

# Town of Putnam Housing Rehabilitation Program Application



Notice to Applicants: **PLEASE PRINT ALL INFORMATION CLEARLY**  
This Application is Strictly Confidential

<b>Do Not Write in This Section:</b>	Application No: _____	Initials: _____
Date Received: _____	Time: _____	Date Approved: _____

Name of Applicant(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number of Applicant: \_\_\_\_\_

Is your property owner occupied? YES \_\_\_\_\_ NO \_\_\_\_\_

Property Location: \_\_\_\_\_

Is your property single \_\_\_\_\_ or multifamily \_\_\_\_\_?

If multifamily, how many units? \_\_\_\_\_

Briefly describe the work needing to be done:

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Identify **all** members of the household under review (including yourself)  
 (for mult-family homes, please copy this page and complete a separate sheet per apt./unit)

**\*\*Note:** Annual Income declared below must include gross income as listed on your most recent tax return (1040) in addition to any benefits and/or compensation (ie: social security, unemployment, pension, child support, alimony, etc.)

Address \_\_\_\_\_ Apartment / Unit # \_\_\_\_\_

Name	Age	Race/Ethnicity	Handicapped?	**Annual Income

**Financial documentation is required of ALL household members.** Please attach copies of the following for each member of the household:

1. Most recent tax return (Form 1040)
2. Pay stubs documenting a minimum of **6 consecutive weeks of wages**
3. Social security benefit statement entitled **"Your New Benefit Amount"**
4. Pension, unemployment compensation, child support, alimony or any other benefit statement

Please estimate total of all mortgage debt still owed on this property: \$ \_\_\_\_\_

1. Please attach copy of field card/assessment (from assessor's office)

Are you up to date on all your municipal taxes (including sewers)? YES \_\_\_\_\_ NO \_\_\_\_\_

1. Please attach copy of tax currency printout (from tax collector's office)

Is anyone in the household an employee of the municipality? YES \_\_\_\_\_ NO \_\_\_\_\_

**I authorize the program to obtain required information regarding statements made in this application and certify that all statements and documents submitted are true and complete to the best of my knowledge:**

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_

*The Program is administered by Lisa Low & Associates*

**Please return the completed form with the required documentation to:**

**Lisa Low & Associates**

**293 Riggs Street, Oxford, CT 06478**

**(203) 888-5624 Phone (203) 888-8800 Fax**

**KEEP FOR YOUR RECORDS**

**Checklist**

Please verify before returning that you have completed/included all required documents. Only completed applications will be dated and time stamped.

- Completed Application Form
- Last year's tax returns for all members of household 18 or over
- Last three check stubs for all household residents 18 or over
- Documentation of all other income (pensions, social security, disability, child support, etc)



**FY 2015 Income Limits Summary**

Persons in Family

FY 2015 Income Limit Area	Median Income	FY 2015 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Putnam Town	\$71,900	Very Low (50%) Income Limits (\$)	28,400	32,450	36,500	<b>40,550</b>	43,800	47,050	50,300	53,550
		Extremely Low (30%) Income Limits (\$)	17,050	19,500	21,950	<b>24,350</b>	28,410	32,570	36,730	40,890
		Low (80%) Income Limits (\$)	45,450	41,950	58,450	<b>64,900</b>	70,100	75,300	80,500	85,700

