



## CITY OF HARTFORD

**ARUNAN ARULAMPALAM**  
MAYOR

DEPARTMENT OF DEVELOPMENT SERVICES  
Division of Housing  
260 Constitution Plaza  
Hartford, Connecticut 06103

**RANDAL P. DAVIS**  
INTERIM DIRECTOR

Telephone: (860) 757- 9005  
Fax: (860) 722-6630  
[www.hartford.gov](http://www.hartford.gov)

**MATTHEW STRAUB**  
DIRECTOR OF HOUSING

Dear Sir/Madam:

Recently you expressed an interest in the Housing Preservation Loan Fund Program that is being administered by the Department of Development Services, Housing Division.

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

### **Income:**

1. Last year Income Tax Returns for each person in the household
2. Two (2) most recent pay stubs for each person in your household that is working
3. Data on any other recurring income (business, child support, etc)
4. Social Security income - award letter
5. Pension income – copy of check or stub
6. Six (6) months of consecutive checking account statements for each person in your household
7. Most recent savings account statement for each person in your household

### **Other Documentation:**

1. Copy of homeowner's insurance policy
2. Mortgage Account Statement(s) (All mortgages must be current)
3. Copy of a credit report no more than 30 days old; Order a free credit report by phone, 1-877-322-8228 or online at [annualcreditreport.com](http://annualcreditreport.com)
4. List of Tenants name and monthly rental amount (If applicable)

Please note that anyone on the title of the property must also gather the above information.

Property/motor vehicle taxes and outstanding parking tickets must be paid or brought current before you can apply for a loan. Our policies clearly prohibit the making of loans to property owners who have not fulfilled their obligation to pay City taxes. Any bankruptcy or foreclosures should be at least 2 years old.

Once you have gathered the above information, please contact Beayanka Pinckney Naraine at 860-757-9035 or Lorie Lurtin at 860-757-9022 to schedule an appointment. You may also email them at [pincb001@hartford.gov](mailto:pincb001@hartford.gov) or [Lorie.Lurtin@hartford.gov](mailto:Lorie.Lurtin@hartford.gov). Do not mail your paperwork. It will be accepted at the time of your appointment.

Sincerely,

A handwritten signature in cursive script that reads "Celina Caez".

Celina Caez

<b>City of Hartford</b> <b>Division of Housing</b> <b>HOUSING PRESERVATION LOAN FUND</b> <b>APPLICATION FOR</b> <b>REHABILITATION LOAN</b>	Address of Property to be Rehabilitated		HARTFORD
	Application Number		Program Area
	Prepared By		Date
	Historic Property Yes <input type="checkbox"/> No <input type="checkbox"/>		

The information on this form is necessary in order to determine eligibility for a Community Development Loan and/or Grant.

<b>NAME OF APPLICANT(S)</b>	First _____ Middle _____ Last _____	If there is more than one (1) applicant (other than husband and wife or Members of one household), use a separate preliminary application for each applicant.

<b>LEGAL FORM OF APPLICANT ENTITY</b>		_____ Number of Units
Person <input checked="" type="checkbox"/> Partnership _____ Corporation: _____ Profit _____ Non-profit _____		

**I HOUSEHOLD STATUS AND COMPOSITION**

A. Head of Household & Spouse	Name - Head of Household	Marital Status	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Spouse's Name	
	Social Security Number	Date of Birth		Social Security No.	DOB
B. All Other Member of Family Household	Name	Age	Sex		
C. Present Address	No. and Street _____ Apt. _____	City _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Length of Residency _____ Year(s) _____ Month(s)	
	Home Phone _____	Cell Phone _____	Email _____		

**II EMPLOYMENT AND INCOME** Include income derived from all sources by all members of the Family Household who are not Minors.

