Town of Manchester

CDBG

(Community Development Block Grant)



Housing Rehabilitation Program

WELCOME TO THE TOWN OF MANCHESTER

HOUSING REHABILITATION PROGRAM

The Housing Rehabilitation Program provides financial assistance to improve housing conditions by rehabilitating existing qualified housing stock located in targeted neighborhoods. The program is intended to eliminate property code violations and to minimize health risks associated with lead-based paint, code hazards and violations. The following are the maximum levels of assistance available:

- $25,000.00 for an eligible single-family dwelling.
- $20,000.00 per unit for an eligible multi-unit dwelling, up to seven units.

The program is available for buildings with seven or fewer dwelling units whose tenants and/or owner-occupants are income-eligible and for which the rents cannot exceed the annually adjusted fair market levels established by the U.S. Department of Housing and Urban Development.

Please submit a completed *"Application for Financial Assistance"* and *"Resident Information Form"* for each household along with a copy of the lease, where applicable. Owners and tenants must also provide copies of their *three most recent pay stubs and the most recently* filed *IRS Form 1040*. **Please refer to the enclosed "Application Packet Checklist" to make sure you have completed and/or sent all required materials.** All application materials should be sent to the **Town of Manchester, Attn: Housing Rehab Program, P.O. Box 191, Manchester, CT 06045-0191 or dropped off in the Planning Department, on the 2nd floor of the Lincoln Center at 494 Main St.**

Eligible properties will be given a priority need ranking based upon factors that include the number of children under six years old with elevated blood lead levels, the owner's willingness to contribute to project costs, the age of the property and the extent of lead and code hazards. Due to funding limitations and extensive interest in the program, we cannot guarantee your property will be addressed within a specific time period.

Applicants selected for the program will be asked to submit a signed "*Notice of Intent*" to demonstrate their commitment to proceed with the project, after which a more formal inspection for lead and code hazards will be scheduled.

If you have questions or need assistance, please call the Planning Department at (860) 647-3044.

TOWN OF MANCHESTER

HOUSING REHABILITATION PROGRAM GUIDELINES

SECTION 1. GENERAL STATEMENT: PURPOSE AND GOALS

The Town of Manchester has dedicated a portion of its annual Community Development Block Grant (CDBG) allocation to provide financial assistance to owner-occupied or investor-owned single and multi-unit residential properties within the town's targeted housing rehabilitation area. The overall purpose and goals of the housing rehabilitation program are:

- To minimize the health risks associated with lead-based paint by rehabilitating existing qualified housing located in targeted neighborhoods.
- To increase the accessibility of housing units to persons with disabilities by removing architectural barriers through such work as the installation of wheelchair ramps, special plumbing fixtures, hand rails and grab bars, and widening doorways.
- To preserve certain exterior and architecturally appropriate characteristics of older homes in targeted neighborhoods.
- To encourage and assist property owners in meeting safety, health and other code requirements and make homes more energy-efficient.
- To assist with emergency repairs to income-eligible owners to eliminate conditions which are an imminent threat to health and safety and which would render the dwelling uninhabitable if not corrected. Emergency repairs may be performed outside of the targeted housing rehabilitation area as long as all other eligibility criteria are met.

SECTION 2. ELIGIBILITY CRITERIA

- CDBG funds may be used to assist existing homeowners whose properties are located in the town's designated "Housing Programs Eligible Area" with the repair or rehabilitation of rental and/or owner-occupied units. ***Preference will be given to property owners who are first time applicants for housing rehabilitation assistance through the Town of Manchester.***
- An owner-occupant's annual household income, including rental income, shall not exceed 80% of the annually adjusted median household income for the area as determined by the U.S. Department of Housing and Urban Development (HUD) based on household size. (See enclosed "*Income Limits*" chart)
- A tenant's annual household income shall not exceed 80% of the annually adjusted median household income for the area as determined by HUD based on household size. (See enclosed *"Income Limits"* chart)

