TOWN OF CANTON

HOUSING REHABILITATION LOAN PROGRAM APPLICATION

For	Town	Use	Only	
Date Receiv	ed			
Application	No.			

1. PROPERTY INFORMATION

Name	s) on Title:	
Addre	ess	
2.	PERSONAL APPLICANT INFORMATION Name: Address:	
	Telephone (with area code): (H) Best time to be reached: Email Address:	
	Are you or any member of your immediate family business ties, an employee, agent, currently elethe Town of Canton or the Program Consultant A& Yes No If Yes, please explain:	ected or appointed official of E Services Group, LLC?
	Are you a United States citizen? Yes If No, are you a "qualified alien"? Yes If you are a "qualified alien" please attach copy	No No y of supporting documentation.
3.	DESCRIPTION OF PROPERTY Single Family (Owner Occupied) Multi -Family Owner occupied. # of unit Multi Family Non Owner Occupied # of unit Multi Family with mixed use	

4. RESIDENCY INFORMATION

List name of all occupants residing within the dwelling units Demographical information for HUD reporting purposes only.

Name	Unit#	Gender	Age	Race/ Ethnicity	Handicap	Student Yes/No	Head of Household

5.	PROPERTY TAX
	Are the real estate taxes paid to date? Yes No
	If not is there a payment plan in place. Yes No
	If yes, is it being maintained Yes No
	If applicable, Sewer & Water taxes paid to date? Yes No
	Approximate amount Due on taxes: \$
6.	MORTGAGE INFORMATION Check and attach copies of all mortgage information.
٠.	Is there a mortgage on the property? Yes No
	If yes, provide copy of latest mortgage statement.
	Is there a Home Equity Line of Credit on the property? Yes No
	If yes, what was original line of Credit Amount \$
	Do you have a reverse equity mortgage on the property? Yes No
7.	FINANCIAL INFORMATION Check and attach copies of all forms of income.
	A. Most recent Federal Tax return with all attachments.
	b. Wage earnings. Attach 6 weeks of pay stubs.
	B. Social Security Yes No If yes attach C. Social Security Disability Yes No If yes attach D. Child Support Yes No If yes amount per
	C. Social Security Disability Yes No If yes attach
	D. Child Support Yes No If yes amount per
	E. Alimony Yes No If yes amount per F. Pension Yes No If yes attach most recent statement
	F. Pension Yes No If yes attach most recent statement
	G. Annuities Yes No If yes attach most recent statement
	H. Un-employment Yes No If yes amount per week
	I. Bank statements. Attach 2 months of most recent statements.
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8	PROPOSED RENOVATIONS Briefly describe the work you wish to do:
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The E	ederal Equal Opportunity Act prohibits creditors from discriminating against credit applications on the basis of sex or marital
	, race, color, creed or national origin. Furthermore, no discrimination shall be practiced in the sale, leasing, rental, or other
	sition of residential property and related facilities, or in the use or occupancy thereof.
	orize the Program to obtain such information as it may require concerning the statements made in this application, including a check, and agree that the application shall remain its property whether or not the application is accepted or rejected.
I/We comp	hereby certify that all statements hereto, attachments, and supporting documentation submitted with this application are true and lete.
	Applicant Cignature.
	Applicant Signature:
	Date:
	Applicant Cimpture.
	Applicant Signature:
	Date:
Pot	TO:

Return To: Canton Town Hall Attn: Glenn Cusano

4 Market Street, PO Box 168 Canton, CT 06022-0168 Rev. 10/21/2021