

NEIGHBORHOOD PRESERVATION PROGRAM AUTHORIZATION FOR RELEASE OF INFORMATION

l,	, the unde	ersigned, herby authorize the
City of Meriden to release, without liability, the in the Neighborhood Preservation Program its cor	•	
I understand the type of information to be shared government issued identification, birth certification mortgage statements, and utility statements.		• • • • • • • • • • • • • • • • • • • •
The disclosure of information authorized herein the Neighborhood Preservation Program. Acces need to know and who provide services throug Meriden, Civitas LLC, and its contractors main comply with federal regulations to guard nonput	ess to information is restricted gh the Neighborhood Preserv ntain physical, electronic and	I to only to those staff who ation Program. The City of
I agree that a photocopy of this authorization related a right to review this file.	may be used for the purposes	stated above. I understand I
This consent will expire 12 months from the daperson.	ate signed, or when revoked,	in writing, by the authorized
Signature of Head of Household	Print Name	Date
Signature of Spouse/other Adult	Print Name	Date
Other Adult Signature	Print Name	Date
Other Adult Signature	Print Name	Date



City of Meriden Neighborhood Preservation Program Owner Occupied Rehabilitation Application Checklist

Required Documentation Checklist (Submit all with your application):

Complet	ted Application (all pages)		
Copy of Government Issued Identification for ALL household occupants 18 years of age and older			
Birth Ce	rtificate for each household occupant under the age of 18 years		
Income '	Verification:		
	Employment: Verification of Employment (enclosed; make a copy for each working adult in the household)		
	Unemployment: current benefit statement from provider with benefit amount and frequency clearly listed		
3.	Retirement accounts: Provide pension or retirement account summary.		
	i. Please note: If you are still working, please provide your retirement policy information		
4.	Social Security (SS/SI): Monthly benefit statement from the Social Security Administration dated in 2023		
5.	Child Support: copy of court order		
6.	If an occupant is a full-time student, provide proof of enrollment with class schedule		
7.	Other: any third-party verification for all other income		
Asset Ve	erification:		
1.	Two (2) most recent months of bank statements for each open account (checking, saving, and/or money		
	market account) for each occupant 18 years and older		
2.	Other: third-party verification for each asset type(s) above that applies to your household		
Copy of	most recent mortgage statement		
Copy of	Homeowner's Insurance Declaration Page		
Proof of	residency: most recent utility billing statement (i.e. full Eversource bill)		
If a mult	i-unit dwelling, attach copies of the lease and completed tenant income verification form		

HUD Income Guidelines per Family Size

To be eligible for the NPP, applicant's adjusted gross income for their family size must be under the limit listed below. Income of all family members living in the home over age 18 is considered family income.

☐ Note: Real estate taxes must be current (local tax search will be performed by City staff)

Family Size	Maximum Income
1 person	\$64,250
2 people	\$73,400
3 people	\$82,600
4 people	\$91,750
5 people	\$99,100
6 people	\$106,450
7 people	\$113,800
8 people	\$121,150



City of Meriden Neighborhood Preservation Program Owner Occupied Rehabilitation Application Checklist

Lista de Verificación de la Documentación Requerida (Envíe todo con su solicitud):

