

## **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**

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 property insurance policy
- Copies of four (4) recent mortgage statements or a verification of mortgage(s) from the mortgage holder Supplemental application filled out for your household (form attached)
- Copies of four (4) 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
- Copies of four (4) consecutive pay stubs for all adult members of the tenant's household OR Tax returns OR W2s (if applicable)
- 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.)

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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.
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).

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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**

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 6 and 8.
- 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: \_\_\_\_\_

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: \_\_\_\_\_

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

No If no, proceed to Individual Applicant Information  Yes, If yes, please provide the following:

Entity Name: \_\_\_\_\_ EIN #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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



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**Individual Applicant Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ [ ] Own [ ] Rent  
Present Street Address No. of Years (if less than 2 years)  
\_\_\_\_\_ [ ] Own [ ] Rent  
Former Street Address

**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	Years/Months on Job
_____	_____	_____	_____

**Co- Applicant Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ [ ] Own [ ] Rent  
Present Street Address No. of Years (if less than 2 years)  
\_\_\_\_\_ [ ] Own [ ] Rent  
Former Street Address

**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	Years/Months on Job
_____	_____	_____	_____

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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 \_\_\_\_\_

**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 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). I/We hereby acknowledge that I/we have received a copy of the Privacy Act Notice.

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 of 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 \_\_\_\_\_



**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 OWNER 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.

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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:

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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.

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**Affiant Signature(s)**



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**Healthy Homes Loan Program 1421 - Affidavit of Eligibility**

Re: Application for Healthy Homes 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 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

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

**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
- No back taxes owed
- Back taxes with payment agreement
- Current                       In Default

**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

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 OCCUPANT**

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

Please circle yes or no for the following questions:

- |   |     |    |
|---|-----|----|
| 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				
<b>Total</b>				

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

\_\_\_\_\_  
Date



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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 data 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 \_\_\_\_\_