



CITY OF HARTFORD

LUKE A. BRONIN
MAYOR

DEPARTMENT OF DEVELOPMENT SERVICES
Division of Housing
260 Constitution Plaza
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BRIAN C. MATHEWS
DIRECTOR OF HOUSING

Dear Sir/Madam:

Recently you expressed an interest in the Flood Mitigation Assistance Program that is being administered by the Department of Development Services' Division of Housing to assist owners with properties located in the City of Hartford that were affected by flooding as a result of Storms Fred, Henri, and/or Ida in 2021.

The program provides a grant of up to \$7,500 to owner-occupants of 1-3 unit residential structures to reduce or eliminate the risk of repetitive damage to buildings, basements, and mechanical systems not covered by home owner's insurance or the Metropolitan District (MDC). Owners who require repairs or improvements and/or those owners seeking reimbursement for repairs or improvements already performed as a result of Fred, Henri, or Ida may apply.

Grant recipients' household income cannot exceed 120% AMI:

Household Size	1	2	3	4	5	6
120% of AMI	\$87,612	\$100,128	\$112,644	\$125,160	\$135,173	\$145,186

Please read the following CAREFULLY! **Below is a list of the information you need to gather:**

- Latest federal income tax return
- Two most recent paystubs
- Social security award letter
- Pension statement
- Proof of child support (if applicable)
- Proof of other income source (if applicable)
- Most recent mortgage statement for each account
- Homeowners insurance declaration page
- Receipts/permits (for reimbursement requests)

If the application is submitted without the required documentation it will be considered "INCOMPLETE" and will not be processed. All information will be kept CONFIDENTIAL.

Once you have completed the application forms and gathered the above information, please contact Shawana Bowens at 860 757-9030 to schedule an appointment. You may also email her at Shawana.Bowens@hartford.gov.

Property/motor vehicle taxes and outstanding parking tickets must be paid or brought current before you can apply for the grant. Our policies clearly prohibit the making of loans to property owners who have not fulfilled their obligation to pay City taxes.

Final approval for the grant is based on the availability of funds.



CITY OF HARTFORD

Flood Mitigation Assistance Program Application

For eligible homeowners affected by Storms Fred, Henri, and/or Ida

PROPERTY ADDRESS: _____ Hartford, CT

REQUEST FOR: ☐ REPAIRS ☐ REIMBURSEMENT

APPLICANT INFORMATION

Owner’s Name: _____

DOB: _____ Ethnicity: _____ Phone: _____

Co-Owner’s Name: _____

DOB: _____ Ethnicity: _____ Phone: _____

Address: _____

City, State: _____ Zip: _____

Length of Residency : _____ Email address: _____

HOUSEHOLD INFORMATION

Household Members (not including owners listed above)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

*Family members with income must provide proof of income.

EMPLOYMENT/ INCOME INFORMATION

Owner

Employer: _____ City, State: _____

Job Title: _____ Years Employed: _____

Gross Salary: \$ _____ (Annually/Weekly/Hourly)

Co-Owner

Employer: _____ City, State: _____

Job Title: _____ Years Employed: _____

Gross Salary: \$ _____ (Annually/Weekly/Hourly)

OTHER SOURCES OF INCOME

(Social Security, Disability, Pension, Unemployment Compensation, Child Support, Other)

Source: _____ \$ _____ Source: _____ \$ _____

Source: _____ \$ _____ Source: _____ \$ _____

PROPERTY INFORMATION

Property cannot be in any foreclosure process; including Lis Pendens.

Number of Units _____

Rent Amount (For Multi-Family Property Only)

Unit 1 \$ _____ Unit 2 \$ _____ Unit 3 \$ _____

Indicate anticipated rent amount for vacant units.

Are applicant’s City taxes and Hartford Parking tickets current? ☐Yes ☐No

Applicant(s) may contact the City of Hartford’s Tax Office to arrange for payment plans for delinquent taxes.

The applicant certifies that they have made application to the City of Hartford for funds to rehabilitate the subject property.

