

**Town of Manchester
Emergency Replacement Program**

SECTION 1: PROPERTY INFORMATION

Property Address: _____ # of Dwelling units: _____

Owner's name(s): _____ Year Built (approx.): _____
(Include all owners listed on the deed to the property)

Employer's name and address: _____

Is the owner also an occupant of the above listed property? Yes No

Owner's home/cell phone _____ Business phone _____

Which contact number above do you prefer we use? _____

Please provide us with an email address (if you use email regularly) _____

How did you hear about this program? _____

SECTION 2: OTHER INFORMATION

Are you and other owner(s), if any, current on all mortgage payments on the above referenced property?
 Yes No

Are you and other owner(s) current in municipal, federal and state taxes, fees and assessments, if any, on the property?
 Yes No

Have you or any other owner(s) filed for bankruptcy protection within the last five (5) years?
 Yes No

For what type of emergency replacement are you seeking financial assistance?

If the property is a 2-family or multi-family, which unit(s) would be impacted by this project? (For instance: are you seeking a roof replacement that would impact both units? Or do you need a replacement furnace that serves only 1 of 2 units at the property?)

Household Information: (Used for HUD reporting purposes)

1. Are you of Hispanic or Latino ethnicity? Yes No
 2. Are you age 62 or older? Yes No
 3. Race: (Please check one)
 - White
 - Black/African American
 - Asian
 - American Indian/Alaskan Native
 - Native Hawaiian/Other Pacific Islander
 - American Indian/Alaskan Native & White
 - Black/African American & White
 - American Indian/Alaskan Native & Black/African American
 - Asian & White
 - Other Multi-racial
 4. Head of Household is: Male: Female:
-

FIRE/HAZARD/LIABILITY INSURANCE ON PROPERTY:

Name of Insurance Company: _____
Contact No: _____
Policy No: _____
Address: _____

* **Please note:** At the time of acceptance into the program, you will be expected to add the Town of Manchester Housing Rehab Program as “additional insured” on your homeowner’s insurance policy. This is of no additional cost to the homeowner.

FOR MULTI-FAMILY PROPERTIES:

Please complete the following information if property includes rental units:

Number of apartments/units: _____

	<u>Monthly Rent</u>	<u>Number of bedrooms</u>	<u>Name of Occupant</u>
Apt # _____	\$ _____	_____ bedrooms	_____
Apt # _____	\$ _____	_____ bedrooms	_____
Apt # _____	\$ _____	_____ bedrooms	_____

(Please add an additional sheet of paper or continue on to the back if necessary.)

Are utilities included in the rent? Yes No

* **Tenant Verification Forms must be completed and returned with required attachments (listed on checklist at end of packet).**

Certifications

The undersigned hereby make a preliminary application to the Town of Manchester (“Town”) for financial assistance for emergency replacement of a feature at their property. **The Applicant(s) certifies that he/she/they are the owner(s) of the property described in this Application and that all owners of said property are listed and have signed said application.** I/We acknowledge that this application is made pursuant to a program administered by the Town and that the Town will determine all eligible costs of a project subject to the appropriate level of financial assistance and needs associated with the emergency replacement. I/We certify that the property to be rehabilitated with the program funds will be continuously occupied and/or rented by/to persons or households that meet the prevailing tests of income, legal citizenship and fair market rents during the entire term specified in the rehabilitation contract between the owner and the Town. The undersigned further agree(s) to abide by the provisions of the rehabilitation contract between the owner and the Town with respect to the refinance, sale or transfer of the property during the term specified in the rehabilitation contract. Program benefits are assumed to be transferable to a new owner-occupant as specified in the rehabilitation contract and described in the *“Housing Rehabilitation Program Guidelines”*. Property owners agree to maintain homeowner’s hazard insurance on the rehabilitated property, naming the Town as an “additional insured”, for the entire term specified in the rehabilitation contract between the owner and the Town. Property owners further agree to keep current on mortgage payments and on all local taxes, fees and assessments on the subject property during the term specified in the rehabilitation contract.

The undersigned also agree(s) that I/we will not discriminate against any person on the basis of race, color, religion, national origin, sex, marital status, physical or mental handicap, or age in any aspect of the program and to comply with all applicable Federal, State and local laws regarding non-discrimination, housing and credit practices, including Title VI of the Civil rights Act of 1964 and regulations pursuant thereto, and Title VIII of the Civil Rights Act of 1968, as amended. I/We further attest that the information provided in this application is true and complete and that failure to comply with any of the above terms and conditions may result in default of the agreement with the Town and in the immediate repayment to the Town of all the amortized balance of financial assistance provided by the Town for the subject property.

Signature of Applicant

Signature of Co-applicant

Printed Name

Printed Name

Date

Date

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S.C. Title 18, Sec. 1001, provides: “Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies or makes false, fictitious statements or representation, or makes or uses any fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both.”

