

Town of Canton
HOUSING REHABILITATION PROGRAM APPLICATION

Revised 02/12/15

Date Received: _____

Return completed application to:

Date Approved: _____

George M. Wallace, P.E.
Project Administrator
4 Market Street
Collinsville, CT 06022

PROJECT NO.: _____

ALL PERSONAL INFORMATION IS STRICTLY CONFIDENTIAL

I. PROPERTY INFORMATION

ADDRESS: _____

Name(s): _____

On Title: _____

Is the Property (circle one) Owner Occupied Non-Owner Occupied

II. PERSONAL APPLICATION INFORMATION

Name: _____

Address: _____

Home Telephone: _____ Cell Phone: _____

Work Telephone: _____ Email: _____

Best time to be reached: _____

III. DESCRIPTION OF PROPERTY (CHECK ONE)

RESIDENTIAL:

Single Family (Owner Occupied)

Single Family (Rental)

Two Family

Three Family

Four Family or More

(Specify) _____

IV. HOUSEHOLDERS

Please list all persons who reside at address above. If property is a single family home, list all persons as Apt. #1. If an apartment is vacant, list name as "Vacant" with Apt. #.

Name	Apt. #	Sex	Age	Race/Ethnicity	Disabled? (Yes/No)	Head of Household?

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V. REHAB WORK REQUESTED

Briefly describe the work you wish to do:

VI. MORTGAGE DEBT

Total amount of mortgage debt on property: _____

VII. INCOME VERIFICATION

Attach most recent copy of Federal Income Tax Return (1040). If not available, please explain. List all sources of income which does not appear on the 1040 form.

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.

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 of 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 on this application are true and complete.

Applicant Signature: _____

Applicant Signature: _____

Date: _____