



Town of Hamden
Community Development Block Grant
Small Home Repair Grant Application

This program is contingent upon continued funding from the U.S. Department of Housing and Urban Development.

Qualified applicants may receive up to a \$15,000 grant to repair/replace a roof or furnace. If funds are not available, a waiting list may be compiled for the next funding cycle.

Application No. _____
For Internal Use

I. HOMEOWNER INFORMATION:

Applicant's Name: _____
Last First M.I.

Present Address: _____
Number Street

City State Zip Code

Email

Home Phone # _____ Work # _____

Email Address _____

Is this a single family home YES NO

If not, do you occupy the home? YES NO

II. HOUSEHOLD COMPOSTION:

Please provide the following information for ALL other persons residing with you (including yourself)

Name	Date of Birth	Relationship	Annual Adjusted Gross Income

For all individuals living in the house that are 18 years of age and are not a full-time student must provide the most recent tax return filed with the Internal Revenue Service (IRS). However, if taxes have not been filed, documentation must be provided such as a social security annual benefit statement. Full-time student(s) must provide documentation of status.

SCOPE OF WORK

Please indicate below the service you are applying for.

Furnace Repair/Replacement YES NO

Gas Furnace YES NO

Oil Furnace YES NO

Disclaimer

Appropriate and safe heating to protect the structure is the sole responsibility of the homeowner. The Town of Hamden, Office of Economic and Community Development will not be responsible for any freeze damage resulting from owner's lack of providing appropriate heating protection.

Roof Repair/Replacement YES NO

Is your roof currently leaking? YES NO

HUD requires that we collect the following information. Please complete.

Race	Total Persons in Household	Hispanic
White		
Black/Afr. American		
Asian		
American/Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaska Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaskan Native & Black/Afr. American		
Other/multi-racial		

FY 2025 Income Limits Summary

FY2025 Income Limit Area	Median Family Income Click for More Detail	Income limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
New Haven-Meriden, CT HUD Metro FMR Area	\$113,200	Very Low (50% Income Limits (\$) Click for More Detail	39,800	45,500	51,200	56,850	61,400	65,950	70,500	75,050
		Extremely Low Income Limits (s) * Click for More Detail	23,900	27,300	30,700	34,100	37,650	43,150	48,650	54,150
		Low (80%) Income Limits (\$) Click for More Detail	63,700	72,800	81,900	90,950	98,250	105,550	112,800	120,100

Refer to the income chart above. Please check the income level that pertains to your household.

Household Size:	Total persons in household:
Extremely Low	
Very Low Income	

Low	
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TENANT INFORMATION SHEET (If Applicable)

Tenant Name: _

Floor: _

Please check the appropriate income range for the tenant households (This information is required for each household unit.)

Number of People Residing in Household	Income Schedule
	Check one
1	<input type="checkbox"/> < \$24,100 <input type="checkbox"/> \$24,101-\$40,150 <input type="checkbox"/> \$40,150-64,250
2	<input type="checkbox"/> < \$27,550 <input type="checkbox"/> \$27,551-45,900 <input type="checkbox"/> 45,901-73,400 <input type="checkbox"/>
3	<input type="checkbox"/> < \$31,000 <input type="checkbox"/> \$31,000-\$51,650 <input type="checkbox"/> \$51,651-\$82,600
4	<input type="checkbox"/> <\$34,400 <input type="checkbox"/> \$34,401-\$57,350 <input type="checkbox"/> \$57,350-\$91,750
5	<input type="checkbox"/> < \$37,200 <input type="checkbox"/> \$37,201-61,950 <input type="checkbox"/> \$61,951-\$99,100
6	<input type="checkbox"/> <39,950 <input type="checkbox"/> \$39,951-\$66,550 <input type="checkbox"/> \$66,550-\$106,450

Tenant Signature

Date

The following documents are required to be submitted with the Small Home Repair Application

- Copy of Homeowner's Insurance Declaration Page (Must be current on payments)
- Proof and results of a recent radon test of the property
- Copy of most recent federal income tax return for all household members **or** a signed statement that applicant(s) are exempt from filing federal income tax return.
- If taxes not filed then Social Security Annual Benefit Statement, etc.
- Tenant Information Sheet (if applicable)
- All Pages that require a signature must be signed.
- Proof of Residency (Drivers License or Utility Bill)

The Town will not consider applications without the required documentation.

- All taxes to the Town of Hamden must be current.
- Title to the property must be in the name of the applicant.
- If home is a multi-unit home, it must be owner-occupied.
- Applicants must meet income eligibility requirements. (Total income must not exceed 80% of the median family income.)

PLEASE READ IN ENTIRETY BEFORE SIGNING

I certify that I have received and read the Program Guidelines for the Town of Hamden's Small Home Repair Grant Program. I understand that this authorization does not constitute an approval for homeowner's assistance or a first mortgage loan.

I understand that the information collected above will be used to determine whether I am eligible for the Town of Hamden Office of Economic and Community Development, Hamden Small Home Repair Grant Program. I certify that the information provided above is true and complete to the best of my knowledge and belief. I understand that any willful misstatement of material fact will be grounds for disqualification. I understand that it may be a federal crime, punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code. I further understand that false or fraudulent statements are subject to prosecution.

I consent to the disclosure of such information for the purpose of verifying income related to this application for financial assistance. I authorize the Town of Hamden and its Office of Economic and Community Development to obtain such information as they may require the statements made in this application.

I CERTIFY THAT I HAVE READ THE ABOVE AND AGREE WITH THE STATEMENTS CONTAINED HEREIN:

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

a



**Community Development Block Grant
Keefe Community Center, 11 Pine Street, Hamden, CT 06514
Telephone (203) 562-5129 x 1121
cdbg@hamden.com**

CERTIFICATION OF OPERATING SMOKE DETECTORS

The Fire Administration Authorization Act of 1992 ("the Act") prohibits the use of housing assistance, including Community Development Block Grant Program funding, in connection with all types of dwelling units unless various fire protection and safety standards are met.

The Act mandates that housing assistance cannot be "used in connection with" any dwelling unit (including all single and multifamily properties) unless the unit is protected by a hard wired or battery-operated smoke detector installed in accordance with NFPA 74.

As part of the application process, you are required to certify the presence of operating smoke detectors.

I, the undersigned, certify as the homeowner, that operating hard wired and/or battery smoke detector(s) are present in the dwelling unit(s) as required by the applicable codes.

Owner

Date

Owner

Date



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LEAD ACKNOWLEDGEMENT

By signing below, you are acknowledging that you have received, read, and understand the brochure entitled "*Renovate Right*".

Primary Signature

Date

Secondary Signature

Date