

“Housing Repair Assistance Program” Application

Revised 03/18/2026



Program Purpose: To help low-to-moderate income Suffield residents obtain necessary home repairs when the costs are prohibitive. The program will fund home repairs up to \$30,000.

Program Eligibility:

- The property must be in Suffield and owned by a Suffield resident currently residing in the home.
- The property must be in good legal standing with no active foreclosure actions, and the homeowner must be current on all mortgage loans, local taxes, fees and assessments.
- The property must be the sole home of the applicant.
- The property cannot be encumbered by a reverse mortgage.
- The homeowner must also provide evidence of active hazard insurance, including flood insurance as applicable. The property must have a zoning designation of a 1-2 family dwelling.
- Homes owned in a Trust will not be eligible for the program.
- If there are not sufficient funds available to cover the probable costs to correct code violations and/or to complete project repairs, SCA will decline to provide financial assistance for the project, unless the property owner can show other committed funding sources have been secured. The homeowner will be required to make the initial payment before any SCA funding.
- SCA reserves the right to deny assistance to any property owner who has a record of tax delinquency and/or property maintenance code violations.
- Work covered by insurance will not be included in the scope of a Housing Repair Assistance project.

Financial Qualification: The total income of all occupants of the home, over the age of 18, must be at or below 80% of the most recently published median income level for the state of CT. The occupant’s liquid assets must be less than \$50,000 at the time of application. For purposes of this policy, liquid assets are defined as all cash, savings and checking accounts, CDs, stocks, bonds, mutual funds, ETFs, IRA balances for those over 59.5 years of age and other like assets. Tangible assets will also be considered. such Income documentation will be required for approval of each application. *Copies of the following documents must be provided to SCA in order for an application to be considered: proof of all income (4 weeks of most recent paystubs, SSI letter, etc.), statements of assets, most recent mortgage statement, homeowner’s current home insurance policy, most recent tax return, most recent bank statements (checking & savings), and any additional documentation required by SCA.*

Median CT Income Levels For 2025-20265 Are:

Source: Connecticut Department of Social Services

Family Size	1	2	3	4	5	6
80% State Median	\$63,685	\$83,280	\$102,876	\$122,472	\$142,067	\$161,663

The homeowner must submit this application to SCA for any proposed project in this program. Supporting documents are due 30 days from the date the application is received by SCA. Approval of the application will be at the **sole and absolute discretion of SCA**. Safety considerations and structural issues will be factored into the decision-making process. Once a project is approved, the homeowner must comply with all of the program requirements, which may be amended from time-to-time by SCA.

Selection Criteria: All eligible properties will be considered for assistance, subject to availability of funds. If the program has a waiting list, priority will be given to the property most in need of emergency repairs. Emergency repairs are those that, if not addressed, would pose an imminent threat to the occupants of the building, or render the unit uninhabitable. If there are no pending emergency repairs, applications will be handled on a first come, first serve basis. If the applicant is not approved for funding, the applicant can reapply 1 calendar year from the date the full application was received by SCA. If the application is not approved, the applicant can reapply 12 months later.

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Non Discrimination: SCA will not discriminate against any person because of race, creed, color, national origin, ancestry, sex, gender identity or expressions, sexual orientation, marital status, lawful source of income, familial status, learning disability, physical or mental disability or any other status protected by applicable law.

Applicant Information

Application Date: _____

Homeowner Name(s) _____

Date(s) of Birth: _____

Property Address: _____

Home Purchase Date: _____ Are real estate taxes current? _____ If no, please explain: _____

Home Telephone: _____ Cell Phone: _____

Email: _____

House Original Constructed Date: _____ Last Renovation Date (if applicable): _____

Property Finance Information

Is there a Mortgage on the Property? _____ Mortgage Bank: _____

Is Mortgage current? _____ Outstanding Mortgage Balance?: _____

Is the Property owned within a Trust? _____ Trustee: _____

Are there any other Liens against the Property? _____ Lien Holder: _____

Is the Property Insured? _____ Property Insured Value: _____

Household Income

Earned Income Source(s)--check all that apply: Employment Self-Employment Child Support Alimony
 Other, Please explain _____

Unearned Income Sources(s)--check all that apply: SSA/VA Disability Pension Interest Other

Liquid Asset Total Amount: _____

Please include: all cash, savings and checking accounts, CDs, stocks, bonds, mutual funds, ETFs, IRA balances for those over 59.5 years of age and other like assets.

Do you own a second home/property? _____ 2nd Property Insured Value: _____

Description of second home/property _____

List all the other vehicles registered to this address or in your name _____ -

I (we) declare that the foregoing information is true and correct and I (we) will provide all necessary documentation for verification purposes. Documentation must be received by SCA within 30 days, in order to be considered for funding. I understand Suffield Community Aid may verify this information with public records. I agree that Suffield Community Aid may use this information when considering my application for program eligibility. I understand that if denied, I will be eligible to re-apply after one year.

Property Owner Signature

Printed Name

Date

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Property Owner Signature

Printed Name

Date

Please describe essential repair(s) that are needed:

Please check the items below that relate to the needed repairs.

- | Accessibility | Weather Infiltration | Security | Utilities |
|---|----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Building Entry | <input type="checkbox"/> Roofing | <input type="checkbox"/> Lighting | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Bath Entry | <input type="checkbox"/> Siding | <input type="checkbox"/> Entry Doors | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Bedroom Access | <input type="checkbox"/> Windows | <input type="checkbox"/> Windows | <input type="checkbox"/> Heating |
| <input type="checkbox"/> Kitchen Access | <input type="checkbox"/> Doors | <input type="checkbox"/> Property Access | <input type="checkbox"/> Cooling |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Please describe any items checked as “other” above:

Please describe any efforts that you have taken to remedy this problem:

Property Owner Signature

Printed Name

Date

Property Owner Signature

Printed Name

Date

For Office Use Only:

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Date Application Received: _____