

Towns of Vernon, Ellington & Stafford
Crumbling Foundation Testing Program Application

1. PROPERTY INFORMATION

NAME(S) ON TITLE: _____

ADDRESS: _____

YEAR STRUCTURE BUILT _____

ANY ADDITIONS? IF SO, YEAR BUILT: _____

2. PERSONAL APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE:(with area code): (H) _____ (W or Cell) _____

BEST TIME TO BE REACHED: _____ EMAIL ADDRESS: _____

3. DESCRIPTION OF PROPERTY

_____ Single Family (Owner-occupied) _____ Multi-Family (Owner-occupied)

4. RESIDENCY INFORMATION

List name of all occupants residing within the dwelling unit (for HUD reporting purposes only)

Name	Unit #	Gender	Age	Race	Handicap Yes/No	Student Yes/No	Head of Household

5. FINANCIAL INFORMATION

What is your Gross Household Income for all household members over the age of 18, NOT including full-time students? _____

Check and attach copies of all forms of income.

- A. Most recent Federal Tax return with all attachments.
- B. Wage earnings Yes _____ No _____ If yes, please attach 2 months of pay stubs.
- C. Social Security Yes _____ No _____ If yes, please attach _____
- D. Social Security Disability Yes _____ No _____ If yes, please attach _____
- E. Child Support Yes _____ No _____ If yes, amount _____ per _____
- F. Alimony Yes _____ No _____ If yes, amount _____ per _____
- G. Pension Yes _____ No _____ If yes, attach most recent statement
- H. Annuities Yes _____ No _____ If yes, attach most recent statement
- I. Unemployment Yes _____ No _____ If yes, amount \$ _____ per week
- J. Other source _____

Towns of Vernon, Ellington & Stafford
Crumbling Foundation Testing Program Application

6. DISCLOSURE

Are you or any member of your immediate family or anyone with whom you have business ties an employee, agent, currently elected or appointed official of the Town or the Program Consultant A&E Services Group, LLC?

Yes _____ No _____

If Yes, please explain: _____

Are you a United States citizen? Yes _____ No _____

If No, are you a "qualified alien"? Yes _____ No _____

If you are a "qualified alien," please attach copy of supporting documentation.

7. FOUNDATION CONDITION

Does your foundation have cracks, or other defects? _____ Yes _____ No *If yes, please attach photo*

Have you had your foundation **core-tested**? _____ Yes _____ No

If yes, did it test positive for pyrrhotite? _____ Yes _____ No

Have you participated in the CRCOG Program? _____ Yes _____ No

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applications on the basis of sex or marital status, race, color, creed or national origin. Furthermore, no discrimination shall be practiced in the sale, leasing, rental, or other disposition of residential property and related facilities, or in the use or occupancy thereof.

I authorize the Program to obtain such information as it may require concerning the statements made in this application, including a credit check, and agree that the application shall remain its property whether or not the application is accepted or rejected.

I/We hereby certify that all statements hereto, attachments, and supporting documentation submitted with this application are true and complete.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Please return this completed application to your respective Town.

Vernon

Social Services Department
Allison Maynard
14 Park Place
Vernon, CT 06066
(860) 870-3567
amaynard@vernon-ct.gov

Stafford

Stafford Community/Senior Center
Grace Parrow
3 Buckley Highway
Stafford Springs, CT 06076
(860) 684-3906
parrowg@staffordct.org

Ellington

Human Services Department
Joy Hollister
31 Arbor Way
Ellington, CT 06029
Mailing Address
P.O. Box 187 Ellington, CT 06029
(860) 870-3128
jhollister@ellington-ct.gov

For Town Use Only:

Date Received: _____

Time Received: _____

Application #: _____