The applicant authorizes the City of Hartford Department of Development Services to request a housing code inspection and further authorize the Department of Licenses and Inspections to conduct an inspection. The applicant understands and agrees that regardless of the final grant application decision, they will be required to correct any conditions discovered during the inspection which violate applicable laws.

The applicant further certifies that all information in this application is true and complete to the best of his or her knowledge. Verification may be obtained from any source named herein or from copies of the applicant’s submitted documentation.

Owner’s Signature

Date

Co-Owner’s Signature

Date

Office Use Only:

Submission Date	_____	Received By	_____
Application Number	_____	Neighborhood	_____
Historic Property Yes <input type="checkbox"/> No <input type="checkbox"/>			
Administrative Approval by Director		_____	_____
		Signature	Date
<u>Tax and Ticket Verification</u>			
Are Taxes Current? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Type of Tax Delinquency: Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal <input type="checkbox"/>			
Amount Delinquent \$		_____	Delinquent Tax Years

Are Parking Tickets Owed?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount Delinquent \$

Date Verified		_____	Staff

<u>Informal Title Search</u>			
Property in any foreclosure process?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Income Verification</u>			
Total Household Income		_____	Under 120% AMI Yes <input type="checkbox"/> No <input type="checkbox"/>



CITY OF HARTFORD

Flood Mitigation Assistance Program

Work Requested by Applicant

Name _____ Phone# _____

Property Address _____ # Units _____

Date of Flood Event _____ Photos/Estimates/Receipts/Permits included? ☐ Yes ☐ No

Please provide a brief description of the incident: _____

Work Item	Repairs Needed	Reimbursement for Work Completed	Description/Location
Sump Pump & Drainage System			
Sump Pump Only			
French Drain			
Lateral Replacement			
Window Well			
Basement Windows			
Gutters			
Drain Snaking			
Video Camera Inspection			
Sewer Jetting			
Basement Cleanout			
Electrical			
Furnace/Boiler			
Hot Water Heater			
Mold Remediation			
Other:			

Applicant's Signature _____

Date _____



CITY OF HARTFORD

Flood Mitigation Assistance Program

HISTORIC PRESERVATION AGREEMENT

OWNER OF PROPERTY: _____

PROPERTY ADDRESS: _____

The OWNER will not have to comply with the historic preservation provisions noted below, unless the property is located in an historic district, individually registered or is located in a potential district.

The OWNER promises to comply with the City of Hartford's Historic Properties and Historic Preservation Ordinances, the National Historic Preservation Act of 1966 and the 1979 Memorandum of Agreement between the City of Hartford, HUD and the Connecticut State Historic Preservation Office (CSHPO), which locally supersedes this 1996 Act. Designated existing structures shall be rehabilitated in a manner consistent with their respective original architectural style and new structures will be designed with surrounding style and spatial dimension taken into account. Guidelines for the rehabilitation work are outlined in the pamphlet "BEFORE YOU REMODEL," which is available upon request.

I have read the above requirement regarding Historic Preservation and agree to comply with the requirements as they apply to the repairs and improvements of my property. I understand that failure to comply with the Historic Preservation standards will result in the termination of my grant application.

Owner Signature

Date

Owner Signature

Date

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CITY OF HARTFORD

Flood Mitigation Assistance Program

OCCUPANCY STATUS OF SUBJECT PROPERTY

PROPERTY OWNER: _____

PROPERTY ADDRESS: _____ # UNITS: _____

<u># OF BEDROOMS</u>	<u>ETHNICITY</u>	<u>HOUSEHOLD SIZE</u>	<u>AMOUNT OF RENT</u>	<u>RESIDENT/TENANT NAME AT APPLICATION</u>
<u>1ST Floor:</u>				
_____	_____	_____	_____	_____

<u>2nd Floor:</u>				
_____	_____	_____	_____	_____

<u>3rd Floor:</u>				
_____	_____	_____	_____	_____

NON-DISPLACEMENT CERTIFICATION:

I/We certify that none of the tenants occupying the property were forced to move as a result of the flood events related to Storms Fred, Henri, and/or Ida.

UNIT VACANCY:

I/We promise to make every attempt to fill any vacancies within 60 days of completion of rehabilitation project.

PROPERTY OWNER SIGNATURE

DATE