

Healthy Homes Production Loan Application

Program Mission

To protect the health of residents through the elimination of Home Hazards

Program Overview & Basic Eligibility

The primary purpose of the program is to prevent injury and protect residents from household hazards. Funding for this program comes from the U.S. Department of Housing and Urban Development (HUD) and will run thru September 2025. Eligible property owners can apply for a five-year forgivable loan of up to \$10,000.00 per unit for a hazard remediation as identified in HUD's Healthy Homes assessment principles. Loans are 0% interest, for a 5-year term and forgiven at the rate of 20% per year through the term of the loan amount.

The property owner must carry enough property insurance to cover the value of the anticipated abatement loan and all other existing loan balances on the property.

Property owners must be current on all City of New Haven property and vehicle taxes. Tax payment plans are acceptable.

The property does not need to have a contract for project-based Section 8 subsidies. Tenants with section 8 certificates or vouchers do not affect eligibility.

Additional Program Requirements

Owners and tenants shall provide City health department staff access to the unit and common areas before, during, and at the completion of the hazard control activity.

1. Owners must agree to not permanently displace tenants. Tenants may be temporarily relocated as mandated by the Uniform Relocation Act during the remediation process.
2. Properties listed on local or federal inventories of historic places must agree to follow the Secretary of the Interior's Standards for Rehabilitation.
3. The City of New Haven's contractual relationship is with the property owner. The final payment will be held until the City of New Haven Health Department issues a letter of compliance.
4. Owners must agree to abide by fair housing regulations and advertise vacant units locally.

Policy of Non-Discrimination

It is the policy of the City of New Haven to administer all programs in a non-discriminatory manner. Applications for lead-based paint hazard control loans will be accepted and processed without regard to the applicant's race, religion, color, national origin, sex, handicap, or sexual orientation. If any applicant requires a reasonable accommodation in order to apply for these funds as a result of a handicap, he/she may request such by contacting Health Department.

Privacy Act Notice

The information given as part of the loan application process 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 borrow 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).

**Healthy Homes Production Loan Program
Pre-Application Checklist**

Enclosed are application materials for the City of New Haven's Healthy Homes Production Loan Program. If you are interested in applying for the program, please complete the application and call the New Haven Health Department to set-up an appointment to review your application.

In addition to the completed application, Owner will need to provide the following supporting documents:

- Copy of property deed (with property description)
- Copy of Picture ID
- Copy of property insurance policy
- Copies of three (3) recent mortgage statements or a verification of mortgage(s) from the mortgage holder Supplemental application filled out for your household (form attached)
- Copies of three (3) consecutive, current pay stubs for all adult members of your household (if applicable) **(IF UNIT IS OWNER OCCUPIED)**
- Any other income documentation to substantiate household income, i.e., social security statements (Form SSA-1099 and monthly statement), supplemental security income, annuity, or pension statements, state assistance income, etc. **(IF UNIT IS OWNER OCCUPIED)**
- Copies of rental leases

To remediate occupied rental units, the owner will need to collect the following information from tenants to verify their eligibility for the program:

- Supplemental application filled out by tenant household
- Copy of Picture ID
- Copies of three (3) consecutive, current pay stubs for all adult members of the tenant's household (if applicable)
- Tax returns and W2s
- Any other income documentation to substantiate household income, (i.e., social security statements (Form SSA-1099 and monthly statement), supplemental security income, annuity, or pension statements, state assistance income, etc.)

Healthy Homes Loan Program

Letter of Intent

I/We, the undersigned owner(s) of the property located at _____ in the City of New Haven have submitted the Preliminary Application for participation in the Healthy Homes Program. I/We understand that the property is being considered for funding for Healthy Homes remediation work. I/We understand that the next step in the qualification process is to have the property assessed by the City of New Haven Health Department for the presence of healthy home hazard if this has not already occurred. The property will also be inspected by the City for compliance with building, fire, and housing code regulations.

