



LIVABLE CITY INITIATIVE - CITY OF NEW HAVEN
CITY OF NEIGHBORHOODS

Erik Johnson
Executive Director

CITY OF NEW HAVEN

John DeStefano, Jr., Mayor

LIVABLE CITY INITIATIVE

165 Church Street, 3rd Floor

New Haven, CT 06510

Phone: (203) 946-7090 Fax: (203) 946-4899



CITY OF NEW HAVEN

AN ECONOMIC DEVELOPMENT DEPT.

Kelly Murphy, AICP
Economic Development
Administrator

ALL DOCUMENTATION MUST BE INCLUDED IN YOUR APPLICATION TO BE ACCEPTED FOR PROCESSING; IN THE EVENT DOCUMENTS ARE MISSING, YOUR APPLICATION WILL BE RETURNED FOR COMPLETION.

RETURN ALL DOCUMENTATION TO:

Debbie Golia
City of New Haven
Livable City Initiative
165 Church Street, 3rd Floor
New Haven, CT 06510
203-946-8389
dgolia@newhavenct.net



Mayor John DeStefano, Jr. www.infonewhaven.com



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Executive Director

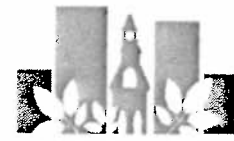
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PROGRAM UNDERSTANDING AND ACCEPTANCE FORM

ENERGY EFFICIENCY REHABILITATION ASSISTANCE PROGRAM (EERAP)

What is it?

Financial assistance for costs related to housing energy efficiency and rehabilitation for the purpose of providing safe, decent and energy efficient living conditions.

What property qualifies?

The 1-4 four-unit property solely for residential use and is located in the City of New Haven.

Who can qualify and apply for a loan?

- Owner of property located in the City of New Haven.
- Household income must not exceed 120% of median family income for the New Haven/Meriden MSA, as adjusted for family size.
- Owner has equity to secure the Assistance Loan.
- All Applications will be considered, however, funding priority will be provided to those properties located in a geographically leveraged area (i.e. private and public investment, NSP target zones and/or multiple applications from same street to provide impact) and those properties that are Homeowner Occupied.

What restrictions come with loan allocation?

Depending on the funding source it could be Home regulations as stated in 24 CFR 92 and/or CDBG as stated in 24 CFR 570.202. With Home funding affordability period shall apply depending on the amount of the loan. Other city funding maybe leveraged with the HOME EERAP funds depending on the needs of the property. Funding is limited and when the source is expended a wait list will be generated. City of New Haven staff will determine applicable funding source.

What are Eligible Activities? Please Note: Eligible Activities will be determined by our third party inspector in order to obtain the maximum energy efficiency for your structure in the most cost effective manner:

- Roof
- Caulking
- Weather-strip.
- Insulating attics and walls.
- Repairing windows and doors.
- Repair furnace.
- Retrofit furnace
- In some cases, replacement of the furnace.
- Preventive maintenance
- Façade (vinyl siding, porch repair, stoop repair, stoop/porch stair repair, wrought iron/wood railings, front door or storm door, shutters, awnings over front steps (closely related façade improvements as decide by LCI program staff).

What are Ineligible Activities?

- Luxury Items (pools, skylights, sheds, carports, gazebos, barns, fencing, landscaping and etc.)
 - Cosmetic Improvements (paint as it relates to change in color, wallpaper and ceramic tile or other ineligible uses
-

determined by LCI program staff.)

- Any other improvements that the City of New Haven deems ineligible.

What are the terms of the loan?

- ***Owner-Occupant (Owner principal place of residence)***

Up to Maximum Allowance of \$30,000 deferred loan with a term of 10 years if in the first 5 years the property is sold, transferred or refinanced 100% of the allowance is due and payable. On the 6th anniversary date of the loan and each anniversary thereafter 20% of the allowance will be forgiven until the term expiration, however, if the Owner sells, transfers title or refinances the balance at that time of the allowance is due and payable.

Where can I get more information about the Energy Efficiency and Rehabilitation Assistance Program?

Livable City Initiative, 165 Church Street, New Haven, CT 06510 (203) 946-8389 or dgolia@newhavenct.net

General Information

A. Requirements of the property:

1. Size: Property may have one, two, three, or four units.
2. Property must comply with Federal, State and Local laws, including, but not limited to, building, housing and health codes and, in particular, laws regarding the abatement of lead-based paint, and asbestos, and other hazardous materials.
3. Lead Abatement Standards
4. Housing Quality Standards
5. Property must be in the City of New Haven.
6. Property must be in compliance with the Residential License Program, if applicable.

B. Requirements of the Owner of the property:

1. Taxes: Buyer must be current on real and personal property taxes. A delinquent tax payment plan is not acceptable, full payment of taxes owed is required.
2. Owner must be income eligible depending on available funding sources per HUD adjusted income limits for that year.

