

# Town of Brookfield Housing Rehabilitation Program Application



Notice to Applicants: **PLEASE PRINT ALL INFORMATION CLEARLY**  
This Application is Strictly Confidential

<b>Do Not Write in This Section:</b>	<b>Application No:</b> _____	<b>Initials:</b> _____
<b>Date Received:</b> _____	<b>Time:</b> _____	<b>Date Approved:</b> _____

Name of Applicant(s): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number of Applicant: \_\_\_\_\_

Is your property owner occupied? YES \_\_\_\_\_ NO \_\_\_\_\_

Property Location: \_\_\_\_\_

Is your property single \_\_\_\_\_ or multifamily \_\_\_\_\_?

If multifamily, how many units? \_\_\_\_\_

Briefly describe the work needing to be done:

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Identify **all** members of the household under review (including yourself)  
 (for multi-family homes, please copy this page and complete a separate sheet per apt./unit)

**\*\*Note:** Annual Income declared below must include gross income as listed on your most recent tax return (1040) in addition to any benefits and/or compensation (ie: social security, unemployment, pension, child support, alimony, etc.)

Address \_\_\_\_\_ Apartment / Unit # \_\_\_\_\_

Name	Age	Race/Ethnicity	Handicapped?	**Annual Income

Please attach copies of the following for each member of the household (if applicable):

1. The most recent tax return (Form 1040) (18 years or older)
2. Three most recent pay stubs (18 years or older)
3. Social security benefit statement (for ALL household members)
4. Pension, unemployment compensation, child support, alimony or any other benefit statement (for ALL household members)

Please estimate total of all mortgage debt still owed on this property: \_\_\_\_\_

Are you up to date on all your municipal taxes (including sewers)? YES \_\_\_\_\_ NO \_\_\_\_\_

Is anyone in the household an employee of the municipality? YES \_\_\_\_\_ NO \_\_\_\_\_

**I authorize the program to obtain required information regarding statements made in this application and certify that all statements and documents submitted are true and complete to the best of my knowledge:**

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

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

*The Program is administered by Lisa Low & Associates*

**Please return the completed form with the required documentation to:**

**Katherine Daniel, Land Use Office**

**Brookfield Town Hall**

**100 Pocono Road, Brookfield, CT 06804**

**KEEP FOR YOUR RECORDS**

**Checklist**

Please verify before returning that you have completed/included all required documents. Only completed applications will be dated and time stamped.

- Completed Application Form
- Last year's tax returns for all members of household 18 or over
- Last three check stubs for all household residents 18 or over
- Documentation of all other income (pensions, social security, disability, child support, etc)

**2014 HUD INCOME LIMITS**

FY 2014 Income Limits Summary										
FY 2014 Income Limit Area	Median Income <input style="width: 80px; height: 20px;" type="text"/>	FY 2014 Income Limit Category	Persons in Household							
			1	2	3	4	5	6	7	8
<b>Brookfield town</b>	\$113,900	Very Low (50%) Income Limits (\$) <input style="width: 80px; height: 20px;" type="text"/>	39,550	45,200	50,850	<b>56,450</b>	61,000	65,500	70,000	74,550
		Extremely Low (30%) Income Limits (\$) <input style="width: 80px; height: 20px;" type="text"/>	23,700	27,100	30,500	<b>33,850</b>	36,600	39,300	42,000	44,700
		Low (80%) Income Limits (\$) <input style="width: 80px; height: 20px;" type="text"/>	49,600	56,650	63,750	<b>70,800</b>	76,500	82,150	87,800	93,500