I/We acknowledge that once the inspection is done, any code violations must be corrected within a reasonable time whether we receive program funds or not. I/We understand that we may do repairs on the structure before the project begins, provided that I/we have the City review what I/we plan to do, otherwise the test commissioned by the City may be compromised, and I/we will ultimately be liable if lead poisoning were to occur.

I/We also understand that any residents residing at the above-named property are required to receive advance written notice of prospective remediation work and of the likelihood that temporary relocation may be required should the remediation work be undertaken. I/We understand that before signing this letter of intent, I/we must secure letters of commitment to relocate (for the duration of the remediation) from the tenant.

I/We hereby give my/our consent to the City to proceed with the Healthy Homes assessment and code inspections. I/We also commit to providing all required documentation with 35 days of my application. Should I fail to comply without proper notice, my application will be deemed a lower priority application.

I/We understand that conditions of this deferred loan will be enforced for five (5) years from the date of the executed contract between the City and residential building owner.

1. The building will be (physically) maintained, with monitoring to be done by City officials.
2. The owner will arrange entry to permit the City to inspect the property and all units at reasonable times.
3. Owner measures designated in the remediation plan (specification) will be undertaken.
4. All code measures will be observed for the full term of the Contract.
5. The mortgage(s), City taxes, and City fees will be kept current.

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Health Department



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6. HUD-imposed standards for income and rent will continue. For properties that were vacant at the time of abatement, income/rental forms for each incoming tenant will be secured and returned to the Health Department within ten (10) days of the lease signing.
7. The City will file an encumbrance for the term on each property that received Funds.
8. I/we understand that once construction begins and until after clearance and we are informed by the Health Department, we will stay off the construction site if necessary and will instruct residents to do the same.
9. I/We understand our responsibilities for informing building residents and enforcing relocation policies and practices (including schedules, conditions, and implementation).
10. Personal valuables will not be the responsibility of the City of New Haven or the construction contractor. Electronic equipment and jewelry should be removed from the construction site.
11. I/We understand that the list of contractors provided by the City of New Haven serves only as a recommendation from the City of New Haven. As property owner, it is my/our responsibility to enter into a contractual relationship with the contractor to ensure project remains on schedule and is completed within sixty (60) days of the effective date of the City's commitment letter. If the allotted sixty (60) days is not feasible, I/we will contact the City of New Haven Healthy Homes' Program Manager to request an extension. It is understood that cost overruns incurred during this time will be my/our sole responsibility. I/We understand that the property will be brought to lead-safe standards and code compliance.

Printed Name

Signature

Printed Name

Signature

Date _____

Property Address _____



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**Healthy Homes Loan Program
Application**

Date _____

The information collected below will be used to determine whether you qualify as a borrower under the City of New Haven's Healthy Homes program. It will not be disclosed outside this office 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. Directions:

- All persons applying for the Healthy Homes funds must complete this Healthy Homes Application. Business entity applicants must complete pages 1 and 3.
- Individual applicants must provide a copy of his/her most recent tax return.
- Residents of each unit must complete the Supplemental Application Rental Unit Information.
- If you are the Applicant and occupy a unit both this Healthy Homes Application and the Supplemental Application-Rental Unit Information must be completed.

Property Address: _____ Zip Code: _____
Total Number of Units: _____ Number of Units for this application: _____
Property owner's name as it appears on the Deed: _____

Have you and/or any co-applicant and/or business entity controlled by you (if applicable) ever received a long/grant from the City?

No Yes If yes, please provide the following:

Property Location: _____ Purpose: _____

Date of Loan/Grant: _____ Amount: _____ Status: _____

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Are you applying as a Corporation, LLC, or other business entity?

