



**Community Development Block Grant – Disaster Relief
APPLICATION FORM**
Owner Occupied Rehabilitation and Reconstruction

INSTRUCTIONS

Please complete your application below. Please note that most versions of Adobe will not allow you to save this document. Be sure to print the completed application, sign it, and email it along with all supporting documentation to sandy.rehab@ct.gov.

GENERAL ELIGIBILITY REQUIREMENTS

The information collected in this application will be used to determine whether you qualify for the Community Development Block Grant – Disaster Relief Owner Occupied Rehabilitation and Reconstruction Program (OOR). This information will not be disclosed without your consent except for verification of information and as required and permitted by law.

You should gather the following list of items before starting as they are needed to complete the OOR application:

1. Documentation of ownership of primary residence (deed).
2. Documentation of household income.
3. Evidence of property tax payment (cancelled checks or mortgage statement with proof of payment)
4. Documentation of the status of mortgage and lien payments.
5. Receipts for repair/rehabilitation/mitigation work already completed at property where damage occurred. Receipt **cannot** be for work performed before October 29, 2012 and after application submission.
6. Social Security Numbers for all household members who are income eligible.
7. FEMA registration number (if applicable).
8. SBA Registration number (if applicable).
9. Documentation regarding insurance policies (homeowners, flood, property)
10. Documentation of amounts of funds received or approved but not yet accepted from **all** other disaster-related assistance such as flood insurance, homeowners insurance, FEMA, the Small Business Administration (SBA), or other Federal, State, local, private, not-for-profit or other sources.

HOMEOWNER INFORMATION

All persons listed on the deed as an owner will be required to sign all agreements if approved for assistance.

Prefix: _____ Last Name: _____ First Name: _____ M.I.: _____

Is there a Co-applicant for this application? Yes No (A co-applicant is required when there is more than one name on property deed or mortgage.)

Prefix: _____ Last Name: _____ First Name: _____ M.I.: _____

Current Address Check if this is the mailing address

Street/Apt. Number: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____ Work Phone: _____

Email Address: _____ How would the homeowner prefer to be contacted? _____

Mailing Address (if different than above - where correspondence will be sent):





DEMOGRAPHICS

Household Size: _____ Is anyone living in the house disabled? Yes No

No. Children under Age 18 in Household: _____ No. Adults over Age 62 in Household: _____

Employment Status: Employed Unemployed Retired Other: _____

Marital Status: Married Unmarried (*single, divorced, widowed*) Separated

Ethnicity: Hispanic Non-Hispanic

Race: African American/Black American Indian/Alaskan Native Asian
 Native Hawaiian/Pacific Islander White Other Choose not to Answer

Enter information for all disaster-affected household members.

No	Name of Each Household Member	Relationship to HOH	Age	Gender
1		<i>Head of Household</i>		
2				
3				
4				
5				
6				
7				
8				

PROPERTY INFORMATION

Address of Property Affected by Hurricane Sandy:

Street/Apt. Number: _____

City: _____ State: _____ Zip: _____

House Size: Single Family Two Family Three Family Four Family Number of Stories: _____

At the time of Hurricane Sandy was the homeowner using this location as his/her primary residence? Yes No

Is the homeowner currently living in the home? Yes No

If no, is the homeowner planning on moving back into the home once it is habitable? Yes No

Year your home was built: _____ Number of years living at the home: _____

Are all state, local and other property related taxes paid and up to date? Yes No





If no, please identify which taxes are not up to date and explain why:

Does the homeowner own any other real property? Yes No If yes, number of properties? _____

If yes, list all addresses:

Was the primary home flooded? Yes No (Please fill in box or attach a description)

Did your home sustain structural damage due to Hurricane Sandy? Yes No (Please fill in box or attach a description)

Have you made any repairs to your home since Hurricane Sandy? Yes No (Please fill in box or attach a description)

If there are any special circumstances regarding ownership (ie: death of owner, property in trust) or there are other legal considerations, please describe below.

Environmental Health Hazards:

Do you have prior or current knowledge of lead based paint at the property? Yes No

Do you have prior or current knowledge of asbestos at the property? Yes No

Do you have prior or current knowledge of mold at the property? Yes No





LIEN AND MORTGAGE INFORMATION

Do you currently have a mortgage and/or an equity line of credit on the damaged property? Yes No

If yes, for all mortgages and equity lines of credit on your property please provided the following information.

	Name of Lender	Estimated Pay-off Balance	Loan/Account Number
1 st Mortgage Holder			
2 nd Mortgage /equity line of credit			
3 rd Mortgage /equity line of credit			
4 th Mortgage /equity line of credit			

Have any of the above lien or mortgage holders initiated foreclosure proceedings? Yes No

If yes, Please explain:

Are all loan/mortgage payments up to date? Yes No

If no, Please explain:

Were any additional mortgages or lines of credit entered into after Hurricane Sandy for the purpose of storm relief? Yes No

If yes, Please explain:

If you *do not* have a mortgage, was it paid off: Before Hurricane Sandy After Hurricane Sandy

REPAIR REIMBURSEMENT

*A homeowner **may** be eligible for reimbursement for rehabilitation and reconstruction expenses for costs incurred from the date of Hurricane Sandy (October 29, 2012) to the date of submission of this application pending the availability of funds.*

Are you seeking reimbursement for any repairs to your home since Hurricane Sandy? Yes No

