



TOWN OF VERNON

14 PARK PLACE VERNON, CT 06066

Tel: (860) 870-3599

For Vernon Use Only

Application #: _____

Date Received: _____

Date Approved: _____

HOUSING REHABILITATION PROGRAM APPLICATION

ALL PERSONAL INFORMATION IS STRICTLY CONFIDENTIAL

I. PROPERTY INFORMATION

Property Address: _____

Name(s) on Title _____

The Property is: _____ Owner Occupied _____ Non Owner Occupied

II. PERSONAL APPLICANT INFORMATION

Name: _____ Social Security #: _____

Address: _____

Phone #: Home (____) _____ Work (____) _____ Cell (____) _____

Best time to be reached _____

Email Address: _____

III. DESCRIPTION OF PROPERTY (CHECK ONE)

RESIDENTIAL:

_____ Single Family (Owner Occupied.)

_____ Three Family

_____ Single Family (Rental)

_____ Four Family

_____ Two Family

Is there any space in the building used for non-residential purposes? _____ Yes _____ No

If yes, usage: _____

Are there any back property/sewer taxes due on this property or other properties owned by you **OR** other owners of this property within Vernon? _____ Yes _____ No

If yes, amount: \$ _____.

IV. List the names of all persons residing in the dwelling. If apartment house, list name and apartment number for each resident per apartment.

Name	Apt. #	Sex*	Age*	Race*	Handicapped Y/N	Full Time Student Y/N	Head of Household ? Y/N

Name	Apt. #	Sex*	Age*	Race*	Handicapped Y/N	Full Time Student Y/N	Head of Household ? Y/N

* Information is requested for Program reporting purposes only. A provision of this information is not mandatory, and will not change your eligibility.

V. **Briefly describe the work you wish to do:** _____

VI. **Attach most recent copy of Federal Income Tax Return (1040).** If not available, explain. Also enclose copies of your last 4 paystubs and income information for everyone living in your home. If you are receiving Social Security, Pensions, Unemployment Compensation, Child Support, Alimony, or other Benefits which do not appear on your latest income tax return, please attach documentation of same.

VII. **Attach a copy of your most, recent mortgage statement(s) showing the current principal balance, if applicable.** Please estimate below the **total of all mortgages** currently secured by this property (Mortgages, Equity Line of Credit, Liens, etc.) ESTIMATE: \$ _____

VIII. **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 of Vernon or the Program Consultant, L. Wagner & Associates, Inc.?** _____ Yes _____ No
 If yes, please explain: _____

IX. **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

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: _____
 Applicant Signature: _____

Please Return To:
 Town of Vernon – Housing Rehabilitation Program
 C/o Social Services Department
 14 Park Place, Vernon CT 06066
 Phone: (860) 870-3661 Fax: (860) 870-3564