



CITY OF NORWICH OFFICE OF COMMUNITY DEVELOPMENT
23 Union St. Norwich, Connecticut

**PROPERTY REHABILITATION PROGRAM
APPLICATION & SUBMISSION GUIDELINES**

Limited funding is available. Applications will be accepted on a first come first served basis and will be date/time stamped once they are fully complete. Applications without supporting documentation will not be considered complete and will not be reviewed until all required items are submitted. Please refer to checklist.

You must complete all questions. Do not leave fields blank. If a question does not apply to you, please insert "N/A"

****ONLY COMPLETE APPLICATIONS WILL BE REVIEWED
FOR FUNDING ELIGIBILITY****

Investor Owner: an owner who does not reside in the property under consideration or a resident owner with two or more rental units, not including the unit in which he/she resides

If you have questions or need assistance in completing the application, please contact the Community Development Office at 860-823-3770 to schedule an appointment. Applications not meeting program requirements will be denied and the property owner will be notified in writing.

Completed applications should be returned to:

City of Norwich
Office of Community Development
23 Union Street, 2nd floor
Norwich, CT 06360
Attn: Property Rehab Program

Forms are also available at <https://www.norwichct.org/482/Reports-and-Forms>

City of Norwich Office of Community Development
Application Checklist

PLEASE NOTE: Mortgages, taxes, utilities (NPU) must all be current and the applicant free from any liens including but not limited to Tax, Judgement or Relocation liens at the time of application.

The following items are required to be submitted at the time of application. We reserve the right to request additional documentation not listed if necessary, to determine eligibility.

Copy of your most recent mortgage statement(s), with Loan balance, for all mortgages, home equity loans etc.

Copy of mortgage payment history for the last 12 months

Copy of most recent appraisal if available

Copy of Tax Bill from Tax Collector's office showing all accounts current

Copy of Tax Assessor's card for project property

Copy of Mortgage Deed from City Clerk's Office

Copy of Property Insurance Binder

Photocopy of birth certificate, permanent residency, visa or passport

Copy of Most Recent Federal Tax Return (owner-occupants and/or tenants)

Proof of income (owner-occupants and/or all tenants) including:

Copy of three (3) consecutive pay stubs from the past two months)

Unemployment compensation printout

Social Security benefits printout

Veteran's benefits

Copy of three (3) most recent monthly bank statements

Copy of executed lease(s) for each rented unit (Landlords Only)

PROPERTY VALUE INFORMATION

Purchase Price: \$ _____ Date of Purchase: _____ Loan Amount \$ _____

Interest Rate: _____ Adjustable Rate? _____ Term in Years _____ Current Monthly Payment: \$ _____

ARE YOUR MORTGAGE PAYMENTS CURRENT? Yes or No (If "no" please provide separate documentation with a detailed explanation as to the reason for the lateness)

Mortgage Company: _____

Mailing Address: _____

Telephone Number: _____

Does mortgage payment include: Home Owner's Insurance? **Yes or No** Tax Payments? **Yes or No**

Have you taken out any other mortgages on the property? Y or N

If yes please give details: Amount: \$ _____ Interest Rate _____ Term: _____
Monthly Payment: \$ _____

Mortgage Company: _____

Mailing Address: _____

Telephone Number: _____

List any other liens against the property (tax liens, judgment liens, etc.):

Lien Holder	Amount

What is the total amount owed against the property: \$ _____ (include all liens on property)

Has the property been appraised within the last year? Yes No Date: _____

Name of Appraiser: _____ Appraised Value \$: _____

BUILDING OCCUPANTS DATA:

Form must be completed for all properties (owner occupied single and two-family homes and investor owned buildings).

(Landlords – please make additional copies – form MUST be completed for each unit in building)

All information is kept strictly confidential

Property Address: _____ Landlord's Name: _____

Tenant Name: _____ Unit #: _____ Phone: _____

of Bedrooms in Unit: _____

LIST ALL OCCUPANTS

Name	Sex	Age	Relationship to Lessor	Student? Y or N	Income/Employment Status

HUD#	Family Race/Ethnicity:	TOTAL #	HISPANIC #
11	- White:	_____	_____
12	- Black/African American:	_____	_____
13	- Asian:	_____	_____
14	- American Indian or Alaskan Native:	_____	_____
15	- Native Hawaiian/Other Pacific Islander:	_____	_____
16	- American Indian or Alaskan Native & White:	_____	_____
17	- Asian & White:	_____	_____
18	- Black/African American & White	_____	_____
19	- American Indian/Alaskan & Black/African American:	_____	_____
20	- Other Multi-Racial	_____	_____

What is your current **total household** annual income \$ _____

Please provide copy of most recent tax return and copies of **3 consecutive pay stubs** from the past two months (tenants may submit pay stubs only) providing income and employment information for all household members. If unemployed, indicate in chart above.

