RE: CASTLE PROGRAM

We are sorry to hear that you are experiencing an income disruption due to Covid-19 and are having housing insecurity.

CALL or EMAIL if you have ANY QUESTIONS about the forms in the packet or about the program or eligibility.

Attached please find an information/application packet regarding the Castle Program.

- Please review the information thoroughly.
- The package includes forms that you are required to complete
- The package includes forms your Landlord is required to complete
  o Program Understanding
  o Last 3 documents in package labeled LANDLORD
- CALL or EMAIL if you have ANY QUESTIONS about the forms

PROGRAM CONTACT: Marta Arroyo-Quirama, Mquirama@newhavenct.gov (203) 946-5363.

Thank You.
CHECKLIST CASTLE PROGRAM REQUIRED APPLICATION DOCUMENTS

_____ LCI APPLICATION — filled out and signed

_____ INCOME VERIFICATION

- 2019 Tax Returns w/ w-2

_____ Proof of covid-19 income disruption

- Copy 4 paystubs or unemployment
- Copy of Last Paycheck from employer
- Copy of Unemployment Verification/Statement
  OR
- Copy of Unemployment Denial

_____ Copy of written lease

_____ Copy of UI bill

_____ Rent/Mortgage statement

_____ Copy of Picture ID

_____ Program understanding (Form enclosed)

_____ Legal Disclosure (Form enclosed) (Tenant and landlord)

_____ Non-Collusion Affidavit (Form enclosed) (Tenant and Landlord)

_____ Affidavit of Eligibility (Form enclosed) (Tenant and Landlord)

_____ Child Occupancy Affidavit (Form enclosed)

_____ Demographic Form (Form enclosed)
CITY OF NEW HAVEN
Coronavirus Assistance and Security
Tenant Landlord Emergency Program
CASTLE APPLICATION

DATE_____________________

The information collected below will be used to determine whether you qualify under the City of New Haven's Coronavirus Assistance and Security Tenant Landlord Emergency Program “CASTLE”. It will not be disclosed outside this office without your consent.

Are you a [ ] HOMEOWNER [ ] TENANT

Have you and/or the co-applicant had income disruption due to COVID-19? [ ] Yes [ ] No

Are you in arrears? [ ] Yes [ ] No

WHERE DO YOU RESIDE include unit #: ________________________________________________________

Is this your Primary Residence? [ ] Yes [ ] No

Do you have a written lease agreement or First Mortgage? [ ] Yes [ ] No

Years at address:_________________ How much is monthly rent/mortgage:__________________

Are you receiving any other rent subsidy? [ ] Yes [ ] No

Have you been in touch with a HUD Certified Counselor? [ ] Yes [ ] No

Have you talked to you landlord/lender about program? [ ] Yes [ ] No

Have you contacted the State of Connecticut for CARES Housing Assistance? [ ] Yes [ ] No

If Yes, who is your contact or where are you in the process? _______________________________________

_____________________________________________________________________________________________

Have you returned to work? [ ] Yes [ ] No

Are you in process as Homeowner negotiating with your Lender? [ ] Yes [ ] No

If yes, what is status of negotiating and terms:_________________________________________________

_____________________________________________________________________________________________
Applicant’s Name:

Last _____________________________________ First __________________Middle________________________

Cell Phone (_____)__________________ email_________________________________________

Marital Status: [ ] Married [ ] Unmarried (single, divorced or widowed) [ ] Separated

Self Employed? [ ] Yes [ ] No If yes, name location of business:________________________________

______________________________________________________________________________________

Name, Address and ZIP code of Employer

______________________________________________________________________________________

Business Phone No. Position/Title Type of Business Yrs. On Job Yrs. In this line of work

When was your last day of employment? _______________________

Are you receiving unemployment? [ ] Yes [ ] No If yes, when did you receive your first check?___________

Are you currently working reduced hours? [ ] Yes [ ] No

Co-Applicant’s Name:

Last _____________________________________ First __________________Middle________________________

Cell Phone (_____)_______________ Email__________________________________

Marital Status: [ ] Married [ ] Unmarried (single, divorced or widowed) [ ] Separated

Self Employed? [ ] Yes [ ] No If yes, name location of business:________________________________

______________________________________________________________________________________

Name, Address and ZIP code of Employer

______________________________________________________________________________________

Business Phone No. Position/Title Type of Business Yrs. On Job Yrs. In this line of work

When was your last day of employment? _______________________

Are you receiving unemployment? [ ] Yes [ ] No If yes, when did you receive your first check?___________

Are you currently working reduced hours? [ ] Yes [ ] No

LANDLORD/LENDER Name:

Last _____________________________________ First _______________Middle________________________

Cell Phone (_____)(______) Email______________________________
**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective grantee under this program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et, seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. Seq., or 7 USC, 1921 et. Seq., (if USDA/FMHA).