Revised 1/3/2013



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Executive Director

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2. Owner must be income eligible depending on available funding sources per HUD adjusted income limits for that year.

Applicant Only:

Date:

Program Consent and Acceptance Form

I, _____ have reviewed the above summary, the attached scope of work and the bids for the rehabilitation and the City of New Haven has explained the process and requirements in full for the program I have applied for funding under. I further understand my obligations under this funding and my responsibility to the contractor.

Applicant

Applicant



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Consent to Facilitate Procurement

Date: _____

Homeowner Name: _____

RE: Consent to Facilitate Procurement

I hereby Consent to the City of New Haven facilitating the procurement process regarding bidding for contractor services for the Residential Rehabilitation Loan Program. The City of New Haven will be responsible for the bidding and qualification process in accordance with 24 CFR 85.36, City of New Haven Procurement Policy and Small Construction Program. I also understand that I have the right to contact contractors to notify them as to the mandatory walk-thru date and the ability to bid.

The procurement is based on the LOWEST, RESPONSIBLE and QUALIFIED BIDDER.

The Program Manager will review the Scope of Work with Homeowner and also prior to award of bid to contractor will review all bids with the Homeowner.

Date: _____

Name:
Homeowner

NEW HAVEN IT ALL HAPPENS HERE

Mayor John DeStefano, Jr. www.infonewhaven.com

Document and Item Checklist

Below is a list of documents/items that the City of New Haven Livable City Initiative will require *from you and all other household members* in order to enroll in their respective Programs and/or to process your application. Unless expressly stated to the contrary, we will only require *copies* of these items *prior* to a schedule appointment. Please use this form as a guide to gather the required documentation.

1. Signed and dated tax returns (1040) for the last two (2) years with all schedules.
2. W-2s or 1099s from all jobs during the last two (2) years.
3. Year-to-date profit and loss statement and balance sheet, if self-employed.
4. Paycheck-stubs for at least the last month.
5. Documentation letter of Social Security or Disability Benefits (if applicable).
6. Documentation of any additional verifiable income used to qualify for any loan or programs (if applicable).
7. Current Utility Bills for example electric, gas, oil, water and sewer
8. Divorce decrees for all prior marriages (if applicable).
9. Social Security Card and Drivers License and Connecticut State Identification Card.
10. Green Card if permanent resident alien (if applicable).
11. Two (2) recent mortgage statements reflecting balance information and address and telephone number of mortgage (if applicable).
12. Two most recent years of the Annual Mortgage Interest Statements.
13. "Release of Mortgage" documents (if mortgage is paid off).
14. Copy of Title Deed to Property (with Schedule A).
15. Proof of existing Homeowner's Insurance (prior to closing).
18. Non Collusion Affidavit and Disclosure 1421.
19. No Children Under 6 Affidavit.
20. List of Property Items that need to be improved.
21. Residential License, if non-owner occupied.
22. Bankruptcy discharge papers and original letter of explanation signed by you (if applicable).

23. Copy of Existing Homeowners Insurance: **(Prior to Closing)** the City of New Haven must be named to the insurance policy as Mortgagee. See below for specific language "City of New Haven, its successors and assigns ATIMA, Livable City Initiative, 165 Church Street, New Haven, CT 06510.

24. Weatherization Audit from the UI.

Primary Participant Name: _____

Date: _____

Primary Participant Signature: _____

Secondary Participant Name: _____

Date: _____

Secondary Participant Signature: _____





**Home Energy
SolutionsSM**
Start saving money
and energy today.

Save money and energy by improving your
home's energy performance

NO MATTER HOW YOU HEAT YOUR HOME, there's an easy way to lower your energy bill that's good for the environment – and can even make your home more comfortable. Home Energy Solutions offers on-the-spot services to homeowners and renters for immediate savings, and opportunities and resources for further savings too.



AIR LEAKS CAN
HAPPEN ANYWHERE

**Savings are just one
step away.**

In one easy visit, certified technicians will:

- Evaluate your home's energy performance.
- Find and seal critical air leaks and drafts.
- Provide and install energy-efficient lighting, faucet aerators and low-flow showerheads.

**That's just the beginning of
your savings.**

The energy experts will then make recommendations beyond the basic service for additional upgrades that can improve your home's energy performance even more.

- Energy efficient heating and cooling
- Insulation and advanced air sealing
- Windows and appliances
- Rebates and financial incentives
- Flexible payment options

**Choose the Home Energy
Solution that's right for you.**

HES



INSTRUMENT-
GUIDED TESTING

A low cost, whole-home energy checkup, including air sealing, water-saving measures, energy-efficient light bulbs, rebates and recommendations.



ADVANCED
SEALING

**Home Performance
with ENERGY STAR[®]**

Take weatherization to the next level with upgrades to ENERGY STAR-quality insulation, ductwork sealing, HVAC systems and windows with low-interest financing.

HES-IE

A free service for income-eligible residents. In addition to the HES basic services, eligible households may qualify for additional services such as free insulation and energy-efficient appliances.

