

**APPLICATION  
FOR  
TRADITIONAL RESIDENTIAL  
REHABILITATION ASSISTANCE**



**Office of Housing and Neighborhood Development  
Keefe Community Center, 11 Pine Street, Hamden, CT 06517  
Telephone (203) 776-5978 x 1123  
asendroff@hamden.com**

**[www.hamdencommunitydevelopment.com](http://www.hamdencommunitydevelopment.com)**



**Office of Housing and Neighborhood Development**  
**Keefe Community Center, 11 Pine Street, Hamden, CT 06517**  
**Telephone (203) 776-5978 x 1123**  
**asendroff@hamden.com**

## **RESIDENTIAL REHABILITATION ASSISTANCE PROGRAM**

---

### **I. General Program Guidelines**

This program is designed to improve and conserve housing in the Town of Hamden. Assistance is granted to low and moderate-income homeowners on designated streets. Qualified applicants may get up to \$15,000 per unit in loan assistance to use for renovation and building code violation repairs. Loans are repaid upon sale or refinance of home.

### **II General Eligibility**

1. Applicant's house must be in the target areas of Hamden: Highwood, Hamden Plains, and the State Street Revitalization Zone.
2. No corporate or commercial entity is eligible.
3. The residence must be a single family (detached) or two to four family dwelling.
4. Investment properties are ineligible. However, if a homeowner owns a property in the target area and if the homeowner and his/her tenants meet the income guidelines, the homeowner may apply. The owner is required to rent the rehabilitated units to a resident of low-mod income for a period of 5-years or face repayment of loan. In addition, the rental rate charged cannot increase by more than 5% per year and can never exceed market rate, as established by HUD. (Up to \$15,000.00 per dwelling unit)
5. Applicant cannot exceed income and asset limits as established by HUD (See Part V Income/Asset Requirements)
6. All taxes owed by applicant (including motor vehicle registered in Hamden) must be current at the time of the application.
7. The Town of Hamden does not discriminate on the basis of race, color, creed, national origin, gender or disability.

### **III. Other Requirements**

1. The property must be covered by homeowner's insurance (e.g., hazard, property, fire and liability) and flood if applicable.
2. Title to the property must be in the name of the applicant.
3. Loans are awarded once and only under extreme circumstances will an applicant be considered for additional funding.
4. Loan will not be used for repayment of loans, liens, attachments, judgments or other items.
5. All documentation for priority consideration must accompany application at the time of submission. The Town will not be obligated to consider applications without required documentation.
6. Loans are awarded once and only under extreme circumstances will an applicant be considered for additional funding.

### **IV. Loan Amount and Repayment Terms**

1. The amount of assistance awarded to an applicant depends on the availability of program funds. However, financial assistance will not exceed \$15,000 per unit.
2. Financial assistance is granted in the form of an interest-free loan/mortgage lien. There are no monthly payments. The loan is only repaid upon sale or transfer of the property.
3. Loan amounts are subject to 0% interest rate.
4. Loans are secured via a second mortgage lien on the property, and may include attorney fees as may be paid by the Town.
5. The borrower may sell or otherwise transfer the property at any time provided:
  - a. The principal loan balance remaining at the time of transfer is repaid to the Town; or
  - b. The property is sold or transferred to a qualified buyer who must assume the balance of the loan.
6. The loan to value ratio on the property may not exceed 110%. The loan to value is determined by dividing all outstanding liens by the appraised property value.

## V Income/Assets Requirements

1. **Income of all persons, related or otherwise living in the applicant's household will be included in determining gross income.** Total income must not exceed 80% of the median family adjusted gross income (AGI) for the New Haven/Meriden MSA as adjusted for family size and illustrated below.