No If no, proceed to Individual Applicant Information section on next page

Yes, If yes, please provide the following:

Entity Name: _____ EIN #: _____

Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Name(s) and Titles(s) of
 Principal(s) _____

Is the Entity a Non-Profit? No Yes If yes, please attach IRS Determination Letter & Authorizing Secretary's Resolution

Individual Applicant Information

Last Name: _____ First Name: _____ Middle: _____

Home Telephone: (____) _____ Date of Birth: _____

_____ Own Rent
 Present Street Address City State Zip Code No. of Years (if less than 2 years)

_____ Own Rent
 Former Street Address City State Zip Code No. of Years (if less than 2 years)

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

Name of Spouse: _____

Employment: Self Employed? Yes No Name of Business/Employer: _____

Address	Phone No.	Position Title	Type of Business	Years/Months on
Job				Job

 Name, Address, and Zip Code of Previous Employer (if at current position less than 2 years)

Business Phone Number	Position Title	Type of Business	Years/Months On
Job			Job

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Co-Applicant Information				
Last Name: _____		First Name: _____		Middle: _____
Home Telephone: (____) _____		Date of Birth: _____		
Present Street Address (years)	City	State	Zip Code	No. of Years (if less than 2)

[] Own [] Rent				
Former Street Address (years)	City	State	Zip Code	No. of Years (if less than 2)

Marital Status: [] Married [] Unmarried (single, divorced, or widowed) [] Separated				
Name of Spouse: _____				

Employment: Self Employed? [] Yes [] No Name of Business/Employer: _____				

Address	Phone No.	Position Title	Type of Business	Years/Months on Job

Name, Address, and Zip Code of Previous Employer (if at current position less than 2 years)				

Business Phone Number Job		Position Title	Type of Business	Years/Months on

The requirements of the Healthy Homes 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, which is **five years** for the Healthy Homes Program. I am also required to report annually of the occupancy of any rental units and the household income of those units for the term of the loan.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

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Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ 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, for 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 form the Department of Housing and Urban Development.

General Disclosure: I affirm that I am neither a City employee, an elected official of New Haven City Government, one with power or control over the process herein administered, nor a member of the household of any of the entities mentioned 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 knowledge and belief. I/We consent to the disclosure of any and all information necessary or reasonably relative to the review and processing f this application and supporting documentation related to the 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 will be grounds for disqualification.

Signature of Applicant _____

Date _____

Signature of Co-Applicant _____

Date _____



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Healthy Homes Loan Program 1421 - Affidavit of Eligibility

Re: Application for Lead-Based Paint Program Loan Program for the property situated in the City of New Haven at: _____

(Property Address)

_____, being first duly sworn, deposes, and affirms that:
(Name of Property Owner or Owner's Agent) _____

Please check all that apply:

- He/She is the owner and resident of the property listed above.
- He/She will reside at the property listed above after it is abated for lead.
- He/She currently resides at _____ and the property listed is a rental.
- 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 no outstanding delinquent financial or other obligations owed to the City of New Haven.
- There are outstanding financial or other obligations owed to the City of New Haven by this applicant or members of his/her immediate family. (List all obligations on a separate sheet and indicate the nature of the obligation, including any payment agreement with the Tax Collector for delinquent taxes.)
- Neither the applicant, nor any member of his/her immediate family, has failed to file a list of taxable personal property with the City of New Haven as required by State law.
- Neither the applicant, nor any member of his/her immediate family, is an owner, partner, or officer of any business entity. (If applicant or immediate family member(s) is an owner or partner of a business entity, please list complete the section below.)

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

--	--	--

Printed Name

Signature

Date

--	--	--

Printed Name

Signature

Date

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

Notary: My Commission Expires _____ day of _____, 20__



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Healthy Homes Loan Program
1421 - Affidavit of Eligibility

Tax Collector and Assessor Certification of Information on Previous Page

Tax Collector Certification as To the Applicant:

- No back taxes owed
- Back taxes with current agreement
- Back taxes with default agreement

As To All Business Entities

- No business entities listed
- No back taxes owed
- Back taxes with payment agreement
 - Current
 - In Default
- OK to process agreement

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: _____
Tax Collector

By: _____
Assessor



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Healthy Homes Loan Program
Occupancy Affidavit

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 currently reside at the above address.

