

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	No	ADA Accessibility	Yes	No
Plumbing	Yes	No	Lead Paint Abatement	Yes	No
Water/Sewer	Yes	No	Asbestos Abatement	Yes	No
Heating/Cooling/HVAC	Yes	No	Other	Yes	No
Building/Health Code Violations	Yes	No			

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.

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

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	\$	\$	\$	\$
Total Assets	\$	\$	\$	\$

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,
R. Christopher Meyer
City Attorney

PART VII: Application Checklist

Review your application for completeness.

Verify completion of the checklist below, submitting all of the documentation listed below along with all seven (7) portions of the application.

	Completed application signed by all applicants and property owners
	Copy of the current homeowner insurance certificate
	Federal income tax returns from previous three (3) years
	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.
	Two (2) months of statements verifying income for all adult members of household. Examples: Bank Statements Life Insurance Policies Lottery Winnings Inheritances Insurance Settlements
	Monthly rental documentation for each unit in a multi-family building
	Verification of current City of Bridgeport property taxes
	Verification of fully paid Water Pollution Control Authority (WPCA) account