<b>Income Limits for 2020</b>								
Household Size:	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Maximum Adjusted Gross Income (AGI)	\$54,950	\$62,800	\$70,650	\$78,500	\$84,800	\$91,100	\$97,350	\$103,650

2. Income includes sources such as employment wages, unemployment wages, annuity, pension, disability payments, retiree social security payments, survivor social security payments, welfare, alimony, child support, military stipend, interest income, dividends from investments and savings, rental income, workers' compensation, income from family, friends, roomers and boarders, and any other sources of income not mentioned.
3. Gross income shall be verified at time of application. The primary determinant of such income is the most recent federal income tax return. However, other documentation may be required.
4. The income of full-time students will not be included in the AGI provided documentation regarding such proof of status is submitted.
5. Only the following deductions will be allowed from the applicant's AGI.
  - a. \$500 for each minor child (18 years and under).
  - b. \$500 for each elderly (62 years or over) or disabled household member.
6. Applicant's liquid assets following approval must not exceed \$20,000 in the aggregate.
7. Assets include but are not necessarily limited to:
  - a. Cash held in savings and checking accounts, safety deposit box, etc.
  - b. Trusts, except irrevocable trusts outside any family member's control.
  - c. Equity in real estate or other capital investment (equity is determined by the current market value as determined by the Town of Hamden, less the unpaid balance of loan(s) secured by the property.
  - d. Stocks, bonds, treasury bills, certificates of deposit, money market funds.
  - e. Assets do not include approved and dedicated pension funds, IRAs, 401K, etc.

8. The applicant shall provide such documentation or verification of all items requested for processing the application. The receipt of a signed application authorizes the Town to verify any information provided, including but not limited to credit history. (Even though credit history is not a determinant for loan approval or denial)

## **VI Selection Process**

1. Availability of funding is limited and subject to budgetary restrictions.
2. Other factors affecting selection include applicant pool; applicant characteristics that impact overall applicant need include but are not limited to total household income, size and cash availability.
3. All applicants will be notified in writing regarding the status of their application.
4. Qualified applicants will be placed on a waiting list when funding is not readily available. They will be notified via mail when funding becomes available. If the application exceeds a calendar year, new documentation will be required.

Town of Hamden  
Office of Housing & Neighborhood Development  
TARGET AREA

**Census Tract 1655 (Highwood)**

Alenier Street	Dudley Court	Helen Street to #164	Remington Street
Alling Street	Dudley Street	Marlboro Street	Second Street
Alstrum Street	Easton Street	Millrock Road #335-420	Shelton Avenue
Arch Street	Edwards Street	Morse Street	Shepard Street
Augur Street #323-342	Fairview Avenue	Mott Street	St. Mary Street
Beaver Street	First Street	Murray Street	Third Street
Bowen Street	Fitch Street	Newbury Street	Warren Street
Burke Street	Fourth Street	Newhall Street	Warner Street
Butler Street	George Street	North Street	W Easton Street
Cherry Ann Street	Glembly Street	Notkins Street	Whiting Street
Columbus Street	Goodrich Street #149-406	Pine Street	Winchester Avenue
Dix Street	Hamden Park Drive	Putnam Avenue #336-480	Woodin Street to #175
Dixwell Avenue to #1216	Harris Street	Prescott Street	

