

List **all** individuals living at this address (include applicant, spouse, children, non-family members, etc.)

****Note:** Estimated Annual Income declared below must include gross wages, in addition to any benefits and/or compensation (ie: social security, disability, unemployment, pension, child support, alimony, SNAP benefits, etc.)

Name	Age	Race/Ethnicity	Handicapped?	**Annual Income

Financial documentation is required of ALL household members. Please attach copies of the following for each member of the household (if applicable):

1. Most recent tax return (Form 1040)
2. Pay stubs documenting a minimum of **6 consecutive weeks of wages**
3. Social security benefit statement entitled **“Your New Benefit Amount”**
4. Pension, unemployment compensation, child support, alimony or any other benefit (statement showing monthly benefit, check stubs and bank statements)

REVERSE MORTGAGE
[Check Here](#)

Please estimate total of all mortgage debt still owed on this property: \$ _____

1. Please attach copy of field card/assessment (from Assessor’s Office)

Are you up to date on all your municipal taxes (including sewers)? YES _____ NO _____

1. Please attach copy of tax currency printout (from Tax Collector’s Office)

Is anyone in the household an employee of the municipality? YES _____ NO _____

I authorize the program to obtain required information regarding statements made in this application and certify that all statements and documents submitted are true and complete to the best of my knowledge:

Print Name: _____

Sign Name: _____

Date: _____

The Program is administered by Lisa Low & Associates

Please return the completed form with the required documentation to:

**Lisa Low & Associates
293 Riggs Street
Oxford, CT 06478**

(203) 888-5624 (phone) • (203) 888-8800 (fax) • info@lisalowassociates.com


KEEP THIS PAGE FOR YOUR RECORDS

Checklist

Please verify before submitting that you have completed/included all required documents. Only completed applications will be considered.

- Completed Application Form
- Last year's tax returns for all household members
- Pay stubs documenting 6 consecutive weeks of wages for all household members
- Documentation of all other income (pensions, social security, disability, child support, etc)
- Copy of field card/assessment from the Town Assessor's Office
- Copy of tax currency printout from the Tax Collector's Office (including sewer taxes)

If you have any questions regarding what specific supporting documents to include, please call 203-888-5624 for more information.

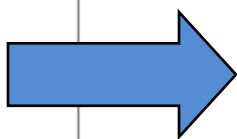


FY 2016 INCOME LIMITS DOCUMENTATION SYSTEM

HUD.gov [HUD User Home](#) [Data Sets](#) [Fair Market Rents](#) [Section 8 Income Limits](#) [MTSP Income Limits](#) [HUD LIHTC Database](#)

FY 2016 Income Limits Summary

FY 2016 Income Limit Area	Median Income <input style="width: 50px; height: 20px;" type="text"/>	FY 2016 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Bethlehem town	\$89,300	Very Low (50%) Income Limits (\$) <input style="width: 50px; height: 20px;" type="text"/>	31,300	35,750	40,200	44,650	48,250	51,800	55,400	58,950
		Extremely Low Income Limits (\$)* <input style="width: 50px; height: 20px;" type="text"/>	18,800	21,450	24,150	26,800	28,950	32,580	36,730	40,890
		Low (80%) Income Limits (\$) <input style="width: 50px; height: 20px;" type="text"/>	46,000	52,600	59,150	65,700	71,000	76,250	81,500	86,750



Landlords:
Your tenant(s)
must complete
this form and
submit supporting
documents

TENANT APPLICATION

Municipal Housing Rehabilitation Program



PLEASE PRINT ALL INFORMATION CLEARLY

This Application is Strictly Confidential

Name of Tenant(s): _____

Address: _____ Unit # _____

City, State, Zip: _____

Phone (home): _____

Phone (work): _____

Phone (cell): _____

Email: _____

List **all** individuals living at this address (include yourself, spouse, children, non-family members, etc.)

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4. Pension, unemployment compensation, child support, alimony or any other benefit statement, check stubs and bank statements

I certify that all statements and documents submitted are true and complete to the best of my knowledge:

Print Name: _____ Date: _____

Signature: _____

The Program is administered by Lisa Low & Associates, 293 Riggs St., Oxford, CT 06478 - (203) 888-5624