

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?	**Estimated Gross 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. A recent bank statement
2. 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, letter or check stub showing gross **monthly** benefit amount, etc..)

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 supporting documentation to:

**Monroe Town Clerk's Office * Monroe Town Hall - Room 201
7 Fan Hill Road, Monroe, CT 06468
(203) 452-2811 (phone)**

Town Clerk will accept applications **starting on** Tuesday October 3rd at 8:30 am

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
- Recent bank statement for all household members
- 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 2017 INCOME LIMITS DOCUMENTATION SYSTEM

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

FY 2017 Income Limits Summary

FY 2017 Income Limit Area	Median Income <input type="text"/>	FY 2017 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Monroe town	\$86,300	Very Low (50%) Income Limits (\$) <input type="text"/>	32,100	36,700	41,300	45,850	49,550	53,200	56,900	60,550
		Extremely Low Income Limits (\$)* <input type="text"/>	19,250	22,000	24,750	27,500	29,700	32,960	37,140	41,320
		Low (80%) Income Limits (\$) <input type="text"/>	47,600	54,400	61,200	68,000	73,450	78,900	84,350	89,800

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): _____ Monthly Rent \$ _____

Phone (work): _____

Phone (cell): _____

Email: _____

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5. Pension, unemployment compensation, child support, alimony or any other benefit statement, check stubs, agreement and/or letter)

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