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|-------------------|-------|
| For Town Use Only |       |
| Date Received     | _____ |
| Date Approved     | _____ |
| Application No.   | _____ |

TOWN OF LEDYARD  
HOUSING REHABILITATION PROGRAM APPLICATION

ALL PERSONAL INFORMATION IS STRICTLY CONFIDENTIAL

I. PROPERTY INFORMATION

ADDRESS: \_\_\_\_\_  
 Name(s) on Title: \_\_\_\_\_  
 The Property is:  Owner Occupied  Non-Owner Occupied

II. PERSONAL APPLICANT INFORMATION

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone (with area code): (H) \_\_\_\_\_ (W or Cell) \_\_\_\_\_  
 Best time to be reached: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

III. DESCRIPTION OF PROPERTY (CHECK ONE)

RESIDENTIAL:  
 Single Family (Owner Occupied)  Three Family  
 Single Family (Rental)  Four Family or More  
 Two Family # of units: \_\_\_\_\_

Is there any space in the building used for non-residential purposes?  
 No  Yes If Yes, usage: \_\_\_\_\_

Are there any back property/sewer taxes due on properties owned by you within the Town?  No  Yes If Yes, amount: \$\_\_\_\_\_

IV. If property is a single family home, list the names of all persons residing in the dwelling. List name and apartment number for each resident per apartment.

| NAME | APT # | *SEX | *AGE | *RACE | *HANDI-CAPPED<br>YES/NO | FULL TIME<br>STUDENT<br>YES/NO | ✓ IF<br>HEAD OF<br>HOUSEHOLD |
|------|-------|------|------|-------|-------------------------|--------------------------------|------------------------------|
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\*Information is requested for Program reporting purposes only. Provision of this information is not mandatory, and will not change your eligibility.

V. Briefly describe the work you wish to do:

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VI. Attach most recent copy of Federal Income Tax Return (1040). If not available, explain. If you are receiving Social Security, Pensions, Unemployment Compensation, Child Support, Alimony, or other Benefits which do not appear on your latest income tax return, please attach documentation of same.

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VII. Attach a copy of your mortgage statements(s) if applicable. Estimate below the total of all mortgages currently secured by this property (Mortgages, Equity Line of Credit, Liens, etc.) \_\_\_\_\_

VIII. Do you or any member of your immediate family work for the Town of Ledyard?  
\_\_\_\_\_ No \_\_\_\_\_ Yes If Yes, please explain:

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IX. Are you a United States citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If No, are you a "qualified alien"? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If you are a "qualified alien" please attach copy of supporting documentation.

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applications on the basis of sex or marital status, race, color, creed or national origin. Furthermore, no discrimination shall be practiced in the sale, leasing, rental, or other disposition of residential property and related facilities, or in the use or occupancy thereof.

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

Applicant Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

Please return to: Town of Ledyard  
Housing Rehabilitation Program  
c/o Planning Department  
741 Colonel Ledyard Hwy.  
Ledyard, CT 06339