



V. Briefly describe the work you wish to do:

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VI. Attach most recent copy of Federal Income Tax Return (1040). If not available, explain. If you are receiving Social Security, Pensions, Unemployment Compensation, Child Support, Alimony, or other Benefits which do not appear on your latest income tax return, please attach documentation of same.

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VII. Attach a copy of your mortgage statements(s) if applicable. Estimate below the total of all mortgages currently secured by this property (Mortgages, Equity Line of Credit, Liens, etc.) \_\_\_\_\_

VIII. Do you or any member of your immediate family work for the Town of Clinton?  
\_\_\_\_\_ No \_\_\_\_\_ Yes If Yes, please explain: \_\_\_\_\_

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IX. Are you a United States citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If No, are you a "qualified alien"? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If you are a "qualified alien" please attach copy of supporting documentation.

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applications on the basis of sex or marital status, race, color, creed or national origin. Furthermore, no discrimination shall be practiced in the sale, leasing, rental, or other disposition of residential property and related facilities, or in the use or occupancy thereof.

I authorize the Program to obtain such information as it may require concerning the statements made in this application, including a credit check, and agree that the application shall remain its property whether or not the application is accepted or rejected.

I/We hereby certify that all statements attachments, supporting documentation submitted with this application are true and complete.

Applicant Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to: Town of Clinton  
Housing Rehabilitation Program  
c/o Office of the First Selectman  
54 East Main Street  
Clinton, CT 06413