- Rental rates shall not exceed fair market levels, as annually adjusted by HUD, based upon the number of bedrooms in each unit.[1]
- There shall be no more than seven (7) dwelling units in the structure.
- The property owner must be current in mortgage payments, if any, on the property and provide proof of current hazard insurance coverage. The owner must also be current on all local taxes, fees and assessments including water and sewer, real estate and motor vehicle taxes***. The Town reserves the right to deny assistance to any property whose owner has a record of tax delinquency and/or property maintenance code violations***.
- The owner-occupant of a single-family dwelling must continue to occupy the property as his/her primary residence during the term specified in the rehabilitation contract and in the Agreement between the owner and the Town.
- The owner of rental property, whether single-family or a multi-family unit that is owner-occupied, must continue to occupy the property as his/her primary residence and rent to income-eligible tenants at the current fair market rents determined by HUD during the term specified in the rehabilitation contract between the owner and the Town. ***A copy of the signed lease must be filed with the application for financial assistance***.
- Investor-owners must continue to rent the units to income-eligible tenants at the current fair market rents determined by HUD during the term specified in the rehabilitation contract and in the Agreement between the owner and the Town.
- In the event of a sale or other transfer of the rehabilitated property, the new owner, if income qualified (household income not exceeding 80% of area median income) must agree to the terms and conditions specified in the rehabilitation contract between the original owner and the Town and described in the "*Financial Assistance*" section of this guide. See Section 6 for more information regarding the transfer or sale of rehabilitated property.

SECTION 3. PROPERTY SELECTION CRITERIA AND REHABILITATION ACTIVITIES

- All eligible properties will be considered for assistance, subject to the annual program allocation amount. However, the Town will give priority consideration to owner-occupied dwellings and will select projects from the applicant pool based upon the extent to which the following criteria are met:
    - ✓ The Town may, from time to time, assign priority to sub-areas where the rehabilitation program will support or complement recently completed or planned public improvements or services or concentrated code enforcement activities. Selected

[1] Fair market rent is the actual rent charged as specified in the lease. A landlord shall not discount any type of rent subsidy from the rent charged in order to justify meeting the fair market rent requirements of the program.

properties in such sub-areas must still meet all eligibility criteria and, at a minimum, be in need of code corrections.

- ✓ The property was constructed prior to 1978, has been determined to have lead-based paint hazards and has resident children. Moreover, a property will receive priority consideration for assistance if there is a resident child that is six years or younger with an elevated blood lead level.
- ✓ The property has deficiencies or violations of property maintenance code and/or fire prevention code requirements.
- ✓ The property is in need of "emergency" repairs. Provided all other eligibility criteria are met, such repairs can also be performed on an emergency basis outside of the rehab program's eligible area. ***Emergency repair shall consist of the repair of certain features of a housing unit which occurred in a sudden and unexpected manner and which, if not addressed, would render the unit uninhabitable.***

- Financial assistance for code corrections will target the most critical needs and will be subject to the maximum funding level for the project, as described in Section 4 under "*Funding Levels*". Eligible housing code repairs include walls, ceilings and floors, stairs and porches, roofs and chimneys, exterior and interior paint, gutters and leaders, plumbing and plumbing fixtures, furnaces, boilers and water heaters, wiring and electrical service.
- CDBG funds may be used to pay for the costs of certain exterior historic preservation or restoration activities that are architecturally appropriate for the property during the course of rehabilitation of an eligible property.
- All lead-based paint rehabilitation activities shall be performed in accordance with the provisions of Section 24 CFR Subpart J of the federal regulations. (See Section 5, "**Lead-Based Paint Hazard Reduction Standards**")
- If funds are remaining after lead hazards and code requirements are addressed, additional work such as energy efficiency and accessibility may be included in the scope of work.

EXCLUSIONS:

- Work that is covered by homeowner's insurance, general remodeling/additions, cosmetic improvements and work that began prior to an approval to participate in the Housing Rehabilitation Program are not eligible for CDBG rehabilitation funds.