I/We hereby acknowledge that I/we have received a copy of the Privacy Act Notice.

Signature of Applicant_______________________________________________Date________________________

Signature of Co-Applicant____________________________________________Date________________________

**CERTIFICATION:**

I certify that the information submitted in this application is true and correct to the best of my knowledge.

I further understand that any false statements may result in denial or revocation of the application.

Signature of Applicant_______________________________________________Date________________________

Signature of Co-Applicant____________________________________________Date________________________

**The City of New Haven is an equal housing opportunity assistance provider. No person shall, based on race, color, religion, gender, sexual orientation or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance from the Department of Housing and Urban Development. *****
LEGAL REPRESENTATION NOTICE AND DISCLOSURE

Coronavirus Assistance and Security Tenant Landlord Emergency Program (CASTLE)

DATE: ______________________________________________________

APPLICANT(S): ______________________________________________________

PROPERTY ADDRESS: ______________________________________________________

MAILING ADDRESS (if different from above): _____________________________________

CHECK ONE:  LANDLORD_____  TENANT _____  PROPERTY OWNER _______

The Applicant has legal interests that differ from that of the City of New Haven (the “City”), the tenant(s), the landlord and/or the property owner. Should the Applicant be approved for and agree to the terms and conditions of the CASTLE Program, the Applicant hereby acknowledges that he/she/it may be waiving certain legal rights the Applicant may otherwise have the right to pursue.

It is not required as part of the CASTLE Program that the Applicant be represented by an attorney. However, should the Applicant have any questions or concerns regarding Applicant’s legal rights and/or obligations under the CASTLE Program, it is strongly recommended the Applicant seek independent counsel.

The City, including its agents and representatives, cannot provide any legal advice to the Applicant with respect to the CASTLE Program and no statements or representations made by the City to the Applicant shall be relied upon or construed as legal advice.

The Applicant may, at its sole cost and expense, engage an attorney for personal representation in connection with this transaction. Should the Applicant engage an attorney for personal representation in connection with this transaction, the Applicant hereby acknowledges that such representation is a matter between the Applicant and the attorney, and the City of New Haven makes no representations as to the nature or quality of legal services to be performed by any attorney whom the Applicant may select.

Should Applicant decline to obtain independent legal counsel, it is hereby acknowledged by the Applicant that the Office of Corporation Counsel represents the City of New Haven and Applicant will be acting on his/her/its own behalf in said transaction.

By signing below, the Applicant hereby acknowledges receiving a copy of this Legal Representation Notice and Disclosure.

_________________________________________
Applicant Signature

Each Applicant to complete individual form
PROGRAM UNDERSTANDING

The City of New Haven Coronavirus Assistance and Security Tenant Landlord Emergency Program ("CASTLE"), will assist tenants and homeowners in New Haven who have experienced income loss due to Covid-19 and are experiencing housing insecurity.

CASTLE can assist as a standalone program or in conjunction with any of the State of Connecticut’s housing assistance programs, enabling tenant’s and homeowners to maximize their assistance. The program will assist in mitigating the risk of eviction and/or foreclosure and create housing stability.

Eligibility Requirements

<table>
<thead>
<tr>
<th>For Tenants/Homeowners:</th>
<th>For Landlords:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A resident of New Haven.</td>
<td>• Property is not delinquent on taxes or is on a payment plan and is part of the residential rental licensing program if required to enroll.</td>
</tr>
<tr>
<td>• Income does not exceed 80% of Area Median Income (AMI).</td>
<td>• Not receiving any other State or Federal subsidy towards mortgage assistance.</td>
</tr>
<tr>
<td>• Verified income disruption due to Covid-19.</td>
<td></td>
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<tr>
<td>• Property is primary residence of tenant.</td>
<td></td>
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<tr>
<td>• Property is Homeowner occupied and primary residence</td>
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<tr>
<td>• Tenant not under court ordered eviction prior to March 11, 2020</td>
<td></td>
</tr>
</tbody>
</table>

Assistance Terms

**Pre-COVID Back Rent/Mortgage:** Rent/Mortgage payments owed before March 2020 is considered Pre-COVID back rent/mortgage.