Head of Household /Borrower	Employer	Address	Phone (860) _____
	Position	Length of Employment _____ Year(s) _____ Month(s)	Gross Earnings \$ _____ per _____
	Previous Employer	Length of Employment	Gross Earnings \$ _____ per _____
Complete this Section only if employed in present position less than 2 years. ->	<b>Family Member</b>	Employer	Phone (860) _____
	Address	Length of Employment	Gross Earnings \$ _____ per _____
<b>Employment:</b> Co/Borrower and all other Member of Family Household other than Minors	<b>Family Member</b>	Employer	Phone (860) _____
	Address	Length of Employment	Gross Earnings \$ _____ per _____
<b>Other Income Sources</b>  Social Security, Annuities, Pensions Disability benefits Unemployment Comp. Welfare Payments Child Support Alimony Armed Forces Pay	<b>Family Member</b>	Source	Amount \$ _____ per _____
	<b>Family Member</b>	Source	Amount \$ _____ per _____
	<b>Family Member</b>	Source	Amount \$ _____ per _____
	<b>Family Member</b>	Source	Amount \$ _____ per _____

<b>TOTAL GROSS ANNUAL INCOME FROM ALL SOURCES</b>	\$ _____
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**IV LIABILITIES- OFFICE USE**

NAME OF LENDER	DESCRIPTION	MONTHLY PAYMENT	UNPAID BALANCE	Are Payments CURRENT
INSTALLMENT LOANS		\$	\$	
		\$	\$	
AUTO LOANS		\$	\$	
		\$	\$	
CREDIT OR REVOLVING CHARGE ACCOUNTS	DESCRIPTION	MONTHLY PAYMENT	BALANCE	Are Payments CURRENT
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Are you a cosigner or co-borrower on any other loan?	For Whom	CREDITOR		Amount of Loan \$

Have you ever been obligated on a Home Loan or a Home Improvement Loan which resulted in Foreclosure, Deed in Lieu of Foreclosure, or Judgment?	<b>NO</b> _____	Name of Lender:  Date of Foreclosure or Judgment:
	<b>IF YES →</b>	

**V INCOME AND OPERATING EXPENSES FOR PROPERTY TO BE REHABILITATED**

A. INCOME			B. OPERATING EXPENSES		
DWELLING UNIT	MONTHLY RENT	1. ITEM	MONTHLY COST	2. MORTGAGE	MONTHLY COST
		Taxes & Insurance Escrowed?	Yes <input type="checkbox"/>	1st	\$
1 <sup>st</sup> Floor	\$		No <input type="checkbox"/>	2nd	\$
				3rd	\$
		Insurance	\$	TOTAL	\$
2 <sup>nd</sup> Floor	\$	Prop. Taxes	\$		
				TOTAL #1	\$
				TOTAL #2	\$
3 <sup>rd</sup> Floor	\$			TOTAL OPERATING EXPENSES	\$
<b>TOTAL</b>	\$	<b>TOTAL \$</b>			

C. MORTGAGE(S)	Name of Mortgagee	Original Amount	Balance
1st CURRENT ( Y/ N)	Circle one: Fixed Rate / Adjustable Rate	Monthly Payment	Type of Mortgage (circle One) Conventional / Government
		\$	
2nd CURRENT ( Y/ N)	Name of Mortgagee	Original Amount	Balance
	Address of Mortgagee	Monthly Payment	Type of Mortgage
		\$	
3rd CURRENT ( Y/ N)	Name of Mortgagee	Original Amount	Balance
	Address of Mortgagee	Monthly Payment	Type of Mortgage
		\$	

**VI INCOME AND OPERATING EXPENSES FOR ADDITIONAL PROPERTY**

A. Do You Own Any Real Property in Addition to The Property to be Rehabilitated? <input type="checkbox"/> Yes <input type="checkbox"/> No	B. Total Income Additional Properties	C. Total Operating Expenses Additional Properties
If yes, Form CDLG-1a Must be Completed for Each Property	\$	\$

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 Federal Tax Return.

Signature \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_





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## HOUSING PRESERVATION LOAN FUND

### 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 \_\_\_\_\_

Are there any housing code violations? Yes \_\_\_\_\_ No \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PROPERTY TAX PAYMENT  
VERIFICATION**

Name of Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner's Certification: I certify that I do not hold title in whole or in part to any real property located in the City of Hartford other than that which is listed below.

