



**Town of Hamden**  
**Small Home Repair**  
**PROGRAM GUIDELINES**

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

### **Introduction/Overview**

This program is designed to improve and conserve housing in the Town of Hamden. Assistance is granted to low and moderate-income homeowners town wide. Qualified applicants may receive up to \$15,000 to repair/replace a roof or furnace.

### **Community Development Block Grant**

The Community Development Block Grant (CDBG) program is a federal program that began its operation in 1974 to consolidate several smaller categorical programs. It is one of the longest running programs by the U.S. Department of Housing and Urban Development (HUD). This federal program provides state and local governments with grants to develop and implement innovative and constructive strategies that improve the physical, economic, and social conditions within communities. Funds must meet one of three National Objectives. Most funds, a minimum of 70%, must provide benefit to low- and moderate-income persons. The other two objectives, removal of slum and blight and Urgent Need, may not exceed 30% of the funds (total funding less administration) in any given year.

The Town of Hamden ("Town") is an entitlement community in the CDBG Program and, as a result, receives formula funding on an annual basis. Through this program, activities are funded to improve public facilities, provide public services, and expand affordable housing opportunities.

### **Eligibility and Requirements**

1. Applicant(s) cannot exceed income limits as established by HUD.
2. No corporate or commercial entity is eligible.
3. The residence must be a single family (detached) or two to four family dwelling.
4. Investment properties are eligible under specific circumstances. If a homeowner, who is income qualified, owns a property in the target area and his/her tenants meet the income guidelines, the homeowner may apply.
5. Radon testing is required. Radon is a radioactive gas that cannot be seen, smelled or tasted. Radon gas is a natural substance that can be found in the dirt and rocks beneath houses, in well water and in some building materials. It can enter homes through soil, crawlspaces, foundation cracks, floors and walls. Once inside, it can become trapped in your home. HUD requires the results of a radon test prior to any repair of the home. The applicant is required to conduct a radon

test and submit the test results with application. The CDBG program will pay for mitigation (if applicable) for eligible applicants.

6. All taxes owed by the applicant (including motor vehicle registered in Hamden) must be current at the time of the application.
7. The Town of Hamden does not discriminate on the basis of age, veteran status, race, color, creed, national origin, gender, gender identity or expression, or disability.
8. The property must be covered by homeowner's insurance (e.g., hazard, property, fire and liability) and flood if applicable.
9. Title to the property must be in the name of the applicant.
10. Applications must be accompanied by the required documentation at the time of submission. The Town will not consider applications without the required documentation.
11. Grants are awarded once and only after two (2) years will an applicant be considered for additional funding.

### **Income Requirements**

1. The income of all persons related or otherwise living in the applicant's household will be included in determining income eligibility. Total income must not exceed 80% of the median family adjusted gross income (AGI) for the New Haven/Meriden MSA as adjusted for family size.
2. Proof of Residency (Drivers License or Utility Bill)

### **Selection Process**

1. This award is contingent upon the availability of funding through the town's Community Development Block Grant (CDBG). All applicants will be notified in writing regarding the status of their application.

### **Fair Housing Act**

Prohibits discrimination concerning the sale, rental, and financing of housing based on race, religion, national origin, sex, (and as amended) handicap and family status. Title VIII of the Act is also known as the Fair Housing Act (of 1968).

**For more information please contact: [cdbg@hamden.com](mailto:cdbg@hamden.com)**

Town of Hamden, Government Center, 2750 Dixwell Ave Hamden CT, 06518



**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 2026 Income Limits Summary  |   |                       |  |           |   |          |           |           |           |           |
|--|---|-----------------------|--|-----------|---|----------|-----------|-----------|-----------|-----------|
| FY2025 Income Limit Area   | Median Family Income<br><a href="#">Click for More Detail</a> | Income limit Category | Persons in Family                        |           |   |          |           |           |           |           |
|  |   |                       | 1  | 2         | 3   | 4        | 5         | 6         | 7         | 8         |
|  |   |                       | New Haven-Meriden, CT HUD Metro FMR Area | \$118,500 | Very Low (50% Income Limits (\$)<br><a href="#">Click for More Detail</a> | \$41,500 | \$47,400  | \$53,350  | \$59,250  | \$64,000  |
| Extremely Low Income Limits (s) *<br><a href="#">Click for More Detail</a> | \$24,900  | \$28,450              |  |           | \$32,000  | \$35,550 | \$38,400  | \$41,250  | \$44,100  | \$46,950  |
| Low (80%) Income Limits (\$)<br><a href="#">Click for More Detail</a>      | \$66,400  | \$75,850              |  |           | \$85,350  | \$94,800 | \$102,400 | \$109,950 | \$117,550 | \$125,100 |

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             |                             |

**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<br><input type="checkbox"/> \$24,101-\$40,150<br><input type="checkbox"/> \$40,150-64,250                         |
| 2                                      | <input type="checkbox"/> < \$27,550<br><input type="checkbox"/> \$27,551-45,900<br><input type="checkbox"/> 45,901-73,400<br><input type="checkbox"/> |
| 3                                      | <input type="checkbox"/> < \$31,000<br><input type="checkbox"/> \$31,000-\$51,650<br><input type="checkbox"/> \$51,651-\$82,600                       |
| 4                                      | <input type="checkbox"/> <\$34,400<br><input type="checkbox"/> \$34,401-\$57,350<br><input type="checkbox"/> \$57,350-\$91,750                        |
| 5                                      | <input type="checkbox"/> < \$37,200<br><input type="checkbox"/> \$37,201-61,950<br><input type="checkbox"/> \$61,951-\$99,100                         |
| 6                                      | <input type="checkbox"/> <39,950<br><input type="checkbox"/> \$39,951-\$66,550<br><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**

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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 NFPAS 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

\_\_\_\_\_

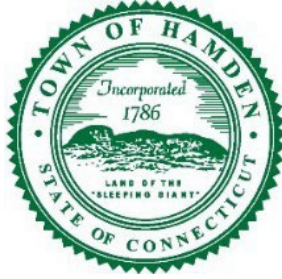
Date

\_\_\_\_\_

Owner

\_\_\_\_\_

Date



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

### **LEAD ACKNOWLEDGEMENT**

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

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Primary Signature

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Date

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Secondary Signature

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Date