Day	00	/12
nev.	UJ.	/

I.

II.

TOWN OF THOMASTON HOUSING REHABILITATION PROGRAM APPLICATION

PERSONAL APPLICANT INFORMATION

III. DESCRIPTION OF PROPERTY (CHECK ONE)

PROPERTY INFORMATION

Name(s) on Title:

ADDRESS:

Address:

RESIDENTIAL:

Date	For Receiv	Town ed	Use	Only	
Date	Approv	ed			
Appl:	ication	No.	_		

ALL PERSONAL INFORMATION IS STRICTLY CONFIDENTIAL

	Single Famil Single Famil Two Family  Is there any space	y (Renta	al) -			# of uni	ily or More ts:	
	No Ye Are there any ba properties owned by No Yes	es If ck prop by you o	Yes, terty/s	isage: ewer t er own	caxes du	ie on thi	is property	or other
IV.	If property is a si the dwelling. List							
	NAME	APT #	*SEX	*AGE	*RACE	*HANDI- CAPPED YES/NO	FULL TIME STUDENT YES/NO	✓ IF HEAD OF HOUSEHOLD
	· · · · · · · · · · · · · · · · · · ·							
								-
	rmation is requeste							n of this

The Property is: \_\_\_\_Owner Occupied \_\_\_\_\_Non-Owner Occupied

Telephone (with area code): (H) \_\_\_\_\_ (W or Cell) \_\_\_\_\_ Best time to be reached:

Email Address:

\_\_\_\_\_\_ Social Security #: \_\_\_\_\_

information is <u>not</u> 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. If you are receiving Social Security, Pensions, Unemployment Compensation, Child Support, Alimony, or other Benefits which do not appear or 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.  Estimate below the total of all mortgages currently secured by this property (Mortgages, Equity Line of Credit, Liens, etc.)
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 Thomaston or the Program Consultant, L. Wagner & Associates, Inc.? NoYes If Yes, please explain:
IX.	Are you a United States citizen?  If No, are you a "qualified alien"?  Yes  No  Yes  No  If you are a "qualified alien" please attach copy of supporting documentation.
credi natio leasi:	ederal Equal Opportunity Act prohibits creditors from discriminating against tapplications on the basis of sex or marital status, race, color, creed or nal origin. Furthermore, no discrimination shall be practiced in the sale, ng, rental, or other disposition of residential property and related facilities, the use or occupancy thereof.
state	horize the Program to obtain such information as it may require concerning the ments made in this application, including a credit check, and agree that the cation shall remain its property whether or not the application is accepted or ted.
	hereby certify that all statements hereto, attachments, and supporting entation submitted with this application are true and complete.
	Applicant Signature:
	Applicant Signature:
	Date:
Please	return to: Town of Thomaston

Housing Rehabilitation Program c/o Office of the First Selectman 158 Main Street Thomaston, CT 06787