- **Pre-COVID Back Rent** must be completely written off by the landlord and cannot be collected or used as a cause for eviction.

- **COVID Back Rent:** Rent owed after March 2020.
  - CASTLE will fund up to $3,000 of Covid Back Rent
  - Landlord will write off the balance of any Covid Back Rent after Castle payment
  - Landlords will waive all late fees and interest payments.
  - Landlords will deem tenant current in rent, and the rent records will show a zero balance on all Pre-Covid Back Rent and Covid Back Rent.
  - Landlord will agree NOT to commence eviction proceeding for Pre-COVID/COVID rent.
City of New Haven
Coronavirus Assistance and Security Tenant Landlord Emergency Program (CASTLE)

- **Pre-COVID/COVID Mortgage Payments** homeowner must be working with Lender and HUD Certified Counselor
  - **COVID Mortgage** for homeowner with mortgage payments owed after March 2020
  - HUD Certified Housing Counselor required to assist with mitigation with lender
  - CASTLE will fund up to $4,000 of COVID Mortgage to assist with mortgage modification or forbearance

Tenant/Homeowner: __________________________ Date: __________________________

Program Consent and Acceptance Form

I, __________________________ have reviewed the above summary, and the City of New Haven has explained the process and requirements in full for the program I have applied for funding under. I further understand my obligations under this funding and my responsibilities as tenant..

Applicant : __________________________ Applicant : __________________________

Landlord: __________________________ Date: __________________________

Program Consent and Acceptance Form

I, __________________________ have reviewed the above summary, and the City of New Haven has explained the process and requirements in full for the program I am fully aware and agree to the Assistance Terms as a Landlord. I further understand my obligations under this funding and my responsibility.

LANDLORD

___________________________ __________________________
AFFIDAVIT OF ELIGIBILITY FOR LCI PROGRAMS
(No Delinquent Obligations Owed to the City of New Haven)

State of Connecticut  )
)  SS.
County of New Haven  )

___________________________________________, being first duly sworn, deposes and says that:

(Name of Property Owner or Property Owner’s Agent)

RE: Application for property situated in the City of New Haven at:
___________________________________________  for
(Property Address)

☐ EERAP       ☐ Castle       ☐ Down Payment/ Closing Costs   ☐ Lead-Based Paint Abatement

☐ Elderly & Disabled

1. ☐ He/She is the owner of the Property identified above and resides at the above address.                          
   -OR-
   ☐ He/She currently resides at _____________________________________________________________________________
   and intends to purchase and reside at the address first indicated above.

2. This statement is provided as a condition of qualification for LCI Loan Program indicated above.
   Check ONE:

   ☐ That neither this applicant, nor any member of his/her immediate family as defined in Section 12-5/8 of the New Haven Code of Ordinances, has any outstanding delinquent financial or other obligations owing to the City of New Haven, nor do they have a financial interest in any entity which has any such obligations.

   ☐ There are outstanding financial or other obligations owed to the City of New Haven by this applicant, or members of his/her immediate family as defined in Section 12-5/8 of the New Haven Code of Ordinances. (List all obligations on a separate sheet and indicate the nature of the obligation, including any payment agreement entered into with the Tax Collector concerning delinquent taxes, and the parties involved.)

3. That neither the applicant, nor any member, of his/her immediate family as defined in Section 12-5/8 of the New Haven Code of Ordinances, has failed to file a list of taxable personal property with the City of New Haven as required by state law.

Page 1 of 3 1421 Affidavit
5. That neither this applicant, nor any member of his/her immediate family as defined in Section 12-5/8 of the New Haven Code of Ordinances, is an owner, partner or officer of any business entity. (If any such party is an owner, partner of any business entity, list their names and requested information below. Additional information may be required.

**IF BUSINESS ENTITY**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position Held</th>
<th>Name of Business</th>
<th>% Interest Owned</th>
<th>Relationship to Applicant</th>
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**THIS FORM MUST BE NOTARIZED**

______________________________   __________________________
Primary Applicant (Print Name)     Date

______________________________
Primary Applicant Signature

______________________________
Secondary Applicant (Print Name)     Date

______________________________
Secondary Applicant Signature

Subscribed and sworn to before me this __________ day of __________________, 20____

Notary: My Commission Expires______________, ____________.

