



## PART II – Subject Property Details

Address of Subject Property: \_\_\_\_\_

Do you own this property? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, name of owner: \_\_\_\_\_

Do you reside at this property? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how long? \_\_\_\_\_

Type of Building:  1 - Family  2-Family  Multi-Family  
 Co-Op  Condominium

	Homeowner Unit	Rental #1	Rental #2	Rental #3	Rental #4
Household Size					
No. Children 6 Years of Age or Under *					

\*A Lead test may be required of all age appropriate children if the work involves windows.

Select below the items best describing the nature of the work.

Work Item	Requesting	Work Item	Requesting
Roof	Yes <input type="checkbox"/> No <input type="checkbox"/>	ADA Accessibility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Plumbing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Lead Paint Abatement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Water/Sewer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Asbestos Abatement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heating/Cooling/HVAC	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>
Building/Health Code Violations	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Briefly describe rehabilitation work needed:

**PART III – Financial Information**

Definitions:

- A. **GROSS INCOME:** The total annual income, before taxes, from all sources for all adult members of the household. This does not include the earned income of minors, age 17 and under, or the income received for the care of a foster child. Income includes, but is not limited to:
  - Compensation for employment services
  - Interest and dividends (taxable or nontaxable)
  - Pension benefits
  - Government benefits (Social Security, etc.)
  - Rental
  - Unemployment compensation
  - Welfare payments
  - Disability income
  - Support payments (Child Support, Alimony, etc.)
  - Asset income, as defined below
  
- B. **ASSET INCOME:** The actual income generated by the assets, including, but not limited to:
  - Checking accounts
  - Savings accounts
  - Cash value of life insurance policies
  - Inheritances
  - Lottery winnings (from previous 5 years)
  - Insurance settlements (from previous 5 years)

Please list below the current **GROSS INCOME** for each adult working member of the household.

	<b>Applicant</b>	<b>Adult 1</b>	<b>Adult 2</b>	<b>Adult 3</b>
<b>Wages (including O/T)</b>	\$	\$	\$	\$
<b>Interest and Dividends</b>	\$	\$	\$	\$
<b>Alimony/Child Support</b>	\$	\$	\$	\$
<b>Unemployment Compensation</b>	\$	\$	\$	\$
<b>Pension, Social Security</b>	\$	\$	\$	\$
<b>Disability Income</b>	\$	\$	\$	\$
<b>Other Income (Form 1099)</b>	\$	\$	\$	\$
<b>Monthly rent from other units, if applicable</b>	\$	\$	\$	\$
<b>Total Annual Income</b>	\$	\$	\$	\$

Please list all **ASSETS**, including all savings accounts, stocks, bonds, money market funds, profit sharing or stock option plans, and IRA's. Provide the following for all adult members of your household.

TYPE	Applicant	Adult 1	Adult 2	Adult 3
Institution Name/address  Type of Account	\$	\$	\$	\$
Institution Name/address  Type of Account	\$	\$	\$	\$
Institution Name/address  Type of Account	\$	\$	\$	\$
Institution Name/address  Type of Account	\$	\$	\$	\$
Institution Name/address  Type of Account	\$	\$	\$	\$
<b>Total Assets</b>	\$	\$	\$	\$

**PART IV – CERTIFICATION**

I certify that I have read all eligibility requirements of the program and agree to comply with the rules and regulations of the City of Bridgeport Homeowner Rehabilitation Program. I certify that all information and supporting documentation contained within this application are true and accurate to the best of my knowledge and belief that any misrepresentation of income herein shall be cause for program disqualification and cause for immediate repayment of any assistance received by me.

\_\_\_\_\_  
**Applicant – Print Name**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Co-Applicant – Print Name**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Property Owner – Print Name**

\_\_\_\_\_  
**Property Owner Signature**

\_\_\_\_\_  
**Property Co-Owner– Print Name**

\_\_\_\_\_  
**Property Co-Owner Signature**

\_\_\_\_\_  
**Date**

**NOTE: Submission of an application does not guarantee that there will be assistance available for you, nor does certification of income eligibility automatically qualify you.**

**All loans are subject to City, State and Federal laws, rules, regulations and requirements and are subject to the availability of funds.**

**Applications will not be considered complete until all information and statements have been documented to the satisfaction of the Department of Housing and Community Development.**

**PART V - Financial Privacy Act Notice & Acknowledgement**

Applicant Name:

Co-Applicant Name:

**Notice**

This notice is provided to you pursuant to the requirements of the Right to Privacy Act of 1978.

As a result of your request and/or receipt of financial assistance under the City of Bridgeport Homeowner Rehabilitation Program, the United States Department of Housing and Urban Development will have access to financial records held by the City of Bridgeport in connection with the consideration and/or administration of assistance to you. The Department of Housing and Community Development and its representatives who are responsible for administrative, financial and/or fiscal matters associated with the City’s Homeowner Rehabilitation Program will have a right of access to these financial records.

Pursuant to these rights of access, financial records involving your transaction will be available to these authorized officials without further notice or authorization from you. However, your financial records and information as contained therein will not be disclosed or released to any other person, government agency or department without your prior written consent, except as may be permitted and or required by law.

**ACKNOWLEDGEMENT**

I have read the Right to Financial Privacy Act Notice presented above and by my signature below, acknowledge and accepts the terms and conditions set forth therein.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Date**

## **PART VI: City Attorney Notice**

### **Notice from the City Attorney**

Dear Applicant,

An attorney from the Office of the City Attorney will be conducting the closing of your loan from the Homeowner Rehabilitation Program. The purpose of this notice is to inform you that the Office of the City Attorney, and its associates, represent the City of Bridgeport.

Our attorneys will present you with documents to sign. However, they do not represent you. Should you desire personal representation you should obtain legal counsel at your own expense. Thank you.

Very truly yours,  
Mark T. Anastasi  
City Attorney

**PART VII: Application Checklist**

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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

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

	Required Documents	For Internal Use Only	
<input type="checkbox"/>	Completed application signed by all applicants and property owners	<input type="checkbox"/>	
<input type="checkbox"/>	Copy of the current homeowner insurance certificate	<input type="checkbox"/>	
<input type="checkbox"/>	Federal income tax returns from previous three (3) years	<input type="checkbox"/>	
<input type="checkbox"/>	Two (2) consecutive months of pay stubs for all working adults in the household, age 18 and older. Pay stubs must be dated within past 60 days.	<input type="checkbox"/>	
<input type="checkbox"/>	Two (2) months of statements verifying income for all adult members of household. Examples: Bank statements; Life Insurance Policies; Lottery Winnings Inheritances; Insurance Settlement	<input type="checkbox"/>	
<input type="checkbox"/>	Monthly rental documentation for each unit in a multi-family building	<input type="checkbox"/>	
<input type="checkbox"/>	Verification of current City of Bridgeport property taxes	<input type="checkbox"/>	
<input type="checkbox"/>	Verification of fully paid Water Pollution Control Authority (WPCA) account	<input type="checkbox"/>	
<input type="checkbox"/>	CT ID/ Driver's License	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Liens
<input type="checkbox"/>		<input type="checkbox"/>	GIS Field Card

**For Internal Use Only**

Date of application submittal: \_\_\_\_\_

Submittal Date of all items on check list: \_\_\_\_\_

For signature after complete submittal: **I verify completion of the application and all required documentation listed above.**

Signature: \_\_\_\_\_

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