

Office Use: Date Received _____ Application # _____

Hampton Regional Housing Rehabilitation Program

Post Office Box 143

Hampton, CT 06247

(860) 455-0738

Homeowner Application

Name of Owner(s): _____

Telephone Numbers: Home: _____ Work: _____ Cell: _____

Email address: _____

Street Address: _____

Mailing Address: _____

Is the property owner-occupied? ___ Yes ___ No Number of residential units: ___

Year the property was constructed: _____ Do you have flood insurance? ___ Yes ___ No

Is there an emergency or urgent health or safety situation at the property? ___ Yes ___ No

If yes, please explain: _____

Has the home been tested for lead-based paint? ___ Yes ___ No (If yes, when?) _____

Has anyone in the household had a lead blood level test? _____

(If yes, were blood levels elevated?) _____

Are mortgage default or foreclosure actions underway? ___ Yes ___ No

Are you currently in the process of, or anticipating, filing for bankruptcy? ___ Yes ___ No

Include information requested below for all permanent household residents:

<i>Name</i>	<i>Age</i>	<i>Disabled? (Optional)</i>	<i>Race (Optional)</i>	<i>Social Security Number</i>

Please list below all sources of income for each household member. Include wages, social security benefits, pensions, unemployment, worker's compensation, interest and dividends, child support, alimony, etc. received during the past 12 months.

Name	Source of Income	Yearly Total This Source

If the above-listed sources or amounts of your household's income are different now than they were in the past year, please describe why: _____

Please check the items for which you are interested in receiving housing rehabilitation assistance. This list is only preliminary and is for informational purposes:

- | | | |
|-------------------------|---------------------------------------|----------------|
| _____ Electrical | _____ Porch/Steps | _____ Painting |
| _____ Heating/Hot Water | _____ Windows | _____ Siding |
| _____ Foundation | _____ Roof | _____ Plumbing |
| _____ Insulation | _____ Repair of Walls/Ceilings/Floors | |
| _____ Septic System | _____ Other, please specify: _____ | |

*****Please Note** Federal regulations require that any chipping/peeling lead-based paint on the interior or exterior of the property must be addressed.***

I hereby certify that all information provided is accurate to the best of my knowledge. Falsification of any information may result in termination of the application.

Signed: _____ Date: _____

(All owners of the property must sign the application)

A large print copy of this application is available on request by calling the Hampton Regional Housing Rehabilitation Program at 860.455.0738.

The Town of Hampton complies with all civil rights and fair housing laws.