Start saving year-round.
Take the first step.
Call 877-WISE-USE (877-947-3873)
Or visit: EnergizeCT.com



Connecticut
Light & Power
A National Utilities Company



wi
The United Illuminating Company

YankeeGas
A National Utilities Company



energize
CONNECTICUT

Empowering you to make
smart energy choices

Energize Connecticut programs to help you save money and use clean, affordable energy. Brought to you by the Energy Efficiency Fund, the Clean Energy Finance and Investment Authority, and your local electric and gas utilities, and funded by a charge on customer energy bills.



**Soluciones de
Energía para
su HogarSM**
Empiece a Ahorra
Dinero y Energía Hoy.

**INDEPENDIENTEMENTE DEL MODO EN QUE
CALEFACCIONE SU HOGAR**, existe una manera
fácil de reducir su factura de energía que es buena
para el medio ambiente e incluso puede hacer de
su casa un lugar más confortable. Home Energy
Solutions ofrece servicios en el lugar a propietarios
e inquilinos para que obtengan un ahorro inmediato,
y oportunidades y recursos para ahorrar aún más.



Escapes de Aire Pueden
Suceder en Cualquier Lugar

Los ahorros están a solo un paso.

En una simple visita, los técnicos certificados:

- Evaluarán el rendimiento energético de su hogar.
- Encontrarán y sellarán las filtraciones y corrientes de aire críticas.
- Le proporcionarán e instalarán iluminación de bajo consumo, aireadores para los grifos y cabezales de ducha de bajo flujo.

Eso es solo el comienzo de sus ahorros.

Luego, los expertos en energía le harán
recomendaciones adicionales al servicio básico para
realizar mejoras que puedan aumentar aún más el
rendimiento energético de su hogar.

- Calefacción y refrigeración de bajo consumo
- Aislamiento y sellado de aire avanzado
- Ventanas y electrodomésticos
- Descuentos e incentivos de financiación
- Opciones de pago flexibles

Elija la solución de energía para el hogar que sea adecuada para usted.



Instrumentos Guiado
por Pruebas

HES

Una revisión completa de la energía de su casa, a bajo costo, que incluye el sellado de aire, medidas para el ahorro de agua, bombillas (focos) de bajo consumo, descuentos y recomendaciones.

Rendimiento en el hogar con ENERGY STAR[®]

Lleve la climatización al siguiente nivel con las mejoras de ENERGY STAR: aislamiento de calidad, sellado de tuberías, sistemas de calefacción, ventilación y refrigeración, y ventanas con financiación a bajo interés.



Sellado Avanzado

HES-IE

Un servicio gratuito para residentes que reúnan los requisitos en función de sus ingresos. Además de los servicios básicos de HES, las familias que reúnan los requisitos pueden calificar para obtener servicios adicionales como electrodomésticos de bajo consumo o aislamiento de forma gratuita.

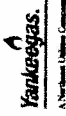
Comience a ahorrar durante todo el año.
Dé el primer paso.
Llame al 877-WISE-USE (877-947-3873)
O visite: EnergizeCT.com



Connecticut
Light & Power
A Northern Utilities Company



The United Illuminating Company



Lo informamos para que elija
sabiamente sus opciones energéticas

Home Energy Solutions & CT Efficient Healthy Homes Initiative Customer Application

Home Energy Solutions (HES) can make your home more energy-efficient, comfortable, and environmentally friendly. For a co-pay of \$75 an energy expert will visit your home and provide valuable energy-saving services and information. The co-pay will be waived for customers who are income-qualified. To be considered for Home Energy Solutions, Home Energy Solutions Income-Eligible (HES-IE), or CT Efficient Healthy Homes (CTEHHI) services made possible by Connecticut's Energy Efficiency Fund, please complete this application. **All applicants who are renters MUST have their landlords complete the back of this application.**

SECTION 1: ALL APPLICANTS MUST COMPLETE THIS SECTION

(please print) First Name: _____ Last Name: _____ Daytime Phone: _____

Address: _____ Unit #: _____ City: _____ Zip: _____

Check ALL that apply: Single Family Apartment Condo Duplex Year-Round Seasonal Use Only

Number of units in building: _____ Age of home (check one): _____ Heated square footage of home: _____ sq. ft.
 Number of stories: _____ Pre-1950 1950-1978 Post-1978
 Are the units in your building individually heated and cooled? Yes No: Central Boiler/Furnace Don't know

Primary fuel type: Electric Gas Oil Propane
 Hot water type: Electric Gas Oil Propane
 Primary heat type: Forced hot air Hot water baseboard
 Other: _____ Age of system: _____ years

UI/CLP Account #: _____ Gas Company (check one): Yankee SCG CNG
 Account #: _____

Oil Company: _____ Central Air Conditioning: Yes Age: _____ years No

Please check one:
 UI/CLP has permission to release billing information to the vendor conducting HES services in my home to evaluate savings as a result of weatherization measures installed.
 I do not authorize the release of my billing information.