SECTION 4. FINANCIAL ASSISTANCE TERMS AND CONDITIONS

General statement of purpose and policy: The Town seeks to provide assistance to those persons and projects that have the greatest demonstrated need and from which the greatest benefit will be derived. While variations in the level of resources will impact the number of projects that are assisted, the Town will pursue a prudent allocation system that is consistent with the priority selection criteria discussed in Section 3, above. In addition, the Town will seek to

leverage private sector dollars from property owners either through direct cash or sweat equity contribution towards a project. All applicants must submit an *"Application for Financial Assistance".*

FUNDING LEVELS

The ***maximum level*** of financial assistance for a housing rehabilitation project will be as follows:

- ✓ $25,000 for an eligible ***single-family*** dwelling.
- ✓ $20,000 ***per unit*** for an eligible ***multi-family*** dwelling, up to seven units.

- Exceptions to the financing caps may be granted on a case-by-case basis based on "Change Orders" approved by the Town and consistent with the terms and conditions of the contract between the property owner and the Town, and the contract between the property owner and the contractor. Such exceptions must be the result of emergency or unforeseen circumstances that were beyond the control of any of the parties to the rehabilitation project.
- Financial assistance under the program is provided to the property owner according to the terms of a contract between the owner and the Town.
- The property owner must abide by the terms of the rehabilitation contract between the owner and the Town with respect to ongoing observance of lead-safe practices and adherence to the qualifying fair market rent and income criteria governing the program.
- Financial assistance to the project shall be forgiven over the term specified in the rehabilitation contract between the owner and the Town, free of interest, provided that there is no violation of the terms and conditions of the contract.
- The Town shall record a lien against the property as security for its investment in the property and to ensure the owner's continued compliance with the provisions of the rehabilitation contract. The period of time for which the lien remains is dependent on the extent of the Town's investment in the property:

Single-Family Homes

$25,000 maximum

7 year maximum encumbrance

$5,000 or less = 3 years

$5,000 - $10,000 = 5 years

$10,000 - $25,000 = 7 years

* If Finance Committee approves a project to exceed the $25,000 cap, any costs in excess of the $25,000/7 year cap will be forgiven at a rate of $4,000/year.

Multi-Family Homes

2 FAMILY

$0 - $20,000 = 5 years

$20,001 - $30,000 = 7 years

$30,001 - $40,000 = 10 years

* If Finance Committee approves a project to exceed the $20,000/unit cap, any costs in excess of the $40,000/10 year cap will be forgiven at a rate of $4,000/year.

3+ UNITS

$0 - $20,000 = 5 years

$20,001 - $30,000 = 7 years

$30,001 - $40,000 = 10 years

Above $40,000 = 10 years for first $40,000 then $4,000/year forgiven for costs in excess of this

SECTION 5. LEAD-BASED PAINT HAZARD REDUCTION STANDARDS

Where lead-based paint hazard reduction is a necessary component of the overall rehabilitation project the dwelling unit will be made lead safe according to the following standards:

- ✓ Level I – Intervention measures involve repair and painting to restore surfaces to an intact condition for dwelling units without a child six years or younger.
- ✓ Level II – Intervention measures involve lead-based paint hazard reduction of defective surfaces, repair and replacement of windows and other necessary elements for ***dwelling units with at least one child six years or younger.***
- ✓ Level III – Intervention measures involve repair and lead-based paint hazard reduction of all defective friction and mouthable surfaces for dwelling units ***with at least one child six years or younger with an elevated blood lead level (EBL)***. Repair is the favored measure over replacement. Temporary relocation of occupants will be addressed when deemed necessary.