TO BE COMPLETED BY HOUSING STAFF					
Are Taxes Current?		Amount Delinquent	No. of Tax Years Delinquent	Is There A Repayment Agreement?	
YES	NO			YES	NO
<u>ADDRESS</u>					
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____
<u>MOTOR VEHICLE:</u>					
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____
<u>PARKING TICKETS:</u>					
_____	_____	\$ _____	_____	_____	_____
Additional Comments: _____					
Signature: _____					
Date: _____					

Owner's Signature \_\_\_\_\_  
Date: \_\_\_\_\_

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



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INTERIM DIRECTOR

## **Housing Preservation Loan Fund APPLICANT'S STATEMENT**

I certify that I have made application to the City of Hartford for funds to rehabilitate my property at \_\_\_\_\_  
\_\_\_\_\_, Hartford, Connecticut.

I understand that if I should qualify for a loan, a risk assessment/inspection of the above-mentioned property by a Lead Consultant Contractor, licensed by the State of Connecticut, is required to determine if lead-based paint hazards exist in my home. If hazards are found, I understand that they must be corrected in accordance with state and federal laws. Lead-based paint hazard evaluation and reduction efforts will have priority and will be part of the rehabilitation project. I am aware and I agree that the cost associated with the lead-based paint hazard evaluation and reduction efforts will be included in my Housing Preservation loan amount.

I understand that additional home repair projects may contaminate the worksite as it relates to lead-based paint site clean-up and clearance testing. I agree to limit the rehabilitation work at my property to the Housing Preservation project, and will not initiate other repair projects until my property has passed a lead-based paint clearance test.

I certify that I have been given the pamphlet entitled "Protect Your Family From Lead In Your Home" which addresses the dangers of lead-based paint poisoning and have agreed to notify and disseminate information regarding the hazards of lead-based paint to my tenant(s), as provided by Subpart A of 24 CFR Part 35 of the Federal Regulations. In addition, I have received the EPA pamphlet "The Lead-Safe Certified Guide to Renovate Right".

I authorize 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. 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 laws. I agree that the loan proceeds must first be applied to correcting all violations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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## **Federal Lead Paint Regulations**

If your loan is approved and your house was built before 1978, it will be necessary for our Program 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 then specific steps must be taken in order to comply with federal lead paint regulations. In all such cases the contractors and workers who will perform the work are required to be trained in a HUD or EPA approved safe work practices course. These courses teach the workers the proper methods to be used in removing and replacing lead based paint.

Once the work is completed it is necessary for clearance to take place before the work is approved. This means a visual inspection combined with the taking of dust wipes from the property. These dust wipes must be taken by a certified individual and must be sent to a laboratory for testing to determine if there is any evidence of lead remaining 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## **HISTORIC PRESERVATION AGREEMENT**

PROPERTY ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER OF PROPERTY: \_\_\_\_\_

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

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	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.

<b>Sign Here</b>	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,

# Request for Copy of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed.**
- ▶ **Request may be rejected if the form is incomplete or illegible.**
- ▶ **For more information about Form 4506, visit [www.irs.gov/form4506](http://www.irs.gov/form4506).**

**Tip.** You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." or call 1-800-908-9946.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**Caution:** If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

**6 Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ \_\_\_\_\_

**Note:** If the copies must be certified for court or administrative proceedings, check here

**7 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

\_\_\_\_\_

\_\_\_\_\_

<b>8 Fee.</b> There is a \$50 fee for each return requested. <b>Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.</b>	
<b>a</b> Cost for each return . . . . .	\$ _____
<b>b</b> Number of returns requested on line 7 . . . . .	_____
<b>c</b> Total cost. Multiply line 8a by line 8b . . . . .	\$ _____
<b>9</b> If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here <input type="checkbox"/>	

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506.** See instructions.

