) and the State of Connecticut Department of Housing and Community Development. The Town of Mansfield is committed to fair housing.

Office Use Only:	Deferred Loan _____

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

U. S. Savings Bonds _____

Marketable Securities _____

Autos (describe) _____

Other Property _____

Total Assets _____

CREDIT AND LEGAL QUESTIONS

Have you ever been or are you presently involved in any of the following legal actions? Any other legal action please explain

Bankruptcy ☐ Property lien ☐

Judgement ☐ Lawsuit ☐

Other (explain) ☐

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 that $10,000 or imprisoned not more than five years, or both."***

_____ _____

Date Applicant Signature

_____ _____

Date Applicant Signature