SECTION 6. POLICIES GOVERNING THE REFINANCE, SALE OR TRANSFER OF A REHABILITATED PROPERTY DURING THE TERM OF THE AGREEMENT

- The owner shall provide the Town with a 30-day written notice of intent to refinance, sell or otherwise transfer title to the property and to request a subordination of the lien on the property. The Town will then provide the owner with a list of required documentation for the transaction to proceed. Failure to do so may result in delays in the refinancing or sale transaction.
- Sale or transfer of an owner-occupied property during the term specified in the rehabilitation contract between the owner and the Town **may only be to another qualified owner-**

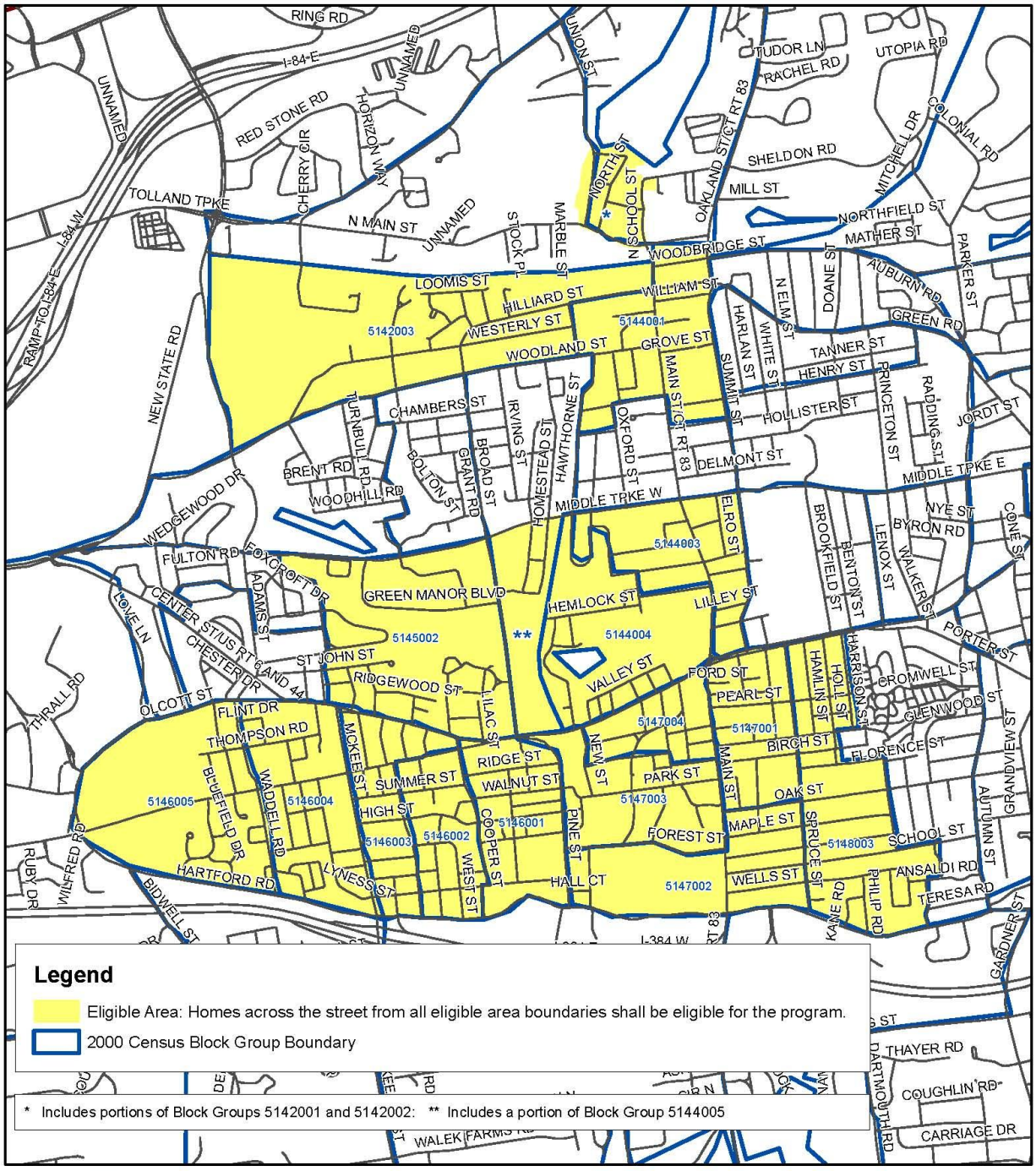
occupant who is willing to abide by the contract until its expiration. This provision applies to both single-unit and multi-unit properties. At least 51% of the units in a multi-unit dwelling (or one unit of a two-unit dwelling) must continue to be rented to income-eligible occupants at current fair market rents established by HUD based on the number of bedrooms in each unit.

