Email Form | Print Form

Town of Manchester
Housing Rehabilitation Program
APPLICATION FOR FINANCIAL ASSISTANCE

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

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 and equal employment opportunity, 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 4/2025)
(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
☐ $26,600 or less	☐ $30,400 or less	☐ $34,200 or less	☐ $38,000 or less	☐ $41,050 or less	☐ $44,100 or less	☐ $48,650 or less	☐ $54,150 or less
☐ $26,601 to $44,350	☐ $30,401 to $50,650	☐ $34,201 to $57,000	☐ $38,001 to $63,300	☐ $41,051 to $68,400	☐ $44,101 to $73,450	☐ $48,651 to $78,500	☐ $54,151 to $83,600
☐ $44,351 to $70,950	☐ $50,651 to $81,050	☐ $57,001 to $91,200	☐ $63,301 to $101,300	☐ $68,401 to $109,450	☐ $73,451 to $117,550	☐ $78,501 to $125,650	☐ $83,601 to $133,750
More than ☐ $70,950	More than ☐ $81,050	More than ☐ $91,200	More than ☐ $101,300	More than ☐ $109,450	More than ☐ $117,550	More than ☐ $125,650	More than ☐ $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 ***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
☐	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 4/2025)
(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
☐ $26,600 OR LESS	☐ $30,400 OR LESS	☐ $34,200 OR LESS	☐ $38,000 OR LESS	☐ $41,050 OR LESS	☐ $44,100 OR LESS	☐ $48,650 OR LESS	☐ $54,150 OR LESS
☐ $26,601 TO $44,350	☐ $30,401 TO $50,650	☐ $34,201 TO $57,000	☐ $38,001 TO $63,300	☐ $41,051 TO $68,400	☐ $44,101 TO $73,450	☐ $48,651 TO $78,500	☐ $54,151 TO $83,600
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I certify that the information provided herein is accurate and complete.

_____ _____
Signature **Date**

APPLICATION PACKET CHECKLIST

- [ ] APPLICATION FOR FINANCIAL ASSISTANCE
- [ ] COPY OF REAL ID LICENSE / PASSPORT / BIRTH CERTIFICATE
- [ ] 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.