



CITY OF HARTFORD
Sustainable Housing Solutions Program Application

PROPERTY ADDRESS:

_____ Hartford, CT

BORROWER INFORMATION

Borrower Name: _____
DOB: _____ Ethnicity: _____ Phone: _____
Co-Borrower Name: _____
DOB: _____ Ethnicity: _____ Phone: _____
Address: _____
City, State: _____ Zip: _____
Length of Residency : _____ Email address: _____

HOUSEHOLD INFORMATION

Household Members
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
***Family members with income must provide proof of income.**

EMPLOYMENT/ INCOME INFORMATION

Borrower
Employer: _____ City, State: _____
Job Title: _____ Years Employed: _____
Gross Salary: \$ _____ (Annually/Weekly/Hourly)
Co-Borrower
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

Number of Units _____
Rent Amount
Unit 1 \$ _____ Unit 2 \$ _____ Unit 3 \$ _____
***Indicate anticipated rent amount for vacant units.**

Hartford Tax and Parking Fine Status

Are applicant’s taxes current?Real Estate ☐Yes ☐No

Motor Vehicle ☐Yes ☐No ☐N/AHartford Parking Authority ☐Yes ☐No ☐N/A

Applicant(s) MUST be current on all mortgages, City of Hartford property and motor vehicle taxes, and City of Hartford parking tickets.

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

The applicant 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.

Borrower Signature

Date

Co-Borrower Signature

Date

Please submit the following items with your completed application (as applicable):

- Latest federal income tax return
 - Two most recent paystubs
 - Social security award letter
 - Pension statement
 - Proof of child support
 - Proof of other income source
- Two most recent checking account statements
 - Most recent savings account statement
 - Most recent mortgage statement(s)
 - Homeowners insurance declaration page
 - Rental leases

A copy of a Credit Report may be required to determine monthly debt. Borrower(s) will be notified after program eligibility determination.

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 Beayanka Pinckney Naraine at 860-757-9035 to schedule an appointment. You may also email her at pincb001@hartford.gov. Do not mail your paperwork. It will be accepted at the time of your appointment.

Received by:

Housing Staff

Date

Reviewed by:

Housing Division Staff

Date



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Work Requested by Applicant

Name _____ # Units _____ Historic? _____

Property Address _____ Phone# _____

Exterior Work Item	Repair	Replace	Quantity	Description/Location
Roof				
Gutters & downspouts				
Windows				
Siding				
Painting				
Front Porch				
Rear Porch				
Driveway				
Doors				
Garage				
Other:				
Interior Work Item	Repair	Replace	Quantity	Description/Location
Electrical				
Heating				
Painting				
Doors				
Kitchen Cabinets				
Floors				
Bathroom Fixtures				
Other:				

Project Involves Remediation of Lead-Based Paint Hazards: ☐ Yes ☐ No

To applicant's knowledge, are there any housing code violations? ☐ Yes ☐ No

Notes: _____

Applicant's Signature

Date



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Sustainable Housing Solutions Program

APPLICANT'S STATEMENT

I certify that I have made application for funds to rehabilitate my property at _____, Hartford, Connecticut.

I understand that if I should qualify for a loan and my house was built before 1978, it may be necessary for the Program to arrange a lead inspection and assessment for work that may disturb painted surfaces. The inspection and assessment will determine if there are any lead paint hazards and outline what steps must be taken to remediate said hazards. Instances of chipping, peeling, and cracking paint are examples of defective areas which may test positive for lead.

If there are painted surfaces which are not intact or that will be disturbed or replaced during the rehabilitation work, steps must be taken in order to comply with state lead paint regulations. The contractors and workers who will perform the work are required to be certified in the EPA Renovation, Repair and Painting (RRP) protocols. Contractors and workers are taught the proper methods to be used in removing and replacing lead based paint.

Once the work is completed a lead clearance must take place before the work is approved. A visual inspection combined with dust wipe samples are conducted at the property. These dust wipes must be taken by a lead consultant and tested to determine the presence of lead at the property.

The requirements outlined above may increase the cost of any rehabilitation which involves the disturbing or replacing of painted surfaces. However, these specific items may be financed with the loan proceeds.

As a participant of the program, I understand that a housing code inspection may be performed by the City at the property. I know and agree that regardless of the final loan application decision, I will be required to correct any conditions discovered during the inspection which violate applicable municipal code.

Signature

Date

Signature

Date



CITY OF HARTFORD

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HISTORIC PRESERVATION AGREEMENT

OWNER OF PROPERTY: _____

PROPERTY ADDRESS: _____ DATE: _____

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 loan application.

Owner Signature

Date

Owner Signature

Date

W-9

**Request for Taxpayer
Identification Number and Certification**

**Give form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 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).

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 on page 4.

**Sign
Here**

Signature of
U.S. person ▶

Date ▶

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



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OCCUPANCY STATUS OF SUBJECT PROPERTY

PROPERTY OWNER: _____

PROPERTY ADDRESS: _____ NO. UNITS: _____

UTILITIES INCLUDED: YES _____ NO _____

LOCATION:

# OF BEDROOMS	ETHNICITY	HOUSEHOLD SIZE	AMOUNT OF RENT	RESIDENT/TENANT NAME AT APPLICATION
1ST Floor:				
_____	_____	_____	_____	_____
Are there any children under six? _____ IF YES, How many? _____				
2nd Floor:				
_____	_____	_____	_____	_____
Are there any children under six? _____ IF YES, How many? _____				
3rd Floor:				
_____	_____	_____	_____	_____
Are there any children under six? _____ IF YES, How many? _____				
4th Floor:				
_____	_____	_____	_____	_____
Are there any children under six? _____ IF YES, How many? _____				

NON-DISPLACEMENT CERTIFICATION:

I/We certify that none of the tenants occupying the property were forced to move as a result of the rehabilitation either before or immediately after the repairs, or as a result of a rent increase.

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 _____

TENANT AFFIDAVIT

I certify that:

I reside at the property located at _____.

The amount of monthly rent that I pay is _____.

The number of people in my household is _____.

Number of children under age six (6) is _____.

The total annual income for my household is _____.

I, certify that the above to be true under the penalties and provisions of the United States Code, Title 18, Section 1001, and any other applicable law.

In addition, I certify that I have received the Tenant Non-Displacement and Relocation Notice. I have also received the pamphlet "Protect Your Family from Lead in Your Home" regarding the dangers of lead based paint and the Lead-Safe certified guide to RENOVATE RIGHT.

DATE

TENANT'S SIGNATURE

XX

The United States Code, Title 18, Section 1001 provides that whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes or uses any false writing or document knowing the same contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both.

OFFICE USE ONLY

CERTIFICATION

I have reviewed this affidavit and determined that this household falls within the following income category:

_____ 0-30% of Area Median
_____ 50-80% of Area Median

_____ 30-50% of Area Median
_____ Over 80% of Area Median

DATE

SIGNATURE/TITLE