**Census Tract 1656 (Hamden Plains)**

Albertson Road	Cumley Street	Lee Street	Pond Road
Arcadia Avenue	Dallas Street	Lexington Street	Red Rock Terrace
Arents Road	Dante Place	Malcolm Street	Robert Street
Bagley Avenue	Dewey Street	Manila Avenue	Roosevelt Street
Baldwin Road	Dixwell Avenue #1217-1932	Maplewood Terrace	Rose Street
Bank Street	Duane Road	Marne Street	Rosedale Street
Battis Road	Foch Street	Meadow Road	Sampson Street
Beacon Street	Garden Street	Merrimac Street	Savoy Street
Beechwood Avenue	Garfield Street	Miles Street	Scott Street
Benham Street to #110	Gilbert Avenue to #140	Millis Street	St. James Street
Blacy Street #13-20	Gorham Avenue	Newton Street	Summit Road
Blue Hills Avenue	Grandview Avenue	Noble Street	Taft Street
	Haig Street		Treadwell Street #380-410
Bradley Avenue	Hayward Road	Norton Avenue	Valley Road
Carrington Street	Haywood Lane	Oregon Avenue	Victor Street
Chester Street	Helen Street	Palmer Avenue	Village Circle
Church Street	Hillcrest Avenue	Park View Road	Weybossett Street
Circular Avenue to #487	Hobson Avenue	Pearl Avenue	Wheeler Street
Claire Terrace	Homestead Avenue	Pershing Street	Wilbert Street
Collins Street	Hope Avenue	Pine Rock Avenue #610-865	William Street
Concord Street	Lakeview Avenue	Piper Road	Woodland Avenue
Cross Street	Langer Street	Plains Road	

## STATE STREET NEIGHBORHOOD REVITALIZATION ZONE

Addison Road	Franklin Road	Ridge Road to #30, odd only from #31 to 539
Allene Drive	Grafton Road	Robinwood Road
Armstrong Street	Hartford Turnpike odd only #441-963	Sidehill Road #53-101
Atlas Street	Hepburn Road	Sebec Street
Battis Road	Hesse Road	Smith Drive
Benton Street	Hubbard Road	State Street
Cardo Road	Hyde Street	State Street Rear #2301-2700
Carew Road	Jean Street	Town Line Road #9-15
Carroll Road	Lent Road	Vineyard Road #80-209
Cook Street	Leo Road	Wayne Street
Corbin Road	London Drive	Webb Street
Craft Street	Lovell Street	Welton Street
Curry Street	Lynmour Place	Welton Street Rear
Dadio Road	Maple Street	Westcott Road
Daniel Road	Merritt Street	Windsor Street
Davis Street #244-315	Myra Road	
Edgecomb Street	Olds Street	
Edmond Street	Park Road	
Farm Road	Pickwick Road	
Fenway Drive	Potter Place	
Fernwood Road	Quaker Road	
Foote Street #11-223	"Quinnipiac Meadows" Stevens Street	

# APPLICATION FOR RESIDENTIAL REHABILITATION ASSISTANCE

## DOCUMENT CHECKLIST

Prior to submitting application for assistance, please make sure you have included the appropriate documents as indicated below. **Failure to provide all information will result in longer processing time.**

- Complete and signed application
- Property insurance declaration page
- Copy of most recent federal tax return for all household wage earners
- Most recent pay stub (2) from all sources of employment for all individuals who will be residing in the household.
- Most recent bank statement for all accounts
- Proof of AGI credit, if applicable



# APPLICATION FOR RESIDENTIAL REHABILITATION ASSISTANCE

	Census Tract #
	FOR OFFICE USE ONLY

Address to be  
Rehabilitated: \_\_\_\_\_

## SECTION 1: NAME(S) ON TITLE

### **A. Primary Owner**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Email \_\_\_\_\_

### **B. Secondary Owner**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Email \_\_\_\_\_

### **C. List name, age, and relationship of all others living in the housing unit. If additional space is needed, attach sheet.**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_

## SECTION 2: MORTGAGE INFORMATION

Date of Purchase: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_ Appraised value: \$ \_\_\_\_\_

Name of bank/lender of mortgage: \_\_\_\_\_

Address: \_\_\_\_\_  
\$ \_\_\_\_\_

Monthly Mortgage payment: \_\_\_\_\_

Name of subordinate mortgage holder, (If applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Are you current on your mortgage payments?  Yes  No

Taxes per year: \$ \_\_\_\_\_

Are you current on your taxes?  Yes  No

## SECTION 3: PROPERTY INCOME WORKSHEET

Complete only if home to be rehabilitated is **multi-unit**

Number of apartments: \_\_\_\_\_

Floor \_\_\_\_\_ Number of Room \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Number of Persons in Household \_\_\_\_\_ Total Household Income \$ \_\_\_\_\_

