Memorandum

To: Interested Parties for Shelton Housing Rehabilitation Program
From: Charlene DeFilippo, Community Development Director
Re: Application Forms for SHRP

Dear Property Owner,

Thank you for expressing interest in the City of Shelton Housing Rehabilitation Program. Enclosed, please find an application form, HUD Income Limits Chart, and cover letter explaining the program. Under the guidelines of the City of Shelton Housing Rehabilitation Program, eligible applicants must have the following basic qualifications: 1. Must be low-to-moderate income property owner/renter (see HUD income limits, attached); 2. Property owner must have at least 15% equity in home; and 3. Property owner must be current on all City taxes.

If you believe you may be eligible, please complete the enclosed application form and submit with all required documents (see application form attached) directly to: Charlene DeFilippo, Director, Community Development Office, City of Shelton, 54 Hill Street, Shelton, CT 06484. Completed applications will be date and time stamped, and will be considered on a first come/first served basis. Only completed applications will be considered.

Please do not hesitate to contact me with any questions at 203-924-1555, Ext. 1374.
City of Shelton
Community Development Office
Charlene R. DeFilippo, Director
54 Hill Street, Shelton, CT 06484
203-924-1555, Ext. 1374  Fax: 203-924-1721
E-mail: C.DeFilippo@cityofshelton.org

City of Shelton

Housing Rehabilitation Program

Brochure & Application

The City of Shelton offers a Housing Rehabilitation Program to qualified low- and moderate-income residents. The funds for this program come from the Department of Housing and Urban Development (HUD) and are administered through the State of Connecticut's Department of Community and Economic Development (DECD). Homeowners qualify if they are within HUD income limits (see attachment), have sufficient equity in the property and City taxes are current. The focus of the rehabilitation is primarily on code compliance and safety concerns. Applications to this program are available in the Community Development Office, City of Shelton, 54 Hill Street, Shelton, CT 06484.

Homeowners who believe they may qualify for rehabilitation assistance are encouraged to apply to the program by filling out the attached application form and submitting the required documents. Required documents include the most recent, signed tax return of the tenants/homeowners and three recent pay stubs of all working household members aged 18 or over.

If the homeowner is deemed eligible after income, equity, and City tax review, the City's housing rehabilitation consultant, Lisa Low & Associates (LLA), will arrange a site visit. The site visit will include an initial inspection of the property and will be followed by submission of a scope of work and cost estimate to the homeowner for review and approval. Once a scope of work has been determined, LLA will put the project out to bid to all pre-approved housing rehabilitation contractors.

Responsive contractors will be required to attend a mandatory site walk where questions can be posed and a better idea of the project's requirements can be gained. Bids will be publicly opened at an appointed date and time and the lowest responsive bidder will be selected. Responsive contractors must have a valid license appropriate to the work to be done, appropriate lead remediation certification, valid insurance, including workmen's compensation, and current references. All work must be guaranteed for a minimum of one year. LLA will prepare a contract, mortgage documents including a promissory note, memorandum of agreement, and mortgage deed. A meeting will be organized for the homeowner, contractor and LLA to review and sign these documents. LLA will then arrange for the loan to be recorded on the land records with the City.
All subsequent scheduling, selections, and arrangements will be made between the homeowner and the contractor. An agent from LLA will periodically visit the site to ensure compliance with the City’s requirements; the City may also perform additional inspections. The City of Shelton may release payments to the contractor prior to completion of work, but only after inspection. Payments will be in the form of a two-party check made payable to the owner and the contractor. The check is sent to the owner for endorsement and forwarded to the contractor by the owner.

The owner will select colors, models, and materials. The contractor will not be fully paid until a full inspection of the work has been conducted by the City’s building official and an agent of LLA. The building official, LLA inspector, and homeowner will then sign off and declare they are fully satisfied with the work. The owner cannot withhold payment from the contractor for items not related to the contract or if the work has been done per industry standards and/or has been approved by the City.