How did you hear about the HES program?
 Bill insert Direct mail Radio/TV Referral
 Other: _____

Do you: Own Rent* (Your landlord **must** complete the back of this application.)

My signature below indicates that I understand that if I am found to be eligible for an energy assessment of any appliances, it is required that I own them, and that I will only participate in energy assessments concerning appliances that I own. I acknowledge and agree that (i) I am not to receive or retain any Class III renewable energy credits, or any environmental credits or benefits, in connection with this program, and such credits shall be retained by UI or CL&P for the benefit of their customers through the Connecticut Energy Efficiency Fund, and (ii) Forward Capacity Market credits/benefits/payments associated with my participation in this program are hereby assigned to UI or CL&P.

Print Name: _____ Signature: _____ Date: _____

SECTION 2: INCOME-ELIGIBLE APPLICANTS ONLY

To qualify for these services at no charge, the **gross annual income for your household must be at or below 60% of state median** (see chart below). Please fax **current** copies of any one of the following to **1-877-580-4466**: Social Security, Supplemental Security Income, or Department of Income Management budget sheet; energy assistance award letter; unemployment letter; last four (weekly) or last two (bi-weekly) pay stubs, along with Social Security card, birth certificate, or passport; Schedule C of tax return (self-employed only). UI and CLP reserve the right to verify income before services are provided. Please note that if you income-qualify for HES-IE or CTEHHI, you also qualify for UI's winter protection program.

Total weekly income (gross) of ALL household members: \$ _____	Number of elderly (60+ years): _____	Yearly Income Limits (All Household Members) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Family Size</th> <th style="width: 50%;">Maximum Annual Income</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">\$31,815</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">\$41,605</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">\$51,394</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">\$61,184</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">\$70,973</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">\$80,762</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">\$82,598</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">\$84,433</td></tr> </tbody> </table> <p style="text-align: center; font-size: small;">Additional eligibility requirements may apply.</p>	Family Size	Maximum Annual Income	1	\$31,815	2	\$41,605	3	\$51,394	4	\$61,184	5	\$70,973	6	\$80,762	7	\$82,598	8	\$84,433
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6	\$80,762																			
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	Number of disabled: _____																			
	Number of children (less than 6 years): _____																			

Were you approved to receive a fuel assistance benefit in the past year?
 Yes No Don't know

If you applied, please check which agency you signed up with:
 CAA-NH ABCD TEAM Other: _____

(PLEASE INITIAL) My initials indicate that I understand that my eligibility for energy conservation services under the HES-Income Eligible Program requires my income to be within the limits specified, and that my income is within such limits.

<p>Please mail completed form to: The United Illuminating Company Attn.: WISE-USE – M/S AD-2A, 180 Marsh Hill Road, Orange, CT 06477 (or) Fax to (203) 499-2800</p>	<p>Referring Agency (if applicable)</p>
--	--

Please note that filling out this form does not automatically qualify you for the HES program. If you are eligible, you will be notified via letter or phone. An authorized adult must be present during the assessment and to provide access to the premises. The fee for non-income-eligible customers will be collected at the time of service as applicable. This program is subject to change based on available funding, and we reserve the right to restrict services to homes that could benefit the most as a result of potential high customer participation and over-subscription. For any questions or concerns, please call **1-877-WISE-USE (1-877-947-3873)**.

LANDLORD/PROPERTY OWNER MUST COMPLETE REVERSE



Connecticut's Energy Efficiency Programs are funded by a Charge on Customer energy bills. The Programs are designed to help customers manage their energy usage and cost.

SECTION 3: ALL RENTERS – YOUR LANDLORD COMPLETE THIS SECTION

I am the owner or authorized agent of the residential building located at:

I hereby give permission to UI, or to their authorized agents, to perform an energy conservation needs assessment and to install energy-efficient measures at the above-referenced location, as well as in all of the units in the building, as listed in below (if not single-family). I certify that, for a reasonable period of time after weatherization work has been completed at this building, the tenants in the weatherized units (including households paying for their energy through their rent) will not be subjected to rent increases unless those increases are demonstrably related to matters other than the weatherization work performed.

Print Name: _____ Signature: _____ Date: _____

Address: _____

Email: _____ Phone Number: () _____

<i>Resident Name</i>	<i>Address and Unit #</i>	<i>UI/CL&P Account # (if available)</i>

SECTION 4: INCOME-ELIGIBLE RENTERS ONLY – YOUR LANDLORD MUST COMPLETE THIS SECTION

For 2-4 unit multifamily buildings, at least 50% of the tenants must be eligible. For buildings with 5 units or more, at least 66% of the tenants must be eligible.