____________________________________________
NOTARY PUBLIC
TAX COLLECTOR CERTIFICATION
AS TO THE APPLICANT:

_____ NO BACK TAXES OWED

_____ BACK TAXES W/CURRENT AGREEMENT

_____ BACK TAXES W/DEFAULT AGREEMENT

AS TO ALL BUSINESS ENTITIES:

_____ NO BUSINESS ENTITIES LISTED

_____ NO BACK TAXES OWED

_____ BACK TAXES W/ PAYMENT AGREEMENT AGREEMENT

_____ CURRENT // _____ IN DEFAULT

_____ OK TO PROCESS AGREEMENT

BY: __________________________
TAX COLLECTOR

ASSESSOR CERTIFICATION
AS TO THE APPLICANT:

CURRENT LIST OF TAXABLE PROPERTY
_____ FILED

CURRENT LIST OF TAXABLE PROPERTY
_____ NOT REQUIRED

AS TO ALL BUSINESS ENTITIES:

_____ NO BUSINESS ENTITIES LISTED

CURRENT LIST OF TAXABLE PROPERTY
_____ FILED

CURRENT LIST OF TAXABLE PROPERTY
_____ NOT REQUIRED

_____ OK TO PROCESS AGREEMENT

BY: __________________________
ASSESSOR
NON-COLLUSION AFFIDAVIT
(INCLUDING DISCLOSURE OF OBLIGATIONS TO/INTEREST IN BUSINESS WITH THE CITY OF NEW HAVEN)

I/We known as ____________________________________________________ (Name) personally appeared who being duly sworn, deposes and says that:

1. I am over the age of eighteen and I understand the obligation of an oath.
2. I am the ___Owner or ____Tenant of ______________________________, New Haven, CT that I/We submitted an application, to the City of New Haven for an LCI program, (the “Application) and I am acting in (check one) ☐ my individual capacity; OR ☐ if an entity, on behalf of the entity.
3. I am fully apprised of the contents of the Application and all pertinent facts and circumstances relative to the Application, and the Application is genuine and is not collusive or a sham.
4. The amounts in the Application for the LCI Program are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the individual or entity or any of its officers, partners, owners, agents, representatives, employees, affiliates or parties in interest, including this affiant.
5. No alderman or other elected or appointed or city, state, or federal employee or person or entity, whose salary or compensation is payable in whole or in part from city, state or federal funds is directly or indirectly interested in or will benefit financially by, is in a position to participate in a decision making process or gain inside information about the Application (This paragraph is hereinafter referred to as “conflict of interest.”).
6. The attached Schedule A, which is incorporated herein as though set forth, contains a list of the names, home or business addresses, telephone numbers and titles of the individual or entity’s officers, partners, owners, agents, representatives, employees, affiliates or parties in interest including this affiant as well as any conflict-of-interest as described herein in paragraph numbered 7 above, and any applicable local, state or federal law, involving the same.
7. The attached Schedule A further contains a list of any members of my immediate family who are either employed by the City of New Haven or who are members of city boards, commissions, agencies or task forces.
8. Except as disclosed in the attached Schedule A, the affiant is not and no member of his or her immediate family is a city employee or, having been a city employee in the past 12 months, is seeking employment with any individual or entity engaged in business with the City of New Haven.
9. Except as disclosed in the attached Schedule A, the affiant has not and no member of his or her immediate family has applied, within the last twelve (12) months, for any city, state, or federal program or benefit over which he or she has had control, influence or discretionary authority.
10. Except as disclosed in the attached Schedule A, the individual or entity has no intention of transacting business with any related or affiliated individuals or organizations.
Please list your responses to Items 6-10 below. If your response is none, please print or type “N/A”. Applicant signature(s) must appear on this schedule.

6.

7.

8.

9.

10.

________________________________________________
Signed Affiant Name(s)

________________________________________________
Signed Affiant Name(s)

**Notarized Signature**

STATE OF CONNECTICUT  )
) ss: New Haven , 20________
COUNTY OF NEW HAVEN  )

Personally appeared ____________________ of ______________________________

who identified himself/herself as such and who subscribed and swore to the truth of the foregoing before me this ________ day of ____________, 20________.

