

FAIRFIELD COUNTY 2022 WPCLF HOMEOWNER APPLICATION

Date _____

Head of Household:

Name of Applicant _____

Address _____

City, State, Zip _____

Date of Birth _____

Phone # _____ Email _____

Is the home the owner's primary residence? Yes No

Total household income: \$ _____
(Household income must fall at or below the guidelines listed below)

Number of people in the home _____

Percent of funding qualified for: 100% 85% 50%

Can homeowner cover their percentage of cost if applicable? Yes No

1	2	3	4	5	6	7	8	Family Size
\$26,200	\$26,200	\$26,200	\$26,200	\$30,680	\$35,160	\$39,640	\$44,120	100% Poverty Guidelines 100% funded
\$52,400	\$52,400	\$52,400	\$52,400	\$61,360	\$70,320	\$79,280	\$88,240	200% Poverty Guidelines 85% funded
\$78,600	\$78,600	\$78,600	\$78,600	\$92,040	\$105,480	\$118,920	\$132,360	300% Poverty Guidelines 50% funded



I certify that I am not an employee or family member of any agent or official who exercises any functions or responsibilities in connection with the review or approval of the work completed under the WPCLF 2021 program.

Applicant: ☐ Yes ☐ No

Check one below:

- ☐ I understand that I am eligible to receive 100% of the principal forgiveness loan.
- ☐ I understand that if I am eligible to receive 85% of the principal forgiveness. I will pay the remaining 15% project cost before work can begin. *
- ☐ I understand that if I am eligible to receive 50% principal forgiveness. I will pay the remaining 50% project cost before work can begin.*

*This payment will be held by the Fairfield Department of Health, and paid to the contractor when the contractor completes work according to construction specifications.

Certification and Waiver

I hereby certify that all the information contained in this application is true and complete to the best of my knowledge. I understand this information is subject to verification. I understand that completing this application does not guarantee that my household will receive assistance. I understand that any authorized provider may rescind my contract if information is acquired which determines that my household is not eligible for services according to the rules of this program. I understand that I may be held civilly and criminally liable under Federal and State law for knowingly making false or fraudulent statements.

I hereby waive any and all present and future claims against the Fairfield County Health Department or any of the individual employees of the Fairfield County Health Department or any Board Members of the Fairfield County Health Department or any companies and their employees working under a contract with the WPCLF 2021 program for damages in any way connected with the repair for which I am making an application as a condition of receiving repair/replacement assistance. I understand that I have the opportunity to consult with an attorney before signing this waiver and application.

WITNESS:

OWNER(S)

