



Town of Beacon Falls 2023 Housing Rehab Loan Program Application Form

The Town of Beacon Falls understands the unique challenges faced by our citizens and we strive to provide town-wide solutions to address your needs.

As a professional and dedicated administration, we are committed to fostering diversity, collaboration, and strategic alliances with state and federal agencies to bring you the services and programs that you deserve. We assure you that the information you provide in this application will be treated with utmost confidentiality and used solely for the purpose of assessing your eligibility for the CDBG program.

First Name _____

Middle Name _____

Last Name _____

Date of Birth _____

Phone _____

Email _____

Have you applied for our program before?

Yes

No

Are you currently participating in any housing assistance programs, or have you participated in any within the past 12 months?

Yes

No



Details for the above question if applicable

Have you applied for any other housing assistance programs?

- Yes
- No



Household Information

Number of Adults in Occupant Household and Their Ages

Number of Children in Occupant Household and Their Ages



Household Income

Please provide sufficient information about the household's total annual income from all sources and all household members for the previous year. Attach additional income information sheets if necessary.

Total Annual Household Income (before taxes)

\$ _____

Source(s) of Income for Each Household Member (Employment, Social Security, Disability, etc.)

Duration of Current Employment for Each Employed Household Member

Are there any significant upcoming changes to your household income?

- Yes
- No

Details for the above question if applicable



Property Part One

Current Tax Year _____

Is the property tax current?

Yes

No

Current Property Status

Occupied Vacant Other

If there is an existing mortgage, are principal and interest payments current and is the mortgage not in a delinquent or fail status?

Yes

No

Property Part Two

Address

Street Address: _____

Address Line 2: _____

City: Beacon Falls

State: Connecticut

Postal / Zip Code: 06403

Property Type

Single Family

Multi Family

How Many Units?



Additional Information

Please provide additional information addressing the following items as detailed in the requirements by the State of Connecticut Department of Housing, Housing Rehabilitation program.

State the reason as to why you would like to move ahead with this project.

Provide a detailed proposal of the work scope including an itemized cost estimate if available.

- Please attach an estimate if available

List any improvements or maintenance work that has been done on the property within the last 10 years.



Required Documents

1. Proof of income for all household members (most recent pay stubs, tax returns, Social Security benefits statements, etc.)
2. Proof of household size (birth certificates, marriage certificates, lease agreements, etc.)
3. Proof of residence (utility bills, lease agreement, mortgage statement, etc.)
4. Copy of submitter's photo ID for the applicant (Driver's License, State ID, Passport, etc.)
5. Other income verification documents (such as W2 forms, 1099 forms, unemployment benefits statements, pension statements, etc.)
6. Proof of ownership (deed, title, or land contract)
7. Proof of insurance (homeowners and/or renters insurance policy)
8. Recent property tax statement (showing current status)
9. Mortgage statement (including principal, interest, and payment status)
10. Documentation of any housing assistance programs previously applied for or currently participating in
11. Documentation of any special circumstances or hardships (medical records, disability documents, etc.)

By Signing below, I agree that all information submitted in this application is accurate

Signature: _____

Date: _____