___________________________________
Commissioner of the Superior Court
Notary Public

My commission expires on:
OCCUPANCY CERTIFICATION FORM

I/We, ___________________________ and ___________________________ hereby certify

That I/We occupy the premises known as ___________________________,

Date: ___________________________ By: ___________________________

Applicant

Date: ___________________________ By: ___________________________

Applicant
CHILD OCCUPANCY AFFIDAVIT

Date:____________

To: Livable City Initiative City of New Haven

Applicant(s):_____________________________________________________

Property Address:_________________________________________________

Check Applicable item below:

_____ I hereby attest that **children age six (6) or under** currently reside at the above address

_____ I hereby attest that **no children age six (6) or under** reside at the above address

Signature of Owner/Applicant(s)______________________________________

____________________________________

NOTE: This form is a HUD required affidavit not used to determine eligibility
DEMOGRAPHIC INFORMATION FORM

APPLICANT UNIT INFORMATION ONLY

PROPERTY ADDRESS

<table>
<thead>
<tr>
<th>Unit #</th>
<th># of Bedrooms</th>
<th># of rooms</th>
<th># in household</th>
<th># of Children &lt;6</th>
<th>Monthly Rent</th>
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RACIAL/ETHNIC CLASSIFICATION

- African American – not of a Hispanic Origin
- American Indian
- Asian or Pacific Islander
- Hispanic
- White- not of Hispanic Origin

<table>
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<tr>
<th>Name / Household Occupant</th>
<th>Sex</th>
<th>Age</th>
<th>Annual Income</th>
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AFFIDAVIT OF ELIGIBILITY FOR LCI PROGRAMS
(No Delinquent Obligations Owed to the City of New Haven)

State of Connecticut  )
                     )  SS.
County of New Haven  )

_________________________________________________________________________ being first duly sworn, deposes and says that:

(Name of Property Owner or Property Owner’s Agent)

RE: Application for property situated in the City of New Haven at:
_________________________________________________________________________

(Property Address)

☐ EERAP   ☐ Elderly & Disabled
☐ Down Payment/ Closing Costs ☐ Lead-Based Paint Abatement

☐ EERAP

1. ☐ He/She is the owner of the Property identified above and resides at the above address.
   -OR-
   ☐ He/She currently resides at ____________________________________________
   and intends to purchase and reside at the address first indicated above.

2. This statement is provided as a condition of qualification for LCI Loan Program indicated above. Check ONE:

   ☐ That neither this applicant, nor any member of his/her immediate family as defined in Section 12-5/8 of the New Haven Code of Ordinances, has any outstanding delinquent financial or other obligations owing to the City of New Haven, nor do they have a financial interest in any entity which has any such obligations.

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4. That neither the applicant, nor any member, of his/her immediate family as defined in Section 12-5/8 of the New Haven Code of Ordinances, has failed to file a list of taxable personal property with the City of New Haven as required by state law.
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**IF BUSINESS ENTITY**

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<th>Position Held</th>
<th>Name of Business</th>
<th>% Interest Owned</th>
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</tbody>
</table>

**THIS FORM MUST BE NOTARIZED**

________________________________________
Primary Applicant (Print Name) Date

________________________________________
Primary Applicant Signature

________________________________________
Secondary Applicant (Print Name) Date

________________________________________
Secondary Applicant Signature

Subscribed and sworn to before me this __________ day of ____________________, 20____

Notary: My Commission Expires__________________, __________.

________________________________________
NOTARY PUBLIC
TAX COLLECTOR CERTIFICATION
AS TO THE APPLICANT:

_____ NO BACK TAXES OWED

_____ BACK TAXES W/CURRENT AGREEMENT

_____ BACK TAXES W/DEFAULT AGREEMENT

AS TO ALL BUSINESS ENTITIES:

_____ NO BUSINESS ENTITIES LISTED

_____ NO BACK TAXES OWED

_____ BACK TAXES W/PAYMENT AGREEMENT

AGREEMENT

_____ CURRENT // _____ IN DEFAULT

_____ OK TO PROCESS AGREEMENT

BY: ________________________________  
TAX COLLECTOR

_____ CURRENT LIST OF TAXABLE PROPERTY

_____ FILED

ASSESSOR CERTIFICATION
AS TO THE APPLICANT:

_____ CURRENT LIST OF TAXABLE PROPERTY

_____ NOT REQUIRED

AS TO ALL BUSINESS ENTITIES:

