



**Community Development Block Grant – Disaster Relief  
APPLICATION FORM  
Multifamily Assistance Program  
Scattered Site Rehabilitation / Rebuilding (SSRR)**

**INSTRUCTIONS**

- Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written in.
- The Applicant (Owner of Multifamily Property) and if applicable, Co-Applicant must sign and date the application.
- Submit application with all the required documentation to: [sandy.rehab@ct.gov](mailto: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, Multifamily Assistance Program, Scattered Site Rehabilitation / Rebuilding (SSRR). 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 SSRR application:

1. Documentation of ownership (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. Social Security Numbers for all property owners who are income eligible.
6. FEMA registration number (if applicable).
7. SBA Registration number (if applicable).
8. Documentation regarding insurance policies (homeowners, flood, property)
9. 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.
10. Information regarding the tenants that reside in the multifamily units.



**OWNER 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):**

\_\_\_\_\_

**RACE AND ETHNICITY FOR PROPERTY OWNER**

This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.

**Race** (Check all that apply)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Multi-Racial

**Ethnicity** (Check One)

<input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or
<input type="checkbox"/> Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**PROPERTY INFORMATION**

**Address of Property Affected by Superstorm Sandy:**

Street/Apt. Number: \_\_\_\_\_

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

House Size:  Single Family  Two Family  Three Family  Four Family Number of Stories: \_\_\_\_\_

Year the multifamily property was built: \_\_\_\_\_





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 Owner 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 or attach a description)

If yes, Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

If yes, Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

If yes, Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**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 <sup>st</sup> Mortgage Holder			
2 <sup>nd</sup> Mortgage /equity line of credit			
3 <sup>rd</sup> Mortgage /equity line of credit			
4 <sup>th</sup> 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

**TENANT INFORMATION**

For all rental units, please indicate the head of household:

**Unit # 1**

Prefix: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

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: \_\_\_\_\_

No. Children Under Age 6 in Household \_\_\_\_\_ Rental Unit Household Income \$ \_\_\_\_\_

**Unit # 2**





Prefix: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

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: \_\_\_\_\_

No. Children Under Age 6 in Household \_\_\_\_\_

Rental Unit Household Income \$ \_\_\_\_\_

**Unit # 3**

Prefix: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

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: \_\_\_\_\_

No. Children Under Age 6 in Household \_\_\_\_\_

Rental Unit Household Income \$ \_\_\_\_\_

**Unit # 4**

Prefix: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

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: \_\_\_\_\_

No. Children Under Age 6 in Household \_\_\_\_\_

Rental Unit Household Income \$ \_\_\_\_\_





**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 property owners including rental income:

No	Name	Social Security Number	Annual Income	Source
1				
2				
3				
4				
5				
6				
<b>Total Annual Income</b>				

**BENEFIT INFORMATION AT THE TIME OF SUPERSTORM 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 Owner's insurance policy in effect at the time of Superstrom 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 Owner 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 Superstorm 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 Owner 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 Owner 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 Owner

\_\_\_\_\_  
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.**