I. **Standard Home Energy Solutions Income-Eligible (HES-IE) Services, Free of Charge**
 The following energy efficiency services will be provided at no cost to you, the landlord, or your tenant through the Connecticut Energy Efficiency Fund and HES-IE. These services can help reduce energy consumption in the residence(s). You must agree to grant UI and its representatives permission to enter the above-referenced property in order to provide the following services as applicable:

- Lighting/fixture replacement with energy-efficiency compact fluorescent lights
- Weatherization: diagnostic air and duct sealing, weather stripping, and door sweeps
- Water efficiency measures: low-flow aerators, showerheads, and pipe wrap

II. **Additional Services**
 In addition to the above-referenced Standard HES-IE Free of Charge services, UI and its representatives will evaluate the residence to determine if insulation, refrigerators, freezers, and dehumidifiers are inefficient and eligible for an upgrade to an energy-efficient standard. If these upgrades are eligible and your (the landlord’s) income meets the HES-IE income eligibility guidelines, AND you reside at the residence listed, these upgrades will be provided to the residence listed at no cost. If your (the landlord’s) income exceeds income eligibility guidelines, OR you do not reside in the residence listed, you, as the landlord, are required to contribute a copayment of 20% of total material costs or \$500 (whichever is less) per dwelling unit.

I, the owner or authorized agent of the above-listed residence agree (**PLEASE INITIAL appropriate line**):

To allow only for Standard HES-IE, as described in Section I, to be performed at no charge to my tenant(s) or myself.

I reside at the above-listed residence AND meet program eligibility requirements, and agree to allow for Standard HES-IE as described in Section I to be performed at no charge to my tenant(s) or myself, AND to have additional services as described in Section II be performed, all at no charge to my tenant(s) and/or myself. (**Proof of income required.**)

I do not reside at the above-listed residence, AND/OR do not meet program income eligibility requirements, and agree to allow for Standard HES-IE services, as described in Section I, to be performed at no charge to my tenant or myself, AND agree to the evaluation of insulation, refrigerator, freezer, and dehumidifier upgrades with my potential co-payment of up to 20% or \$500 per dwelling unit as described in Section II.



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John DeStefano, Jr., Mayor

LIVABLE CITY INITIATIVE

165 Church Street, 3rd Floor New Haven, CT 06510

Phone: (203) 946-7090 Fax: (203) 946-4899



CITY OF NEW HAVEN AN ECONOMIC DEVELOPMENT DEPT.

Kelly Murphy, AICP Economic Development Administrator

LOAN APPLICATION

Date: _____

Complete Address of Property _____

Owner Occupied: [] Yes [] No
Rental Investment: [] Yes [] No

Number of Units _____ Number Occupied _____

_____ Elderly Disabled Emergency Repair
_____ Energy Efficiency and Rehabilitation Assistance Program "EERAP" (Certificate of Completion of Workshops and Counseling required prior to submitting application)

The information collected below will be used to determine whether you qualify as a borrower under the City of New Haven's Livable City Initiative Programs. It will not be disclosed to outside parties without your consent except to your employer for verification of income and employment and to financial institutions for verification of information, and as required and permitted by law.

Applicants Information

Primary Borrower Name

Last: _____ First: _____ Middle: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Social Security Number: _____ Date of Birth ____/____/____

_____ [] Own [] Rent
Current Street Address City State Zip Code Number of Years

_____ [] Own [] Rent
Former Street Address City State Zip Code Number of Years

(Please complete this section if you resided at your current address less than two years)

Marital Status [] Married [] Unmarried (single, divorced or widowed) [] Separated

Name of Spouse: _____ Number of Dependents (Living at home): _____ Ages _____



Primary Borrower Employment:

Self Employed?
 Yes No

Current Company Name Company Complete Address

Business Phone Number Position/Title Type of Business Length of Employment Length in Profession
Self Employed?
 Yes No

Previous Company Name (if current employment is less than 2 years) Company Complete Address

Business Phone Number Position/Title Type of Business Length of Employment Length in Profession

Co-Borrower Name

Last: _____ First: _____ Middle: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Social Security Number: _____ Date of Birth ____/____/____

Current Street Address City State Zip Code Number of Years Own Rent

Former Street Address City State Zip Code Number of Years Own Rent
(Please complete this section if you resided at your current address less than two years)

Marital Status Married Unmarried (single, divorced or widowed) Separated

Employment:

Self Employed?
 Yes No

Current Company Name Company Complete Address

Business Phone Number Position/Title Type of Business Length of Employment Length in Profession
Self Employed?
 Yes No

Previous Company Name (if current employment is less than 2 years) Company Complete Address

Business Phone Number Position/Title Type of Business Length of Employment Length in Profession

General Information

1. Do you have a pending application with a lending institution? Yes No

If a "Yes" answer is given, please answer the following questions.