_____ NO BUSINESS ENTITIES LISTED

_____ CURRENT LIST OF TAXABLE PROPERTY

_____ FILED

_____ NOT REQUIRED

_____ OK TO PROCESS AGREEMENT

BY: ________________________________  
ASSESSOR
NON-COLLUSION AFFIDAVIT
(INCLUDING DISCLOSURE OF OBLIGATIONS TO/INTEREST IN BUSINESS WITH THE CITY OF NEW HAVEN)

I/We known as ____________________________________________________ (Name) personally appeared who being duly sworn, deposes and says that:

1. I am over the age of eighteen and I understand the obligation of an oath.
2. I am the ___Owner or ____Tenant of ______________________________, New Haven, CT that I/We submitted an application, to the City of New Haven for an LCI program, (the “Application) and I am acting in (check one) ☐ my individual capacity; OR ☐ if an entity, on behalf of the entity.
3. I am fully apprised of the contents of the Application and all pertinent facts and circumstances relative to the Application, and the Application is genuine and is not collusive or a sham.
4. The amounts in the Application for the LCI Program are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the individual or entity or any of its officers, partners, owners, agents, representatives, employees, affiliates or parties in interest, including this affiant.
5. No alderman or other elected or appointed or city, state, or federal employee or person or entity, whose salary or compensation is payable in whole or in part from city, state or federal funds is directly or indirectly interested in or will benefit financially by, is in a position to participate in a decision making process or gain inside information about the Application (This paragraph is hereinafter referred to as “conflict of interest.”).
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7. The attached Schedule A further contains a list of any members of my immediate family who are either employed by the City of New Haven or who are members of city boards, commissions, agencies or task forces.
8. Except as disclosed in the attached Schedule A, the affiant is not and no member of his or her immediate family is a city employee or, having been a city employee in the past 12 months, is seeking employment with any individual or entity engaged in business with the City of New Haven.
9. Except as disclosed in the attached Schedule A, the affiant has not and no member of his or her immediate family has applied, within the last twelve (12) months, for any city, state, or federal program or benefit over which he or she has had control, influence or discretionary authority.
10. Except as disclosed in the attached Schedule A, the individual or entity has no intention of transacting business with any related or affiliated individuals or organizations.
SCHEDULE “A”

Please list your responses to Items 6-10 below. If your response is none, please print or type “N/A”. Applicant signature(s) must appear on this schedule.

6.

7.

8.

9.

10.

________________________________________________
Signed Affiant Name(s)

________________________________________________
Signed Affiant Name(s)

Notarized Signature

STATE OF CONNECTICUT )
) ss: New Haven , 20________
COUNTY OF NEW HAVEN )

Personally appeared ___________________ of ______________________________

who identified himself/herself as such and who subscribed and swore to the truth of the foregoing before me this _______ day of __________, 20________.

___________________________________
Commissioner of the Superior Court
Notary Public
My commission expires on:
LEGAL REPRESENTATION NOTICE AND DISCLOSURE

Coronavirus Assistance and Security Tenant Landlord Emergency Program (CASTLE)

DATE: ______________________________________________________

APPLICANT(S): ____________________________________________________________________

PROPERTY ADDRESS: ___________________________________________________________________

MAILING ADDRESS (if different from above): ____________________________________________________________________

CHECK ONE: LANDLORD ______ TENANT______ PROPERTY OWNER ______

The Applicant has legal interests that differ from that of the City of New Haven (the “City”), the tenant(s), the landlord and/or the property owner. Should the Applicant be approved for and agree to the terms and conditions of the CASTLE Program, the Applicant hereby acknowledges that he/she/it may be waiving certain legal rights the Applicant may otherwise have the right to pursue.

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The Applicant may, at its sole cost and expense, engage an attorney for personal representation in connection with this transaction. Should the Applicant engage an attorney for personal representation in connection with this transaction, the Applicant hereby acknowledges that such representation is a matter between the Applicant and the attorney, and the City of New Haven makes no representations as to the nature or quality of legal services to be performed by any attorney whom the Applicant may select.

Should Applicant decline to obtain independent legal counsel, it is hereby acknowledged by the Applicant that the Office of Corporation Counsel represents the City of New Haven and Applicant will be acting on his/her/its own behalf in said transaction.

By signing below, the Applicant hereby acknowledges receiving a copy of this Legal Representation Notice and Disclosure.

__________________________________________
Applicant Signature

Each Applicant to complete individual form