Phone number of taxpayer on line 1a or 2a

<b>Sign Here</b>			
	Signature (see instructions)	Date	
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

**CITY OF HARTFORD**

**..... OCCUPANCY STATUS OF SUBJECT PROPERTY**

PROPERTY ADDRESS: \_\_\_\_\_

NO. UNITS: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

LOAN APPLICATION DATE: \_\_\_\_\_

UTILITIES INCLUDED: YES \_\_\_\_\_ NO \_\_\_\_\_

LOCATION:

<u># OF BEDROOMS</u>	<u>ETHNICITY</u>	<u>HOUSEHOLD SIZE</u>	<u>AMOUNT OF RENT</u>	<u>RESIDENT/TENANT NAME AT APPLICATION</u>
----------------------	------------------	-----------------------	-----------------------	--

**1<sup>ST</sup> Floor:**

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Are there any children under six? \_\_\_\_\_ IF YES, How many? \_\_\_\_\_

**2<sup>ND</sup> Floor:**

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Are there any children under six? \_\_\_\_\_ IF YES, How many? \_\_\_\_\_

**3<sup>RD</sup> Floor:**

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Are there any children under six? \_\_\_\_\_ IF YES, How many? \_\_\_\_\_

**4<sup>TH</sup> 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





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MATTHEW STRAUB  
DIRECTOR OF HOUSING

### **HOUSING PRESERVATION LOAN FUND TENANT NON-DISPLACEMENT AND RELOCATION NOTICE**

Dear Tenant,

The City of Hartford's Housing Division is interested in rehabilitating the property you currently occupy at \_\_\_\_\_ for a proposed project which may receive  
(address)

funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the Housing Preservation Loan Fund program.

The purpose of this notice is to inform you that you will not be displaced in connection with the proposed project.

If the project application is approved and federal financial assistance provided, you may be required to move temporarily so that the rehabilitation can be completed. If you must move temporarily, suitable housing will be made available to you and you will be reimbursed for all reasonable out of pocket expenses, including moving costs and any increase in housing costs. You will need to continue to pay your rent and comply with all other lease terms and conditions.

Upon completion of the rehabilitation, you will be able to lease and occupy your present apartment or another suitable, decent, safe and sanitary apartment in the same building/complex under reasonable terms and conditions.

If federal financial assistance is provided for the proposed project, you will be protected by a federal law known as the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). One of the URA protections for persons temporarily relocated is that such relocations shall not extend beyond one year. If the temporary relocation lasts more than one year, you will be contacted and offered all permanent relocation assistance as a displaced person under the URA. This assistance would be in addition to any assistance you may

receive in connection with temporary relocation and will not be reduced by the amount of any temporary relocation assistance previously provided. You will also have the right to appeal the agency's determination, if you feel that your application for assistance was not properly considered.

**(NOTE: Pursuant to Public Law 105-117, aliens not lawfully present in the United States are not eligible for relocation assistance, unless such ineligibility would result in exceptional hardship to a qualifying spouse, parent, or child. All persons seeking relocation assistance will be required to certify that they are a United States citizen or national, or an alien lawfully present in the United States.)**

We urge you not to move at this time. If you choose to move, you will not be provided relocation assistance.

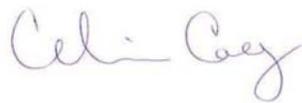
Under CDBG at 24 CFR 570.606(b)(2)(D)(1): "Your monthly rent will remain the same or, if increased, your new rent and estimated average utility costs will not exceed 30% of the household's average monthly gross income."

Please remember:

- **This is not a notice to vacate the premises.**
- **This is not a notice of relocation eligibility.**

If the project is approved, we will make every effort to accommodate your needs. In the meantime, if you have any questions about our plans, please contact Celina Caez at 860-757-9028 or by email at [caezc001@hartford.gov](mailto:caezc001@hartford.gov).

Sincerely,

A handwritten signature in blue ink that reads "Celina Caez". The signature is written in a cursive style with a loop at the end of the last name.

Celina Caez  
Housing Division  
City of Hartford