Are you currently receiving any financial aid or rental assistance? Y or N If yes, list type and amount: _____

Amount of Monthly Rent: \$ _____ (Are Utilities included? Yes or No) Lease Expiration Date: _____

How long have you been at this address? _____ Year(s) _____ Month(s)

Do you intend to move in the next six months? YES ____ NO ____ UNKOWN ____

The information provided above and attached to this document is true to the best of my knowledge and belief.

Signature of Occupant: _____ Print Name: _____ Date: _____

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations. I understand that providing false or misleading information regarding this project may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

INCOME TAX CERTIFICATION FORM

I/We hereby certify that the income tax returns which have been submitted for the purpose of determining my/our eligibility for funding under the City of Norwich, Property Rehabilitation Program are true and correct copies of the returns submitted to the Internal Revenue Service for tax purposes for the most recent tax year.

Signature: _____ Date: _____

Signature: _____ Date: _____

Investor Owners: Not required to submit tax forms or certifications

Owner Occupants and/or tenants must attach a copy of their most recent tax return

**LOCAL PROPERTY & PERSONAL
PROPERTY TAX CERTIFICATION FORM**

I/We hereby certify that the tax bills evidencing payment which have been submitted for the purpose of determining my/our eligibility for funding under the City of Norwich, Property Rehabilitation Program are true and correct copies of the tax bills provided by the City of Norwich, Tax Collector's Office.

Print Name: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Investor Owners and Owner Occupants Must Submit Proof of Payment of City of Norwich Tax Bills

VERIFICATION OF EMPLOYMENT

EMPLOYEE INFORMATION (To be filled in by occupants)

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Badge Number or Employee Number: _____

Authorization

I am now or was employed by you. My signature below authorizes you to release private information to the Community Development Office for the purposes of confirming my yearly income.

Employee's Signature: _____ Date: _____

EMPLOYER INFORMATION (*To be completed by employer*)

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Division or department: _____ Date of Hire: _____ Termination Date: _____

Base Pay: \$ _____ Per: Hour Week Bi-Weekly Month Year

If hourly, please indicate average number of hours worked per week: _____

Year to Date Earnings: \$ _____ Previous Years Earnings: \$ _____

Prepared By: _____ Signature: _____

Title: _____ Date: _____

Please return this form to:

City of Norwich
Office of Community Development
23 Union Street, 2nd floor
Norwich, CT 06360
Attn: Property Rehab Program
Fax: 860.823.3715

VERIFICATION OF INTEREST INCOME

APPLICANT INFORMATION (To be filled out by occupants)

Please fill out one form per Banking Institution – Copy form as needed

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Address of Property: _____

Bank Name: _____ Account Number _____
Account Number _____
Account Number _____

Authorization

I have bank accounts with your institution. My Signature below authorizes you to release private information to The Community Development Office for the purpose of confirming my yearly income.

Owners

Signature: _____ Date: _____

ACCOUNT INFORMATION (To be filled in by Bank)

Bank Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Account Type: _____ Date Opened: _____ Termination Date: _____

Current Balance: \$ _____ is account Interest Bearing? Yes No Rate: _____

Prepared by: _____ Signature: _____

Title: _____ Date: _____

Please return this form to:

City of Norwich
Office of Community Development
23 Union Street, 2nd floor
Norwich, CT 06360
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VERIFICATION OF MORTGAGE

Owner(s) to Complete

Property Owner(s) Name(s) _____

Address: _____ City: _____ State: _____ Zip: _____

Property Address: _____

Mortgagee Info:

Bank Name _____

Address: _____ City: _____ State: _____ Zip: _____

Loan No. _____

Authorization of Applicant to release mortgage information

I hereby authorize the mortgagee to furnish to the City of Norwich Office of Community Development the information requested below regarding the mortgage identified.

Name of Property Owner(s): _____

Signature _____ Date _____

=====

MORTGAGE COMPANY TO COMPLETE

Type of mortgage: ___Conventional ___ FHA ___ VA ___ other _____

Date of Mortgage _____ Original Amount \$ _____ Interest Rate _____

Adjustable Rate? _____ Date of Maturity _____ Mortgage Balance \$ _____

Total Monthly Payment \$ _____

Does this include Insurance? Y or N Does this include Property Taxes? Y or N

Are payments current? Y or N If no, amount in arrears? \$ _____

Specify number of late payments in the past 12 months: _____

Verification of Mortgagee

The above information is furnished in strict confidence in response to your request.

Prepared by: _____ Date: _____

Signature: _____ Title: _____

Please return this form to:

City of Norwich
Office of Community Development
23 Union Street, 2nd floor
Norwich, CT 06360
Fax: 860.823.3715

**PROPERTY REHABILITATION PROGRAM
PROPERTY OWNER'S CERTIFICATION**

I/We the undersigned agree to the following terms and conditions as part of this application for funding under The City of Norwich, Property Rehabilitation Program.