Name, Address, City and ZIP code of Lending Institution: _____

Name and Telephone Number of Contact Person: _____

2. Have you and/or the co-applicant ever received a loan/grant from the City? Yes No

If yes, please provide the following information: Name of Loan/Grant Program: _____

Date Received: _____ Amount Given: _____ Amount Owed: _____

3. Title to Property is held by: _____

Please attached copy of the Title Deed to the Property A copy can be obtained from Town Clerk's Office, 200 Orange Street, New Haven, CT 06510)

4. Liens on Property:

How many mortgages do you have secured by your property? _____

Do you have any of the following liens secured by your property? Yes No

Type of Liens: Water Sewer Real Estate Taxes Mechanic's Lien

5. Are you currently receiving assistance from the Community Action Agency ("CAA")? Yes No

If yes, please disclose if you are on waiting list for CAA's Weatherization Program? _____

This Section is to be completed if rental investment

1. If Corporation or LLC or other Business Entity: Business Name, Contact Name and Phone Number: _____

2. List Corporation(s) and Limited Partnerships of which applicant is an officer or owner and the officers of each. Use separate sheet if necessary. _____

3. List any judgments owed or pending against the Applicant(s) and/or Corporation(s) and Limited Partnerships of which Applicant is an officer or owner or its other officers. _____

4. Attach copy of most recent federal tax filings.

*Do you owe any real estate, personal or motor vehicle taxes to the City of New Haven? No
If yes, are you on payment plan? _____ If yes, provide copy of agreement.

This Section to be completed if owner occupied applicant

Borrower is United State Citizen?
 Co-Borrower is United State Citizen?

Yes No
 Yes No

Family Size:

Adults 18 and over _____ # Children 7-18 _____ # Children under 7 _____

Income:

Please list all individuals in the home over 18 years of age:

- 1. _____ Income \$ _____
- 2. _____ Income \$ _____
- 3. _____ Income \$ _____
- 4. _____ Income \$ _____
- 5. _____ Income \$ _____

List all children in the home:

- 1. _____ Date of Birth _____ Age _____
- 2. _____ Date of Birth _____ Age _____
- 3. _____ Date of Birth _____ Age _____
- 4. _____ Date of Birth _____ Age _____
- 5. _____ Date of Birth _____ Age _____

Income Verification documents attached: Most recent IRS 1040; 4 paystubs; SSI/SSD Determination Letters and any other documentation supporting the Borrowers/Co-Borrowers/Household Members income.

*Do you owe any real estate, personal or motor vehicle taxes to the City of New Haven? Yes No
 If yes, are you on payment plan? _____ If yes, provide copy of agreement.

**Funds will not be paid if taxes are owed either at time of application or when the check is to be issued. Any committed funds will be withdrawn and placed back to programming. For the purposes of tax liability, any property owned by a spouse living with the applicant or property owned by any other officer of a corporation or limited partnership the taxes owned the City of New Haven shall be paid pursuant to the terms of the grant agreement.*

The requirements and regulations of the _____ Elderly/Disabled Emergency Repair Program _____ Energy Efficiency Rehabilitation Assistance Program were explained to me by _____
 I understand that, in accordance with the regulations governing sources of funding utilized for this loan, I am obligated to make any rental units available to individuals described as low or very low income for an affordability period equal to the term of the loan, (circle one) **five (5) years** for Elderly Disabled Emergency Repair Program **ten (10) years** for the Energy Efficiency Rehabilitation Assistance Program.

Signature of Borrower _____ Date _____

Signature of Co-Borrower _____ Date _____

GENERAL DISCLOSURE

I affirm that I am neither an LCI employee, an elected official of New Haven City Government, one with power of control over the process herein administered, nor a member of the household of any of the above.

Signature of Applicant _____ Date _____
 Signature of Co-Applicant _____ Date _____

The information provided in this application is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of any and all information necessary and reasonably relative to the review and processing of this application and supporting documentation related to my/our application for financial assistance. I/We permit the City of New Haven to access first mortgage information and any other relevant information pertaining to this application and as it applies to this loan. I/We understand that any misstatement of a material fact shall be grounds for disqualification. I understand that in the event of any fraud or misrepresentation regarding any statements or information furnished in conjunction with application or failure to meet wage, environmental or safety requirements including proper issuance of building permits, the City of New Haven will terminate any application and demand repayment of any grant funds already paid. It may also render future applications ineligible.

Borrower Signature

Date

Co-Borrower Signature

Date

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under this program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq., (if USDA/fmHA). I/We hereby acknowledge that I/we have received a copy of the Privacy Act Notice.

Signature of Borrower _____ Date _____

Signature of Co-Borrower _____ Date _____

The City of New Haven is an equal housing opportunity assistance provider. No person shall, on the basis of race, color, religion, gender, sexual orientation or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance from the Department of Housing and Urban Development.

FOR OFFICIAL USE ONLY

Assigned to: _____

Action Taken: _____ Approved: _____ Provisionally Approved _____ Rejected: _____



LIVABLE CITY INITIATIVE - CITY OF NEW HAVEN
CITY OF NEIGHBORHOODS

Erik Johnson
Executive Director

CITY OF NEW HAVEN

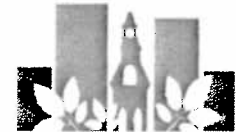
John DeStefano, Jr., Mayor

LIVABLE CITY INITIATIVE

165 Church Street, 3rd Floor

New Haven, CT 06510

Phone: (203) 946-7090 Fax: (203) 946-4899



CITY OF NEW HAVEN

AN ECONOMIC DEVELOPMENT DEPT.

