Rev. 09/11

For City Use Only	
Date Received	_____
Date Approved	_____
Application No.	_____

CITY OF DERBY
HOUSING REHABILITATION PROGRAM APPLICATION

ALL PERSONAL INFORMATION IS STRICTLY CONFIDENTIAL

I. PROPERTY INFORMATION

ADDRESS: _____
_____

Name(s) on Title: _____
_____

The Property is: _____Owner Occupied _____Non-Owner Occupied

II. PERSONAL APPLICANT INFORMATION

Name: _____ Social Security #: _____
Address: _____
_____

Telephone (with area code): (H) _____ (W or Cell) _____
Best time to be reached: _____

Email Address: _____

III. DESCRIPTION OF PROPERTY (CHECK ONE)

RESIDENTIAL:

_____ Single Family (Owner Occupied)
_____ Single Family (Rental)
_____ Two Family
_____ Three Family
_____ Four Family or More
# of units: _____

Is there any space in the building used for non-residential purposes?
_____No _____Yes If Yes, usage: _____

Are there any back property/sewer taxes due on properties owned by you within the City? _____No _____Yes If Yes, amount: $_____

IV. If property is a single family home, list the names of all persons residing in the dwelling. List name and apartment number for each resident per apartment.

NAME	APT #	*SEX	*AGE	*RACE	*HANDI-CAPPED YES/NO	FULL TIME STUDENT YES/NO	✓ IF HEAD OF HOUSEHOLD

*Information is requested for Program reporting purposes only. Provision of this information is <u>not</u> mandatory, and will not change your eligibility.

V. Briefly describe the work you wish to do:

_____

_____

_____

_____

VI. Attach most recent copy of Federal Income Tax Return (1040). If not available, explain. If you are receiving Social Security, Pensions, Unemployment Compensation, Child Support, Alimony, or other Benefits which do not appear on your latest income tax return, please attach documentation of same.

_____

_____

VII. Attach a copy of your mortgage statements(s) if applicable.
Estimate below the total of all mortgages currently secured by this property (Mortgages, Equity Line of Credit, Liens, etc.) _____

VIII. Do you or any member of your immediate family work for the City of Derby?
_____No _____Yes If Yes, please explain:

_____

IX. Are you a United States citizen? _____Yes _____No
If No, are you a "qualified alien"? _____Yes _____No
If you are a "qualified alien" please attach copy of supporting documentation.

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applications on the basis of sex or marital status, race, color, creed or national origin. Furthermore, no discrimination shall be practiced in the sale, leasing, rental, or other disposition of residential property and related facilities, or in the use or occupancy thereof.

I authorize the Program to obtain such information as it may require concerning the statements made in this application, including a credit check, and agree that the application shall remain its property whether or not the application is accepted or rejected.

I/We hereby certify that all statements attachments, supporting documentation submitted with this application are true and complete.

Applicant Signature: _____

Applicant Signature: _____

Date: _____

Please return to: City of Derby
Housing Rehabilitation Program
c/o Office of Economic & Community Development
1 Elizabeth Street
Derby, CT 06418