- 1. The maximum amount of funding I may receive is based upon the following allowances:

Number of Housing Units In Structure	Maximum Amount of Funding Available
1	\$20,000.00
2	\$25,000.00
3	\$30,000.00
4 to 5	\$35,000.00
6 to 7	\$40,000.00
8 or more	\$45,000.00

- 2. The units receiving funding will not be converted into condominiums for a period of ten (10) years.
- 3. The property owner will not discriminate against tenants or potential tenants on the basis of race, color, national origin, sex age, handicapped status, income, or any other protected classification.
- 4. All housing units will be maintained in accordance with Section 8, minimum housing quality standards for the minimum of ten (10) years.
- 5. The property owner will maintain affordable rent levels for a minimum of two years after the completion of the rehabilitation, and rent levels will not be higher than section 8 fair market rent. The property owners will agree to affirmatively market the property for a period of ten (10) years after the completion of the project.
- 6. The property owner will agree to rent 51% of the assisted units to low and moderate-income households as defined by the Department of Housing and Urban Development for a period of ten (10) years.
- 7. The property owner certifies that the work done will not result in the displacement of very low, low, and low to moderate-income families, households or persons.
- 8. The property owner agrees to renovate the property in conformance with the approved work specifications.
- 9. The property owner will execute a promissory note and mortgage deed for the subsidized program funds prior to the start of rehabilitation on this property.
- 10. The property owner has read and understands the terms and conditions stated above as well as the information contained in the Norwich Property Rehabilitation Program, Policies and Procedures Manual, latest edition.
- 11. The application information contained in the package, including all supplemental forms and attachments are true and correct to the best of my knowledge and belief.

Property Owner's Name: _____ Signature: _____ Date: _____

Property Owner's Name: _____ Signature: _____ Date: _____

Property Owner's Name: _____ Signature: _____ Date: _____

**(All property owners of record must sign this document)
EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION
EQUAL HOUSING OPPORTUNITY**

CONTINUE **ONLY** IF YOU ARE APPLYING FOR THE LEAD
BASED PAINT HAZARD CONTROL PROGRAM

Application # _____

City of Norwich Office of Community Development
23 Union Street, Norwich, CT 06360 – Tel. 860.823.3770/Fax 860.823.3715

**LEAD BASED PAINT HAZARD CONTROL PROGRAM 2019
 APPLICATION FOR FUNDING**

Owner's Name: _____ Application Date _____

Owner's Address _____ Owner's Phone _____

Owner's City: _____ Owner's State: _____ Owner's Zip: _____

Owner's E-mail: _____ Application Type: Owner-Occupant Investor Owner

Proposed Project Address: _____

Project City: _____ Project State: _____ Project Zip: _____

Number of units in Building: _____ No. Occupied: _____ No. Vacant: _____

Property unit Information: Please list current occupant information for each housing unit including any unit occupied by the property owner.

Unit #	Name on Lease	Phone Number	Current Rent	Household Income

Please indicate the utility arrangement per apartment. Use "O" if Owner supplied and "T" for Tenant Expense

Unit #	Heat	Electric Service	Hot Water	Cold Water	Sewer	Trash	Other

LEAD BASED PAINT HAZARD CONTROL PROGRAM

PROPERTY OWNER'S CERTIFICATION

I/We the undersigned agree to the following terms and conditions as part of this application for funding under The City of Norwich, Lead Based Paint Hazard Control Program.

1. The maximum amount of funding I may receive is based upon the following allowances: \$12,000 per unit, in multiple unit structures up to a maximum of \$120,000 for ten or more units.
2. The units receiving funding will not be converted into condominiums for the duration of the lien period.
3. The property owner will not discriminate against tenant or potential tenant on the basis of race, color, national origin, sex, age, handicapped status, income, or any other protected classification.
4. All housing units will be maintained in accordance with Section 8, minimum housing quality standards for the duration of the lien period.
5. The property owner will maintain affordable rent levels for a minimum of two years after the completion of the lead hazard reduction, and rent levels will not be higher than Section 8 Fair Market Rent. For Investors who participate in the Section 8 loan forgiveness program, affordable rent levels must be maintained for a minimum of five years after the completion of the lead hazard reduction.
6. The property owner certifies that the work done will not result in the displacement of very low, low, and low-to-moderate income families, households or persons.
7. The property owner agrees to renovate the property in conformance with the approved work specifications.
8. The property owner will execute a promissory note and mortgage deed for the subsidized program funds prior to the start of lead hazard remediation on this property.
9. The property owner has read and understands the terms and conditions stated above as well as the information contained in the Norwich Lead Based Paint Hazard Control Program, Policies and Procedures Manual, latest edition.
10. The application information contained in the package, including all supplemental forms and attachments are true and correct to the best of my knowledge and belief.

Property Owner's Name: _____ Signature: _____ Date: _____

Property Owner's Name: _____ Signature: _____ Date: _____

Property Owner's Name: _____ Signature: _____ Date: _____

(All property owners of record must sign this document)
EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION
EQUAL HOUSING OPPORTUNITY