Floor \_\_\_\_\_ Number of Room \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Number of Persons in Household \_\_\_\_\_ Total Household Income \$ \_\_\_\_\_

Floor \_\_\_\_\_ Number of Room \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Number of Persons in Household \_\_\_\_\_ Total Household Income \$ \_\_\_\_\_

## SECTION 4: FIRE HAZARD AND LIABILITY INSURANCE ON PROPERTY

Include a copy of insurance declaration page with application.

Name of Insurance Agency \_\_\_\_\_ Amount of Coverage \$

Are your payments current?     Yes     No

Do you own other real estate?     Yes     No

Address of other property \_\_\_\_\_

Lien(s) on other property    \$ \_\_\_\_\_    Annual Income Received    \$

---

## SECTION 5: INCOME INFORMATION

Proof of income (W-2 forms, tax returns, social security 1099, documentation of pension or retirement or unemployment earnings, etc.) must be provided for all persons, related or otherwise, residing in the applicant's household, regardless of whether the individual makes a financial contribution to the household. All such documentation will be considered in determining the applicant's income eligibility.

### PRIMARY OWNER

Employer \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_    Annual Income    \$

Years with current employer

If less than 2 years, please list previous employer

### SECONDARY OWNER

Employer \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_    Annual Income    \$

Years with current employer

If less than 2 years, please list previous employer

### OTHER INCOME RECEIVED

Social Security:	Primary	_____	Secondary	_____
Child Support:	Primary	_____	Secondary	_____
Alimony:	Primary	_____	Secondary	_____
Pension:	Primary	_____	Secondary	_____
Other:	Primary	_____	Secondary	_____

Indicate the annual income of all other persons residing in the housing unit as identified in Section 1C

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ Income \$ \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ Income \$ \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ Income \$ \_\_\_\_\_

---

### SECTION 6: OTHER ASSETS

Cash on Hand \$ \_\_\_\_\_ Stocks \$ \_\_\_\_\_ Bonds \$ \_\_\_\_\_

Life Insurance \$ \_\_\_\_\_ Property \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Account Type	Account Number	Institution Name	Address	Account Balance
Total				\$

---

### LEAD ACKNOWLEDGEMENT

By signing below you are acknowledging that you have received, read, and understand the brochure entitled "*Renovate Right*".

\_\_\_\_\_  
Primary Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Signature

\_\_\_\_\_  
Date



**Office of Housing and Neighborhood Development**  
**Keefe Community Center, 11 Pine Street, Hamden, CT 06517**  
**Telephone (203) 776-5978 x 1123**  
**asendroff@hamden.com**

## **Financial Information Disclosure Form**

I am interested in applying for the Residential Rehabilitation Assistance program offered by the Town of Hamden. As part of the application process, I authorize the Office of Housing and Neighborhood Development to make inquiries as to the employment, income, background, credit history and savings or other banking statements for any member of my household. Upon request of the Office of Housing and Neighborhood Development, I will also provide evidence of income of any tenants.

---

SIGNED:

---

Name (Printed):

---

Social Security #:

**Office of Housing and Neighborhood Development  
Keefe Community Center, 11 Pine Street, Hamden, CT 06517  
Telephone (203) 776-5978 x 1123  
asendroff@hamden.com**

**CERTIFICATION OF OPERATING SMOKE DETECTORS**

The Fire Administration Authorization Act of 1992 (“the Act”) prohibits the use of housing assistance, including Community Development Block Grant Program funding, in connection with all types of dwelling units unless various fire protection and safety standards are met.

The Act mandates that housing assistance cannot be “used in connection with” any dwelling unit (including all single and multifamily properties), unless the unit is protected by a hard wired or battery operated smoke detector installed in accordance with NFPAS 74.

