



Town of Beacon Falls Housing Rehabilitation Program Application

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

Do Not Write in This Section:	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:

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

Please attach copies of the following for each member of the household (if applicable):

1. The most recent tax return (Form 1040) (18 years or older)
2. Three most recent pay stubs (18 years or older)
3. Social security benefit statement (for ALL household members)
4. Pension, unemployment compensation, child support, alimony or any other benefit statement (for ALL household members)

Please estimate total of all mortgage debt still owed on this property: _____

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

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:
Karen Wilson, First Selectman's Office
Beacon Falls Town Hall
10 Maple Avenue, Beacon Falls, CT 06403

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)

2014 HUD INCOME LIMITS

FY 2014 Income Limits Summary										
FY 2014 Income Limit Area	Median Income <input style="width: 50px; height: 15px;" type="text"/>	FY 2014 Income Limit Category	Persons in Household							
			1	2	3	4	5	6	7	8
Beacon Falls town	\$88,400	Very Low (50%) Income Limits (\$) <input style="width: 50px; height: 15px;" type="text"/>	30,950	35,400	39,800	44,200	47,750	51,300	54,850	58,350
		Extremely Low (30%) Income Limits (\$) <input style="width: 50px; height: 15px;" type="text"/>	18,550	21,200	23,850	26,500	28,650	30,750	32,900	35,000
		Low (80%) Income Limits (\$) <input style="width: 50px; height: 15px;" type="text"/>	44,750	51,150	57,550	63,900	69,050	74,150	79,250	84,350