Solicitud completa (todas las páginas)
Copia de identificación emitida por el gobierno para TODOS los ocupantes del hogar mayores de 18 años
Acta de nacimiento de cada ocupante del hogar menor de 18 años
Verificación de ingresos:
 Empleo: Verificación de empleo (adjunto; haga una copia para cada adulto que trabaje en el hogar) Desempleo: declaración de beneficios actual del proveedor con el monto y la frecuencia de los beneficios enumerados claramente
3. Seguro Social (SS/SI): Declaración de beneficios mensuales de la Administración del Seguro Social con fecha d 2023
4. Manutención de los hijos: copia de la orden judicial
5. Si un ocupante es un estudiante de tiempo completo, proporcione prueba de inscripción con el horario de
clases
6. Otro: cualquier verificación de terceros para todos los demás ingresos
Verificación de activos:
1. Dos (2) estados de cuenta bancarios más recientes para cada cuenta abierta (cuenta corriente, de ahorro y/o cuenta de mercado monetario) para cada ocupante mayor de 18 años
2. Otro: verificación de terceros para cada tipo de activo anterior que se aplica a su hogar
Copia del estado de cuenta hipotecario más reciente
Copia de la página de declaración del seguro de propietario de vivienda
Prueba de residencia: estado de cuenta de servicios públicos más reciente
Si es una vivienda multifamiliar, adjunte copias del contrato de arrendamiento y el formulario de verificación de ingresos del inquilino completado
Nota: los impuestos sobre la propiedad deben estar al día (la búsqueda de impuestos locales será realizada por el personal de la Ciudad)

Pautas de ingresos de HUD por tamaño de familia

Para ser elegible para el NPP, el ingreso bruto ajustado del solicitante para el tamaño de su familia debe estar por debajo del límite que se detalla a continuación. Los ingresos de todos los miembros de la familia mayores de 18 años que viven en el hogar se consideran ingresos familiares.

Family Size	Maximum Income
1 person	\$64,250
2 people	\$73,400
3 people	\$82,600
4 people	\$91,750
5 people	\$99,100
6 people	\$106,450
7 people	\$113,800
8 people	\$121,150



City of Meriden Neighborhood Preservation Program Owner Occupied Rehabilitation Application

Applicant Information

Homeowner Name:	
Physical Address:	
City: State:	Zip:
Phone Number:	E-Mail:
Dwelling Type: ☐ Single-family ☐ Multi-Unit	If multi-unit, how many units?
How long have you owned your current residence? _	
Primary Race (check one):*	Ethnicity (check one):*
 ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White 	☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino How did you hear about this program?*
☐ Other	
The information collected above is for reporting purposes. Spouse/Co-Applicant Information	
Name:	
Physical Address:	
	ze: Zip:
Phone Number:	E-Mail:
eligible repairs allowable):	ssistance a program inspector will determine the necessary and

Household Occupants

List ALL household occupants that would live in the house (include yourself):

Name (First and Last)	Date of Birth	Male or Female	Relationship to Applicant	Student? (Yes or No)	Disabled? (Yes or No)
_					

Income Verification

Which of the following types of income do you receive? Indicate YES of NO for <u>each</u> that apply for each household occupant 18 years of age and older. Provide proof of income for each with your application.

	Applicant	Co-Applicant	Other Occupant Name:	Other Occupant Name:
Wages/Employment				
Rental Income				
Social Security (SS/SI)				
Retirement				
Child Support				
Unemployment Benefits				
Public Assistance				
Pension/Annuities				
Military Service Income				
Income from a Business				
Alimony/Separation Payments				
Veterans Administration Benefits				
Other Income: includes lump sum payments or recurring monetary contributions such as rental				
income				

^{*}Income Verification by third-party documents required for all adult occupants

^{*}Print additional pages if more space is required

Asset Information

Indicate YES or NO for <u>each</u> of the asset types below for each household occupant 18 years and older. If yes, please include the estimated dollar amount for each.

			Other	Other
	Applicant	Co-Applicant	Occupant	Occupant
	пррисанс	co ripplicant	(18 or older)	(18 or older)
Cash				
Checking Account				
Savings Account				
Equity				
Stocks				
Retirement Account				
Pension Funds				
Life Insurance				
Personal Property				
Lump Sums				
Deeds (additional property owned				
besides physical address)				
Other Assets				

information on this application is true, complete	have reviewed all your personal information and certify that all of the te and correct to the best of your knowledge and understand that falso aw and will lead to cancellation of this application.
Applicant	Date
Co-Applicant (if applicable)	 Date