As part of the application process, you are required to certify the presence of operating smoke detectors.

Know all persons by these presents that I, the undersigned \_\_\_\_\_,  
certify as the owner of \_\_\_\_\_ that  
operating hard wired and/or battery smoke detector(s) are present in the dwelling unit(s)  
as required by the applicable codes.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

## TENANT INFORMATION SHEET (If Applicable)

Tenant Name: \_\_\_\_\_

Floor: \_\_\_\_\_

Please check the appropriate income range for the households listed in Section 3: Property Income Worksheet. (This information is required for each household unit.)

Number of People Residing in Household	Income Schedule
	Check one
1	<input type="checkbox"/> Below \$30,650 <input type="checkbox"/> \$30,650 - \$46,000 <input type="checkbox"/> Above \$46,000 <input type="checkbox"/> Section 8
2	<input type="checkbox"/> Below \$35,000 <input type="checkbox"/> \$35,000 - \$52,600 <input type="checkbox"/> Above \$52,600 <input type="checkbox"/> Section 8
3	<input type="checkbox"/> Below \$39,400 <input type="checkbox"/> \$39,400 - \$59,150 <input type="checkbox"/> Above \$59,150 <input type="checkbox"/> Section 8
4	<input type="checkbox"/> Below \$43,750 <input type="checkbox"/> \$43,750 - \$65,700 <input type="checkbox"/> Above \$65,700 <input type="checkbox"/> Section 8
5	<input type="checkbox"/> Below \$47,250 <input type="checkbox"/> \$47,250 - \$71,000 <input type="checkbox"/> Above \$71,000 <input type="checkbox"/> Section 8
6 or more	<input type="checkbox"/> Below \$50,750 <input type="checkbox"/> \$50,750 - \$76,250 <input type="checkbox"/> Above \$76,250 <input type="checkbox"/> Section 8

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

**Office of Housing and Neighborhood Development  
Keefe Community Center, 11 Pine Street, Hamden, CT 06517  
Telephone (203) 776-5978 x 1123  
asendroff@hamden.com**

**Acknowledgement of Receipt of  
"Renovate Right" Brochure**

Complete only if home to be rehabilitated is **multi-unit**

This is to acknowledge that I have received a copy of the following brochure's "Protect Your Family From Lead In Your Home" and "Renovate Right" from my Landlord.

\_\_\_\_\_  
Landlord Name Printed

\_\_\_\_\_  
Tenant Name Printed

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Address



The following information is used for statistical reporting only. This information is not considered when determining eligibility for assistance. Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Elderly                  | <input type="checkbox"/> Black           |
| <input type="checkbox"/> Female Head of Household | <input type="checkbox"/> Latino          |
| <input type="checkbox"/> Small Family (1-4)       | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Large Family (5+)        | <input type="checkbox"/> White           |
| <input type="checkbox"/> Handicapped              | <input type="checkbox"/> Other Ethnicity |
| <input type="checkbox"/> Asian                    |  |

**Office of Housing and Neighborhood Development  
Keefe Community Center, 11 Pine Street, Hamden, CT 06517  
Telephone (203) 776-5978 x 1123  
asendroff@hamden.com**

**SCOPE OF WORK**

Please be advised rehabilitation consists of work which accomplishes conservation of housing. It is the general expression for repairing or improving the housing conditions. "Home improvements" (new kitchen, family room, etc.) are not rehabilitation activities. Sidewalks, driveways, landscaping, tree pruning, detached garages, etc. are not eligible work for rehabilitation assistance.

I am applying for assistance to address the following conditions on my property.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**HISTORIC STRUCTURES**

Properties named to the Hamden Historical Society's list of historic structures may not be eligible for all types of rehabilitation work. By signing below, you are acknowledging that you have verified that the property is not a historic structure named by the Hamden Historic Society.

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

\_\_\_\_\_  
Primary Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Signature

\_\_\_\_\_  
Date