

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 for homes that contain lead, and a \$35,000 spending for homes that do not contain lead, or 100% of appraised value if appraised value is less than the above amounts. Spending caps are dependent on how much funding is available. To be eligible for the Program applicants must income qualify, have at least a 100% loan to value ratio before 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)

<u>Number in Family</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
Household Income	66,300	75,750	85,200	94,650	102,250	109,800	117,400

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 Community Consulting at 860-456-0782 or communityconsulting92@charter.net.

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 2024: \$ _____

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 balance owed of all mortgages/liens on property (list the total dollar amount, not the amount you pay monthly) \$ _____

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