

Application # \_\_\_\_\_ - \_\_\_\_\_

Date Received \_\_\_\_\_

**ELLINGTON REGIONAL HOUSING REHABILITATION PROGRAM  
Homeowner Application**

1. Name of Owner(s): \_\_\_\_\_  
\_\_\_\_\_

2. Property Address: \_\_\_\_\_

3. Telephone number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

4. Applicant Data: Include information for all permanent residents of the household.

Name	Age	Disabled? (Optional)	Race * (Optional)	Status**	Social Security #

\*Racial Classification: 1. White, 2. Black/African American, 3. Asian, 4. American Indian/Alaskan Native, 5. Native Hawaiian/Other Pacific Islander, 6. American Indian/Alaskan Native & White, 7. Asian & White, 8. Black/African American & White, 9. American Indian/Alaskan Native & Black/African American, 10. Other Multi-racial.

\*\* (C) Citizen of the United States or (L) legal resident

5. Sources of Income: For each household member list the source and amount of all income received during the past 12 months. Include wages, social security, pensions, unemployment, worker's compensation, interest and dividends, child support, alimony, etc.:

Name	Source of Income	Gross Annual Income

If the sources or amounts of your household's income are different now than they were in the last year, please describe. \_\_\_\_\_

6. Do you intend to sell the property within the next two years? \_\_\_yes\_\_\_no
7. Is the property owner-occupied? \_\_\_yes\_\_\_no
8. Number of residential units: \_\_\_\_\_
9. Year the property was constructed: \_\_\_\_\_
10. Is the property in a Flood Zone? \_\_\_yes\_\_\_no
11. Is the property currently in the process of foreclosure? \_\_\_yes\_\_\_no
12. Are you currently in the process of, or anticipating, filing bankruptcy? \_\_\_yes\_\_\_no
13. Please check the items which you are interested in receiving housing rehabilitation assistance for. This list is only preliminary and is for informational purposes. Please indicate if a possible emergency situation exists.

	Septic System		Plumbing		Electrical
	Heating/Hot Water		Insulation		Repair of Walls/ Ceilings/Floors
	Siding		Roof		Porch/Steps
	Windows		Painting		Foundation
	Other (Specify)				

I/We hereby certify that all information provided is accurate to the best of my/our knowledge. Falsification of any information provided to the Town may result in termination of the application or the requirement to pay back funds received.

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

**All owners of the property must sign this application.**

**A large print copy of this application is available upon request by calling the Ellington Community Development Office at (860) 870-3132 on Tuesdays.**

The Town Of Ellington complies with all Civil Rights and Fair Housing laws.



**Program staff is available to support property owners throughout the process. Please contact the program office at 870-3132, on Tuesdays from 9:00-4:00, if we can be of assistance.**

*The Ellington Housing Rehabilitation Program is funded through a grant from the Connecticut Department of Economic and Community Development's (DOH) Small Cities Program and is governed by the regulations set forth by DOH. The Program is administered through the Ellington Board of Selectmen's Office by Community Opportunities Group, Inc., a firm under contract to the Town of Ellington. The Town of Ellington complies with all Fair Housing laws. Accommodations will be made for applicants with disabilities.*

**Ellington Income Limits 2014**

<u>Household Size</u>	<u>Income Limits</u>	
	50% of median	80% of median
1 person	\$30,000	\$44,750
2 persons	\$34,300	\$51,150
3 persons	\$38,600	\$57,550
4 persons	\$42,850	\$63,900
5 persons	\$46,300	\$69,050
6 persons	\$49,750	\$74,150
7 persons	\$53,150	\$79,250
8 persons	\$56,600	\$84,350