Did you have a licensed contractor hired to work on your home? Yes No

If yes, provide Contractor name and Telephone number: Name _____

Telephone _____ Contractor License #: _____

If yes, amount of funding being sought? \$ _____ Do you have documentation showing how funds were spent? Yes No

Did homeowner obtain permits for home repairs? Yes No





INCOME ELIGIBILITY

For purposes of verifying income for this program the adjusted gross income shown on the most recent IRS Form 1040 or IRS Form 1040 EZ with all associated forms and schedules is used. A 2012 IRS tax return MUST be submitted for all members of your household that filed a return in 2012 (for example if your adult son lives in the house with you and he files a separate tax return, that tax return must also be submitted). Data for income must correspond to household member name. Income can include: Income from wages, salaries, tips, etc., Business Income/Rental Income, Interest & Dividend Income, Retirement/Pension & Insurance Income, Unemployment & Disability Income, Welfare Assistance, Alimony/Child Support & Gift Income, Armed Forces Income, Public Assistance, Self-employment Income.

Annual income of all household members

No	Name	Social Security Number	Annual Income	Source
1				
2				
3				
4				
5				
6				
Total Annual Income				

BENEFIT INFORMATION AT THE TIME OF HURRICANE SANDY

The Stafford Act directs administrators of federal assistance to ensure that no person, business concern or other entity will receive duplicative assistance. As such, all applicants are required to accurately report all prior financial assistance received for this project.

FEMA Information:

Have you applied for any disaster-related assistance from FEMA as a result of damages to your home? Yes No

If yes, what is your FEMA Registration Number? _____

Small Business Administration (SBA):

Have you applied for any disaster-related assistance from SBA as a result of damages to your home? Yes No

If yes, what is your SBA Registration Number? _____

Homeowner's Insurance Policy:

Was a homeowner's insurance policy in effect at the time of Hurricane Sandy? Yes No

Name of Insurance Company: _____

Insurance Policy Number: _____

Agent's Name: _____ Phone Number _____

Insured Value of Structure: \$ _____ Total damage estimated by Insurer: \$ _____





Claim Number _____ Has the homeowner settled with the homeowner's insurance company? Yes No

If yes, Amount Disbursed \$ _____ If no, status of claim: Denied Under Review

Flood Insurance Policy:

Was a flood insurance policy in effect at the time of Hurricane Sandy? Yes No

Name of Insurance Company: _____

Insurance Policy Number: _____

Agent's Name: _____ Phone Number _____

Insured Value of Structure: \$ _____ Total damage estimated by Insurer: \$ _____

Claim Number _____ Has the homeowner settled with the flood insurance company? Yes No

If yes, Amount Disbursed \$ _____ If no, status of claim: Denied Under Review

Insurance Litigation:

Are you actively in dispute with any of your insurance claims? Yes No Does this include litigation? Yes No

If you are currently involved in litigation related to storm damage with one or more insurance companies, please attach a copy of your legal representation engagement letter.

Other State/ Federal/Local Assistance:

Did the homeowner apply and/or receive any other funds for home repair? Yes No

If yes, list all sources of funding and amount received

<i>Form of Assistance</i>	<i>Application Status</i>	<i>Amount Received</i>	<i>Used For</i>





APPLICATION STATEMENT

By signing below, I (we) hereby authorize the investigation of all statements contained in this application and all associated supporting documents submitted by me (us).

Further, I (we) declare, subject to penalties of perjury, that the information contained in this application as well as in any supporting documents, papers, or interviews have been examined and to the best of my (our) knowledge and belief are true and accurate. I (we) understand that the filing of false statements may be prosecuted in civil or criminal proceedings under the State or Federal Law. I (we) further understand that the completion of this application in no way neither constitutes approval by the State of Connecticut Department of Housing nor obligates funds in any way.

I (we) attest that to the best of my (our) knowledge and belief all information submitted in connection with this application shall be accurate and complete. I (we) understand that the submission of inaccurate or fraudulent information may be grounds for denial or recapture of a grant and/or loan, and may be punishable by criminal, civil or administrative penalties. I (we) understand that any information I (we) give may be investigated and verified.

In addition, each applicant agrees, by signature and submission of this application:

- A) To allow, the Connecticut Voluntary Organizations Active in Disaster (VOAD) to share its information with Department of Housing and its agents;
- B) To allow, any federal, state, or local government agency or authority that has or is providing emergency storm recovery funding for damage sustained as a result of the storms to share its information with Department of Housing and its agents.

As part of this application, a waiver is provided to the Federal Emergency Management Agency (FEMA), and the Small Business Administration (SBA), to provide Duplication of Benefits Information to the Department of Housing to assist in the determination of the cost effectiveness of my participation.

Any information shared with the State pursuant to the foregoing provision will be considered the personal/financial information of the applicant and will be treated as such under Connecticut's Freedom of Information Act.

Signature of Head of Household

Date

Signature of Co-Applicant

Date

This is an equal opportunity program. State or Federal law prohibits discrimination on the basis of race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, mental retardation, mental disability or physical disability.

Persons with disabilities who require alternate means for communication of program information (Braille, large print, audiotape, etc.) should contact Hermia Delaire, Program Manager at 860-270-8149 with inquiries for assistance.

Should you desire to file a discrimination complaint, please contact: Office of Fair Housing and Equal Opportunity, Department of Housing & Urban Development, 451 Seventh Street, S.W., Room 5204 Washington, DC 20410-2000.