Please Note: The loaned funds are "deferred" or "0"% interest loans. Income qualified homeowners are not required to pay back the loan until the following conditions occur: the homeowner no longer lives in the house, the house is sold, the title to the home is transferred, or the owner dies. All loans are secured with a mortgage deed, promissory note, and memorandum of agreement. All homes built prior to 1978 will be tested for lead-based paint. If lead based paint is found, mitigation will be performed.

Applications to this program are available in the Community Development Office, Shelton City Hall, 54 Hill Street, Shelton, CT 06484.

For more information, Lisa Low & Associates, 293 Riggs Street, Oxford, CT 06478 or at (203) 888-5624
City of Shelton
Housing Rehabilitation Program Application

Notice to Applicants: PLEASE PRINT ALL INFORMATION CLEARLY
This Application is Strictly Confidential

Do Not Write in This Section: Application No: ___________ Initials: ___________
Date Received: ___________ Time: ___________ Date Approved: ___________

Name of Applicant(s): ____________________________________________________

Address: ________________________________________________________________

City, State, Zip: _________________________________________________________

Phone (home): ____________________________

Phone (work): _____________________________

Phone (cell): ______________________________

Email: __________________________________________

Social Security Number of Applicant(s): _________________________________

Is your property owner occupied? YES _____ NO _____

Property Location: ______________________________________________________

Is your property single _________ or multifamily ________?

If multifamily, how many units? _____________________________
(for multifamily, each apt/unit must complete a separate copy of Page 2 and include
copies of all required backup financial documentation)

Briefly describe the work needing to be done:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Rev. 09.10.2014
List all individuals living at this address (include applicant, spouse, children, non-family members, etc.)
(for multi-family homes, please copy this page and complete a separate sheet per apt./unit)

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Race/Ethnicity</th>
<th>Handicapped?</th>
<th>**Annual Income</th>
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Financial documentation is required of all household members. Please attach copies of the following for each member of the household:
1. The most recent tax return (Form 1040) (for ALL household members who file)
2. Three most recent pay stubs (for ALL household members who are employed)
3. Social security benefit statement (for ALL recipient household member)
4. Pension, unemployment compensation, child support, alimony or any other benefit statement (for ALL recipient household members, if applicable)

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:
Community Development Office
Charlene DeFilippo, Director
54 Hill Street, Shelton, CT 06484

Rev. 09.10.2014
### FY 2016 Income Limits Summary

<table>
<thead>
<tr>
<th>FY 2016 Income Limit Area</th>
<th>Median Income</th>
<th>FY 2016 Income Limit Category</th>
<th>Persons in Family</th>
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</thead>
<tbody>
<tr>
<td>Shelton town</td>
<td>$86,300</td>
<td>Very Low (50%)</td>
<td>1 2 3 4 5 6 7 8</td>
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<td>Income Limits ($)</td>
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<td>31,300 35,750 40,200 44,650 48,250 51,800 55,400 58,950</td>
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<td>Extremely Low Income Limits ($)*</td>
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<td>18,800 21,450 24,150 26,800 28,950 32,580 36,730 40,890</td>
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<td>Low (80%) Income Limits ($)</td>
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<td>46,000 52,600 59,150 65,700 71,000 76,250 81,500 86,750</td>
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Selecting any of the buttons labeled "Explanation" will display detailed calculation steps for each of the various parameters.

NOTE: Shelton town is part of the Bridgeport, CT HUD Metro FMR Area, so all information presented here applies to all of the Bridgeport, CT HUD Metro FMR Area. The Bridgeport, CT HUD Metro FMR Area contains the following areas:

**FAIRFIELD COUNTY, CT TOWNS OF** Bridgeport town, CT; Easton town, CT; Fairfield town, CT; Monroe town, CT; Shelton town, CT; Stratford town, CT; Trumbull town, CT; and Trumbull town, CT.

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

Income Limit areas are based on FY 2016 Fair Market Rent (FMR) areas. For information on FMRs, please see our associated FY 2016 Fair Market Rent documentation system.

For last year's Median Family Income and Income Limits, please see here:

TENANT APPLICATION
Shelton 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.)

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

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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 or check stubs

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
1.12.2016