



TOWN OF NEW MILFORD

CAPITAL HOME IMPROVEMENT PROGRAM - Funded by the American Rescue Program Act - See COVID Capital Home Improvement Program information sheet for qualification and program details.

1. PROPERTY INFORMATION

Name(s) on Title: _____

Property Address _____

2. PERSONAL APPLICANT INFORMATION

Primary Contact Name: _____

Address: _____

Telephone (with area code): (H) _____ (Cell) _____

Email Address: _____ Best time to be reached: _____

Are you or any member of your immediate family or anyone with whom you have business ties, an employee, agent, or currently an elected/appointed official of the Town of New Milford or the Program Consultant A&E Services Group, LLC? Yes ___ No ___ If Yes, please explain

Are you a United States citizen? Yes ___ No ___

If No, are you a "qualified alien"? Yes ___ No ___ If Yes, please attach copy of documentation.

3. DESCRIPTION OF PROPERTY

_____ Single Family Owner Occupied

_____ Multi -Family Owner Occupied, # of units in the building _____

_____ Multi Family with mixed use, owner occupied, # of units in the building _____

4. RESIDENCY INFORMATION - List all occupants residing within the dwelling unit(s). Demographical information for reporting purposes only.

Name	Gender	Age	Race/ Ethnicity	Disabled? Yes/No	FT Student Yes/No	Household Status	Veteran? Yes/No

5. PROPERTY TAX

- a. Are the Real Estate taxes paid to date? Yes ___ No ___
- b. If No, approximate amount Due on taxes: \$ _____
 - i. If no, is there a payment plan in place? Yes ___ No ___ N/A ___
 - ii. If yes, is it being maintained Yes ___ No ___ N/A ___
- c. Are Sewer & Fire District taxes paid to date? Yes ___ No ___ N/A ___

6. MORTGAGE INFORMATION

- a. Is there a mortgage on the property? Yes ___ No ___
 - i. Mortgage Balance \$ _____
- b. Is there a Home Equity Loan or Line of Credit on the property? Yes ___ No ___
 - i. Original Home Equity Line of Credit Amount \$ _____
- c. Do you have a reverse equity mortgage on the property? Yes ___ No ___

7. FINANCIAL INFORMATION *Check and attach copies of all forms of income.*

- a. Most recent Federal Tax return with all attachments.
- b. Wage earnings. Attach 6 weeks of pay stubs.
- c. Social Security Yes ___ No ___ If yes attach
- d. Social Security Disability Yes ___ No ___ If yes attach
- e. Child Support Yes ___ No ___ If yes amount _____ per _____
- f. Alimony Yes ___ No ___ If yes amount _____ per _____
- g. Pension Yes ___ No ___ If yes attach most recent statement
- h. Annuities Yes ___ No ___ If yes attach most recent statement
- i. Un-employment Yes ___ No ___ If yes amount _____ per week & attach statement
- j. Bank statements. Attach 2 months of most recent statements.

8. PROPOSED RENOVATIONS - Briefly describe the work you wish to do:

9. PLEASE EXPLAIN HOW COVID Affected YOUR ABILITY TO PAY FOR THESE REPAIRS.
*Supporting documentation will vary and may be required.

10. Have you received any other COVID related funds from the State of CT (i.e., UniteCT) or local funds from this or any other Town/State program? Please provide assistance type, date, and amount.

You are requesting assistance through a special fund supported by the American Rescue Plan. These funds are for the specific purpose to assist people in our community who have been effected by COVID.

You must read, initial the following boxes and sign the next page for your application to be complete.

FINANCIAL ASSISTANCE FROM THE TOWN OF NEW MILFORD

Please read carefully, initial each box and sign below:

- You are applying for assistance from an emergency program of the Town of New Milford, funded by the American Rescue Plan. All requests are subject to the availability of funds. Applications and work are subject to the approval of the Town and Program Manager. Maximum loan amount is \$15,000.00 per single-family dwelling and \$5,000.00 per unit in multi-family dwellings.
- Applicants must have at least 10% equity available on the property. Funding is offered to owner-occupied applicants as a “deferred” payment loan in the form of a property lien. Deferred loans are 0% interest loans which require no payment until the Sale/Transfer of title, the owner’s demise or when the property is no longer the beneficiary’s principal place of residence.
- Applicants must provide proof of New Milford residence and sufficient documentation about the impacts of COVID-19 to their household. Documentation requirements will depend on individual circumstances and must substantiate the impact of COVID-19. Income verification, bank and other statements may be requested for all members of the household.
- These are programs of last resort, meaning that other available resources (local, State, or Federal) have been explored and utilized first.
- Requests are for emergency health, safety and energy efficiency qualified home repairs, not recurring expenses, general home improvements or upgrades. All requested renovations must be approved by the program administrator, as being eligible.
- Residents eligible for these emergency funds are those who strive to help their financial situation by taking advantage of available resources, education, and/or have a financial plan in place to manage expenses within the means of their current personal income.
- If assistance is approved, all work will be bid through the town’s procurement process. Homeowners retain the right to choose from qualified bidders. Payment will be issued directly to the selected bidder after work is completed to the satisfaction of the homeowner and program administrator.
- I understand that these funds are through a Federal program of the American Rescue Plan Act in which all or parts of documents and forms submitted to this local municipality may be subjected to Federal review or audit and Freedom of Information Act regulations.

I/We have read the above information or have had it read to me in a language I understand.

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

I affirm that all information provided is true to the best of my knowledge.

I HEREBY CERTIFY that all information on this application and accompanying documents are true and correct to the best of my knowledge. I also understand that provision of false, fraudulent or misleading information will result in denial of any further requests for financial assistance and is punishable by federal law as cited in 188 USC 1001.

I, _____, AUTHORIZE the Town of New Milford to release information as is pertinent to my request for assistance through these Emergency Funds to the Program Administrator.

Applicant Signature **Date** _____

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Applicant Signature **Date** _____

Return this application, by MAIL or IN PERSON to the Mayor's Office, New Milford Capital Home Improvement Program, 10 Main Street, New Milford, CT 06776

For Town Use Only	
Date Received	_____
Application No.	_____
Received by	_____