Notification of Healthy Home Assessment***

- I understand that an assessment for Healthy Homes will be performed at the above address as required by the program funding.

Owner/Applicants Sign below:

Printed Name

Signature

Printed Name

Signature

Date _____



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**Healthy Homes Loan Program
Supplemental Application - Rental Unit Information
TO BE COMPLETED BY TENANT**

Address: _____ Unit: _____

Monthly Rent: \$ _____

Resident Contact Name: _____

Number of Children Under Age 6: _____

Resident Contact Telephone Number: _____

Please provide the following information on all households that will be remediated with Healthy Home Program funds. Make as many additional copies as needed.

Household Composition

List all members who live in the unit residence. Give the relationship of each family member to the Head of Household.

Full Name	Relationship	Date of Birth	Annual Income

- 1. Does rent include utilities? Yes []
No
- 2. Does anyone live with you now who is not listed above? Yes []
No
- 3. Does anyone plan to live with you in the future who is not listed? Yes []
No

Please explain below if you answered "Yes" to question 2 or 3:

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Annual Income Information for All Individuals 18 Years Old and Over

Source	Head of Household	Other Occupant	Other Occupant	Total
Salary (Annual Gross)				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest/Dividends				
Net Income from Business				
Net Rental Income				
Society Security, Pensions, Retirement Funds, etc.				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
Welfare Payments				
Other				
Total				

The information provided in this supplement is true and complete to the best of my/our knowledge. I/We consent to the disclosure of any and all information necessary and reasonable relative to the review and processing of this documentation. I/We understand that any misstatement of a material fact will be grounds for disqualification.

Head of Household Signature

Date

Other Occupant Signature

Date

Other Occupant Signature

Date



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Healthy Homes Loan Program
Resident’s Letter of Commitment to Relocate

Landlord/Owner Name	
Landlord/Owner Mailing Address	
Property Address	
Date	

Dear Landlord/Owner:

I/We hereby acknowledge current residence in the above noted property. The property is scheduled to receive Healthy Homes funds from the City of New Haven.

It is expected that remediated units will provide a healthier environment for children, pregnant women, and adults. I/We further understand and acknowledge that the construction work on this property will require that we, as residents, be temporarily relocated to other premises. I/We agree that if such relocation becomes necessary, we hereby give a commitment to move temporarily. I/We will be consulted as to our needs.

It is understood that no additional expenses are to be incurred by us as residents for our temporary relocation. I/We understand that we are expected to pay rent and utilities as usual, under our current lease with our landlord. I/We understand that we will need to have our possessions moved out of the unit during the relocation. I/We understand that we will need to take down all window treatments in all rooms.

Occupant’s Signature

Date

Occupant’s Signature

Date

Occupant’s Telephone Number



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Healthy Homes Program
Demographic Information

The Healthy Homes Production Program is funded by the US. Department of Housing and Urban Development (HUD). HUD requires that we report ethnic and racial information of households who live in apartments that are a part of the program. HUD uses this date for statistical purposes only.

Please check the boxes that best describe your household’s ethnicity and race:

ETHNICITY (select only one)

Hispanic (H)	<input type="checkbox"/>
Non-Hispanic	<input type="checkbox"/>

RACE (select one or more)

American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American (B)	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White (W)	<input type="checkbox"/>
American Indian or Alaska Native <i>and</i> White	<input type="checkbox"/>
Asian and White	<input type="checkbox"/>
Black or African American <i>and</i> White (B/W)	<input type="checkbox"/>
American Indian or Alaska Native <i>and</i> Black or African American	<input type="checkbox"/>
Other (write-in):	<input type="checkbox"/>

Tenant’s Address _____ Apartment Number _____