- Sale or transfer of an investor-owned rehabilitated property during the term specified in the rehabilitation contract between the owner and the Town can be either to another investor-owner or to an income-eligible owner-occupant. Multi-unit dwellings must continue to meet the 51% test described in the preceding paragraph. Renters in single-family homes must be income eligible.
- If the prospective new owner of a town-assisted property is either income-ineligible or unwilling to abide by the terms specified in the rehabilitation contract between the owner and the Town, then the original owner or the new owner shall be responsible for repayment of the amortized balance of the financial assistance provided by the Town for that property.
- If a prospective new, but *income-ineligible*, owner-occupant of a multi-unit dwelling is willing to honor the terms of the rehabilitation contract between the original owner and the Town with respect to the prevailing tenant(s) income and fair market rents for the remaining term of the agreement, then the amortized balance of the financial assistance provided by the Town for that property will be pro-rated on a per-unit basis so that the new owner-occupant will only be responsible for repayment of the amount due on the unit that he/she will occupy.
- Failure to abide by the terms of the contract will result in full repayment of the entire loan amount by the property owner(s).

Please call the Planning Department at (860) 647-3044 with questions or to obtain further information about the program.

HOUSING REHABILITATION PROGRAM
ELIGIBLE AREA

NORTH



Town of Manchester Planning Department
May 2011

TOWN OF MANCHESTER

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

FY 2026 INCOME LIMITS (Effective May 2026)

The total annual income (adjusted or estimated) of an eligible family or household must not exceed the corresponding limits in the Low/Moderate income block shown below.

Family or Household Size	**Low/Moderate Income Limits** (80% of Area Median[2])
1 person	$72,350
2 persons	$82,700
3 persons	$93,050
4 persons	$103,350
5 persons	$111,650
6 persons	$119,900
7 persons	$128,200
8 persons	$136,450

Household: A household means all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements. A **Family** means all persons living in the same household who are related by birth, marriage or adoption.

Adjusted Gross Income: As defined for purposes of reporting under the Internal Revenue Service (IRS) Form 1040 for individual Federal annual income tax purposes.

Estimate the annual income of a family or household by projecting the prevailing rate of income of each person at the time assistance is provided. Estimated annual income shall include income from all family or household members (including Social Security, SSDI, unemployment, child support, etc.) as applicable. Income or asset enhancement derived from the CDBG-assisted activity shall not be considered in calculating estimated annual income.

[2] FY 2026 Median Family Income = $129,200 for the Hartford, West Hartford and East Hartford, CT Metropolitan Statistical Area (MSA), as determined by the U.S. Department of Housing and Urban Development.

Town of Manchester

Housing Rehabilitation 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)

Owner's home/cell phone _____ Business phone_____

Which contact number do you prefer we use? _____

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

Employer's name and address: _____

How did you hear about this program? _____

If the owner is not an occupant please provide the owner's address:

Address: _____

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

Are you and/or any other owner(s) willing or able to contribute private funds or sweat equity to the rehabilitation effort?

☐ Yes ☐ No

Are you willing or able to undertake any of the code correction work yourself?

☐ Yes ☐ No

Are you able to provide a lead-safe vacant dwelling unit to accommodate any building residents, if temporary relocation is necessary due to lead-based paint hazard reduction work?

☐ Yes ☐ No

Have you or any other owner(s) filed for bankruptcy protection within the last five (5) years?