Kelly Murphy, AICP
Economic Development
Administrator

AFFIDAVIT OF ELIGIBILITY FOR LCI LOAN PROGRAM
(No Delinquent Obligations Owed to the City of New Haven)

State of Connecticut)
)
County of New Haven)

SS.

_____ , being first duly sworn, deposes and
says that:

(Name of Property Owner or Property Owner's Agent)

RE: Application Repair Program for property situated in the City of New Haven at:

_____)
(Property Address)

Property Rehabilitation Exterior House Painting EERAP
Down Payment/ Closing Costs Lead-Based Paint Abatement Elderly & Disabled

1. He/She is the owner of the Property identified above and resides at the above address.
 -OR-
 He/She currently resides at _____
and intends to purchase and reside at the address first indicated above .
2. This statement is provided as a condition of qualification for LCI Loan Program indicated above.
Check ONE:
3. That neither this applicant, nor any member of his/her immediate family as defined in Section 12-5/8 of the New Haven Code of Ordinances, has any outstanding delinquent financial or other obligations owing to the City of New Haven, nor do they have a financial interest in any entity which has any such obligations.
 There are outstanding financial or other obligations owed to the City of New Haven by this applicant, or members of his/her immediate family as defined in Section 12-5/8 of the New Haven Code of Ordinances.. (List all obligations on a separate sheet and indicate the nature of the obligation, including any payment agreement entered into with the Tax Collector concerning delinquent taxes, and the parties involved.)
4. That neither the applicant, nor any member, of his/her immediate family as defined in Section 12-5/8 of the New Haven Code of Ordinances, has failed to file a list of taxable personal property with the City of New Haven as required by state law.
5. That neither this applicant, nor any member of his/her immediate family as defined in Section 12-5/8 of the New Haven Code of Ordinances, is an owner, partner or officer of any business entity. (If any such party is an owner, partner of any business entity, list their names and requested information below. Additional information may be required.)

THIS FORM MUST BE NOTARIZED

Name	Position Held	Name of Business	% Interest Owned	Relationship to Applicant

Primary Applicant (Print Name)

Date

Primary Applicant Signature

Secondary Applicant (Print Name)

Date

Secondary Applicant Signature

(Title) _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary: My Commission Expires _____, _____.



Mayor John DeStefano, Jr. www.infonewhaven.com

Tax Collector and Assessor to Certify above information on page 1 and 2 of this form.)

**TAX COLLECTOR CERTIFICATION
AS TO THE APPLICANT:**

NO BACK TAXES OWED

BACK TAXES W/CURRENT AGREEMENT

BACK TAXES W/DEFAULT AGREEMENT

AS TO ALL BUSINESS ENTITIES:

NO BUSINESS ENTITIES LISTED

NO BACK TAXES OWED

BACK TAXES W/ PAYMENT AGREEMENT AGREEMENT
 CURRENT // IN DEFAULT

OK TO PROCESS AGREEMENT

BY: _____
TAX COLLECTOR

**ASSESSOR CERTIFICATION
AS TO THE APPLICANT:**

CURRENT LIST OF TAXABLE PROPERTY
 FILED

CURRENT LIST OF TAXABLE PROPERTY
 NOT REQUIRED

AS TO ALL BUSINESS ENTITIES:

NO BUSINESS ENTITIES LISTED

CURRENT LIST OF TAXABLE PROPERTY
 FILED

CURRENT LIST OF TAXABLE PROPERTY
 NOT REQUIRED

OK TO PROCESS AGREEMENT

BY: _____
ASSESSOR





CITY OF NEW HAVEN
BUREAU OF PURCHASES



JOHN DeSTEFANO, JR.
Mayor

Michael V. Fumiatti
Purchasing Agent

200 ORANGE STREET
ROOM 401
NEW HAVEN, CONNECTICUT 06510
Tel. (203) 946-8201 - Fax. (203) 946-8206

NON-COLLUSION AFFIDAVIT
(INCLUDING DISCLOSURE OF OBLIGATIONS TO/INTEREST IN BUSINESS WITH THE CITY OF NEW HAVEN)

1. Personally appeared _____ who being duly sworn, deposes and says that:

1. I am/We are over the age of eighteen and I understand the obligation of an oath.

2. I am/We are the _____ of _____ that submitted an application, bid, proposal, request to the City of New Haven for a contract, agreement, grant, loan and am acting in my individual capacity or, if an entity, on behalf of said entity, as the case may be.

3. I am/We are fully apprised of the contents of said application/bid/proposal/request and all pertinent facts and circumstances relative to the same.

