LEBANON HOUSING REHABILITATION PROGRAM

The Housing Rehabilitation Program is designed for low and moderate income homeowners and landlords with low and moderate income tenants to address safety and public health code violations, as well as provide funds for necessary house repairs.

Funds will address safety and public health code violations first but also may be used by homeowners for common repair projects including but not limited to, septic system repairs, roofing & siding, structural deficiencies, replacement windows, plumbing, electrical, and heating systems.

The Housing Rehabilitation Program is funded by a Community Development Block Grant from the United State Department of Housing and Urban Development and administered through the CT State Department of Housing.

Housing Rehabilitation Projects have a $25,000 spending cap per eligible applicant. **To be eligible for the Program applicants must income qualify, maintain at least a 90% loan to value ratio after completion of rehab work, and be current on town taxes.** Projects must also be able to address all serious housing deficiencies while staying within the spending cap.

INCOME GUIDELINES (gross income not to exceed)

Number in Family	1	2	3	4	5	6	7	8
Household Income	46,000	52,600	59,150	65,700	71,000	76,250	81,500	86,750

The housing rehabilitation funds are a loan to homeowners that must be eventually paid back. Loan repayments are used to continue the Program. Low and moderate income eligible applicants will receive a loan that is 100% deferred until the property changes ownership.

Landlords housing low- or moderate-income eligible applicants will receive a loan that is 50% deferred until property changes ownership and 50% no-interest loan paid over ten years in yearly installments.

The Town of Lebanon has designed the Program to give life threatening and serious public health hazards first priority. Applications that do not meet this criteria will be placed on a waiting list and will be addressed as funding allows.

Upon acceptance in the Program applicants must submit a copy of their latest IRS tax return, current pay stubs, most recent mortgage statement and homeowner's certificate of insurance. The Program is being administered by Peter Huckins at 456-0782. Please feel free to contact him if additional information is required.

LEBANON HOUSING REHABILITATION PROGRAM APPLICATION

Name of Applicant_____ Address of Property_____

Mailing Address of Applicant_____

Phone#_____ Cell Phone # _____

Email _____

Total # of Persons in Household_____

# of Children (under 18) _____ # of Elderly (62 or older)_____ # of Disabled_____

Number of persons of each Nationality/Race : White_____ Black _____
Hispanic_____ Indian/Alaskan_____ Asian/Pacific Isl_____ Portugese_____

LIST BELOW ALL OCCUPANTS OF PROPERTY ON A PERMANENT OR RENTAL BASIS INCLUDING NAME, SOCIAL SECURITY NUMBER, AGE, AND HOUSEHOLD INFORMATION. SPECIFY SOURCE OF INCOME i.e., SALARY, PENSION, ALIMONY, CHILD SUPPORT, SOCIAL SECURITY BENEFITS, INTEREST, AND OTHER.

1. Name_____Social Security #_____Age____Income_____

   Source of Income_____Place of Income_____

2. Name_____Social Security #_____Age____Income_____

   Source of Income_____Place of Income_____

3. Name_____Social Security #_____Age____Income_____

   Source of Income_____Place of Income_____

4. Name_____Social Security #_____Age____Income_____

   Source of Income_____Place of Income_____

5. Name_____Social Security #_____Age____Income_____

   Source of Income_____Place of Income_____

6. Name_____Social Security #_____Age____Income_____

   Source of Income_____Place of Income_____

NOTE: If more space is needed, continue on back of the page.

Total Estimated Household Income for the Year 2016:$_____

WHEN ACCEPTED INTO PROGRAM APPLICANT WILL BE REQUESTED TO SUBMIT COPY OF THE MOST RECENT INCOME TAX RETURN OR INCOME RELATED DOCUMENTS, MOST RECENT MORTGAGE STATEMENT AND COPY OF HOMEOWNER'S CERTIFICATE OF INSURANCE.

ADDITIONAL INFORMATION:

Are Town taxes currently paid up to date? Yes_____ No_____

Are you currently involved in any type of litigation? Yes_____ No_____

If yes, give brief explanation_____

Total amount all mortgages/liens on property _____

Please check type of repairs that you feel necessary.

___Life Safety Hazards, Public Health ___Exterior Integrity, Roof & Siding

**Please specify below your life safety / public health concern

___Structural, including Sills & Joists ___Septic systems & Water Supplies

___Physically Impaired Accessibility ___Sewer Connection

___Interior Plumbing, Electrical, Heating system ___Energy Conservation

___Other_____

** If you feel you have an immediate life safety hazard in your home, give a brief explanation. _____

NOTE: Acceptance of this application is contingent upon provision of all required information and applicant's agreement to abide by all applicable procedures and policies of the Lebanon Housing Rehabilitation Loan Program. Upon acceptance in the program, the applicant must submit a copy of the most recent Federal Income Tax Return and/or other documents that might be required to support the applicant's income.

The Applicant(s) agrees that the Town of Lebanon neither assumes nor acknowledges any liability of any kind, directly or indirectly, as might be incurred from this program. Authorization is hereby granted to support and/or verify statements contained in this Application. It is agreed that this application will remain property of the Town of Lebanon, once submitted.

Agreement: The undersigned applies for the loan indicated in this application to be secured by a mortgage or deed of trust on the property described herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and correct to the best knowledge of the applicant. Verification may be obtained by any source named in this application.

I/We fully understand that it is a federal crime punishable by fine and/or imprisonment, to knowingly make any false statements concerning any of the above facts as applicable under provisions of Title 18, United States Code, Section 1014. Also the applicant(s) have read and understood the application and the narrative explaining the program.

_____ _____

Applicant signature date

_____ _____

Applicant signature date