☐ Yes ☐ No

Using the information in Section 3, pages two and three of the enclosed *"Housing Rehabilitation Program Guidelines"* as a general guide please provide a description of the dwelling conditions that could assist the department in determining the rehabilitation needs of the property. ***An application without this information may not be processed. Reminder: The focus of this program is lead correction and property maintenance code violations.***

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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	____ American Indian/Alaskan Native & White
____ Black/African American	____ Black/African American & White
____ Asian	____ American Indian/Alaskan Native & Black/African American
____ Asian & White	____ Other Multi-racial
____ American Indian/Alaskan Native	
____ Native Hawaiian/Other Pacific Islander	

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:

Property Address:_____ Number of apartments/units:____

	Monthly Rent	*Number of bedrooms*	*Name of Occupant*
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 form).**

Certifications

The undersigned hereby make a preliminary application to the Town of Manchester ("Town") for financial assistance for housing rehabilitation, including code correction and lead-based paint hazard reduction, where necessary. **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 rehabilitation project subject to the appropriate level of financial assistance described in the "*Housing Rehabilitation Program Guidelines*". If accepted into the program, I/We further agree to permit the abatement of lead-based paint in the property, if necessary, by a contractor approved by the Town and selected through the Town's bid process. Except as otherwise provided in the rehabilitation agreement with the Town, 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 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 the physical condition of the property in compliance with the Town's building, fire, sanitation and health code requirements and to maintain homeowners 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** _____

HOUSEHOLD INCOME by Number Of Persons In The Household (Revised 5/2026)

(PLEASE CIRCLE 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
$27,150 or less	$31,000 or less	$34,900 or less	$38,750 or less	$41,850 or less	$44,950 or less	$48,050 or less	$51,150 or less
$27,151 to $45,250	$31,001 to $51,700	$34,901 to $58,150	$38,751 to $64,600	$41,851 to $69,800	$44,951 to $74,950	$48,051 to $80,150	$51,151 to $85,300
$45,251 to $72,350	$51,701 to $82,700	$58,151 to $93,050	$64,601 to $103,350	$69,801 to $111,650	$74,951 to $119,900	$80,151 to $128,200	$85,301 to $136,450
More than $72,350	More than $82,700	More than $93,050	More than $103,350	More than $111,650	More than $119,900	More than $128,200	More than $136,450

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 ***Adult 18 and over*** in the Unit	Name of each ***Child under 18*** 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)

	White		American Indian/Alaskan Native & White
	Black/African American		Asian & White
	Asian		Black/African American & White
	American Indian/Alaskan Native		American Indian/Alaskan Native & Black/African American
	Native Hawaiian/Other Pacific Islander		Other Multi-racial

4. Head of Household is: Male: _____ Female: _____

HOUSEHOLD INCOME by Number Of Persons In The Household (Revised 5/2026)

(PLEASE CIRCLE 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
$27,150 or less	$31,000 or less	$34,900 or less	$38,750 or less	$41,850 or less	$44,950 or less	$48,050 or less	$51,150 or less
$27,151 to $45,250	$31,001 to $51,700	$34,901 to $58,150	$38,751 to $64,600	$41,851 to $69,800	$44,951 to $74,950	$48,051 to $80,150	$51,151 to $85,300
$45,251 to $72,350	$51,701 to $82,700	$58,151 to $93,050	$64,601 to $103,350	$69,801 to $111,650	$74,951 to $119,900	$80,151 to $128,200	$85,301 to $136,450
More than $72,350	More than $82,700	More than $93,050	More than $103,350	More than $111,650	More than $119,900	More than $128,200	More than $136,450

Name of each ***Adult 18 and over*** in the Unit

Name of each ***Child under 18*** 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**

HOUSING REHABILITATION APPLICATION PACKET CHECKLIST

- [ ] APPLICATION FOR FINANCIAL ASSISTANCE
- [ ] HOMEOWNER(S) – LICENSE/REAL 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