4. Such application, bid, proposal, request is genuine and is not collusive or a sham.

5. Neither said individual (including any of his/her immediate family as defined in Section 12-5/8 of the local ordinance)/entity nor any of his/her/its officers, partners, owners, agents, representatives, employees, affiliates or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other individual/entity to submit a collusive or sham application/bid/proposal/request in connection with the contract/agreement/grant/loan for which the application/bid/proposal/request has been submitted or to refrain from applying/bidding/proposing/requesting in connection with such contract/agreement/grant/loan, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other individual/entity to fix the prices/quotes/estimates/costs/overhead/figures/profits/amount of the application/bid/proposal/request or of any other individual/entity, or to fix the same of the application/bid/proposal/request or prices/quotes/estimates/costs/overhead/figures/profits/amount of any other individual/entity, or to secure through any collusion, conspiracy/connivance or unlawful agreement any advantage against the City of New Haven or any individual/entity interested in the proposed application/bid/proposal/request.

6. The prices/quotes/estimates/costs/overhead/figures/profits/amount in the contract/agreement/grant/loan are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the individual/entity or any of its officers, partners, owners, agents, representatives, employees, affiliates or parties in interest, including this affiant; and

7. No alderman or other elected/appointed or city/state/federal employee or person/entity whose salary/compensation is payable in whole or in part from city, state or federal funds is directly or indirectly interested in/will benefit financially by/has any is in a position to participate in a decision making process or gain inside information about the application/bid/proposal/request or in the supplies, materials, equipment, work or labor to which it relates, or in any of the profits thereof (This paragraph is hereinafter referred to as "conflict of interest.").

8. The individual/entity referred to in paragraph 2 above has no outstanding financial or other obligations to the City of New Haven or to any state or federal government that funds the individual's/entity's

activity, nor is it a party to a lawsuit that may affect the use of any funds that will be derived from the contract/agreement/grant/loan.

9. The individual/entity has filed a list of taxable personal/real property with the City of New Haven and is not delinquent in the same.

10. The attached Schedule A, which is incorporated herein as though set forth, contains a list of the names, home/business addresses, telephone numbers and titles of the individual/entity's officers, partners, owners, agents, representatives, employees, affiliates or parties in interest including this affiant as well as any conflict-of-interest as described herein in paragraph numbered 7 above, and any applicable local, state or federal law, involving the same.

11. The attached Schedule A further contains a list of any members of my immediate family who are either employed by the City of New Haven or who are members of city boards, commissions, agencies or task forces.

12. Except as disclosed in the attached Schedule A, the affiant is not and no member of his/her immediate family is not a city employee or, having been a city employee in the past 12 months, seeking employment with any individual/entity engaged in business with the City of New Haven.

13. Except as disclosed in the attached Schedule A, the affiant has not and no member of his/her immediate family has applied for within the last twelve month for any city/state/federal program or benefit over which he/she has had control, influence or discretionary authority.

14. Except as disclosed in the attached Schedule A, the individual/organization has no intention of transacting business with any related and/or affiliated individuals/organizations.

Affiant Name(s)

STATE OF CONNECTICUT)

)

ss: New Haven

, 20_____

COUNTY OF NEW HAVEN)

)

Personally appeared _____ of _____

who identified himself/herself as such and who subscribed and swore to the truth of the foregoing before me this _____ day of _____, 20_____.

Commissioner of the Superior Court
Notary Public
My commission expires on:

SCHEDULE "A"

Please list your responses to Items 10-14 below. If your response is none, please print or type "N/A".
Applicant signature(s) must appear on this schedule.

10.

11.

12.

13.

14.

Affiant Signature(s)



LIVABLE CITY INITIATIVE · CITY OF NEW HAVEN
CITY OF NEIGHBORHOODS

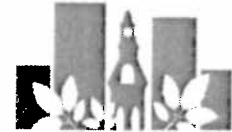
Erik Johnson
Executive Director

CITY OF NEW HAVEN

John DeStefano, Jr., Mayor

LIVABLE CITY INITIATIVE

165 Church Street, 3rd Floor
New Haven, CT 06510
Phone: (203) 946-7090 Fax: (203) 946-4899



CITY OF NEW HAVEN
AN ECONOMIC DEVELOPMENT DEPT.

Kelly Murphy, AICP
Economic
Development
Administrator

NO CHILDREN UNDER 6 AFFIDAVIT

Date: _____

To: Livable City Initiative City of New Haven

Applicant(s): _____

Property Address: _____

Check Applicable item below:

___ I hereby attest that children age six (6) or under currently reside at the above address

___ I hereby attest that no children age six (6) or under reside at the above address

- _____ EERAP Program
- _____ LEAD Program
- _____ Emergency Elderly & Disable Program

NOTIFICATION OF LEAD PAINT TESTING

_____ I understand that there will be Lead Paint based testing performed at the above address as required by the program funding.

Signature of Owner/Applicant(s) _____