Owner Information Form
[To Be Completed By Owner/Occupant(s)]

Please Type or Print Clearly

NAME _____

ADDRESS _____ Unit # _____

Telephone # _____ Email Address _____
 Home/Cell

HOUSEHOLD INCOME by Number Of Persons In The Household (Revised 5/2026)
(PLEASE CHECK THE AMOUNT THAT IS YOUR CURRENT HOUSEHOLD INCOME RANGE)

NUMBER OF PERSONS IN HOUSEHOLD							
1 PERSON	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7 PERSONS	8 PERSONS
<input type="checkbox"/> \$27,150 or less	<input type="checkbox"/> \$31,000 or less	<input type="checkbox"/> \$34,900 or less	<input type="checkbox"/> \$38,700 or less	<input type="checkbox"/> \$41,850 or less	<input type="checkbox"/> \$44,950 or less	<input type="checkbox"/> \$48,050 or less	<input type="checkbox"/> \$51,150 or less
<input type="checkbox"/> \$27,151 to \$45,250	<input type="checkbox"/> \$31,001 to \$51,700	<input type="checkbox"/> \$34,901 to \$58,150	<input type="checkbox"/> \$38,701 to \$64,600	<input type="checkbox"/> \$41,851 to \$69,800	<input type="checkbox"/> \$44,951 to \$74,950	<input type="checkbox"/> \$48,051 to \$80,150	<input type="checkbox"/> \$51,151 to \$85,300
<input type="checkbox"/> \$45,251 to \$72,350	<input type="checkbox"/> \$51,701 to \$82,700	<input type="checkbox"/> \$58,151 to \$93,050	<input type="checkbox"/> \$64,601 to \$103,350	<input type="checkbox"/> \$69,801 to \$111,650	<input type="checkbox"/> \$74,951 to \$119,900	<input type="checkbox"/> \$80,151 to \$128,200	<input type="checkbox"/> \$85,301 to \$136,450
More than <input type="checkbox"/> \$70,950	More than <input type="checkbox"/> \$81,050	More than <input type="checkbox"/> \$91,200	More than <input type="checkbox"/> \$101,300	More than <input type="checkbox"/> \$109,450	More than <input type="checkbox"/> \$117,550	More than <input type="checkbox"/> \$125,650	More than <input type="checkbox"/> \$133,750

Please check any of the following that apply to you: Regular gifts/financial contributions from family or friends
 SSI SSDI Alimony Child Support Public Assistance Sec. 8

Name of each <i>Adult 18 and over</i> in the Unit	Name of each <i>Child under 18</i> in the Unit	Child's Date of Birth

Does any resident child six years or younger have an Elevated Blood Lead Level?
 Yes No Do not know Not Applicable

I certify that the information provided herein is accurate and complete.

 Signature Date

Resident/Tenant Information Form (Completed by tenants for each rental unit)

Please Type or Print Clearly

NAME _____

ADDRESS _____ Unit # _____

Telephone # _____ Email Address _____

Monthly Rent \$ _____ Number of Bedrooms? _____ Utilities Included _____
Yes or No

Household Information: (Used for HUD reporting purposes)

1. Are you of Hispanic or Latino ethnicity? Yes No 2. Are you age 62 or older? Yes No
 3. Race: (Please check one box)

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other Multi-racial

4. Head of Household is: Male: Female:

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Does any resident child six years or younger have an Elevated Blood Lead Level?
 Yes No Do not know Not Applicable

I certify that the information provided herein is accurate and complete.

Signature

Date

APPLICATION PACKET CHECKLIST

- APPLICATION FOR FINANCIAL ASSISTANCE
- PLEASE SUBMIT THE FOLLOWING:
 - a. COPY OF REAL ID or
 - b. CURRENT PASSPORT or
 - c. LONG FORM BIRTH CERTIFICATE and PHOTO ID
- OWNER INFORMATION FORM
- RESIDENT/TENANT INFORMATION FORM (IF A MULTI-FAMILY PROPERTY)
- CURRENT LEASE DOCUMENTS (FOR ANY RESIDENT/TENANTS)
- FOR SECTION 8 UNITS, A COPY OF THE AUTHORIZATION SHOWING RENT AMOUNT
- OWNER'S UNIT - INCOME INFORMATION (INCLUDE DOCUMENTATION FOR ALL INCOME SOURCES AND MOST RECENTLY FILED IRS FORM 1040). SOURCES OF INCOME MAY INCLUDE 3 MOST RECENT PAYSTUBS, SOCIAL SECURITY, PENSION, UNEMPLOYMENT, ETC.
- OWNER'S UNIT – COPY OF MOST RECENT CHECKING AND SAVINGS ACCOUNT STATEMENTS
- TENANT'S UNIT (IF APPLICABLE, FOR EACH RENTAL UNIT) - INCOME INFORMATION (INCLUDE DOCUMENTATION FOR ALL INCOME SOURCES AND MOST RECENTLY FILED IRS FORM 1040). SOURCES OF INCOME MAY INCLUDE 3 MOST RECENT PAYSTUBS, SOCIAL SECURITY, PENSION, UNEMPLOYMENT, ETC.
- TENANT'S UNIT – COPY OF MOST RECENT CHECKING AND SAVINGS ACCOUNT STATEMENTS
- COPY OF YOUR MOST RECENT MORTGAGE STATEMENT SHOWING \$0 PAST DUE BALANCE
- COPY OF DEED TO THE PROPERTY
- MAKE CERTAIN THAT YOU ARE UP TO DATE ON THE FOLLOWING:
 - LOCAL TAXES
 - WATER, SEWER AND ALL OTHER LOCAL FEES AND ASSESSMENTS
 - REAL ESTATE TAXES
 - MOTOR VEHICLE TAXES

Please submit all application materials to:

**Town of Manchester Planning Department
Attn: Housing Rehabilitation
P.O. Box 191
Manchester, CT 06045-0191**

Please call 860-647-3044 with any questions.