CITY OF NEW HAVEN

LIVABLE CITY INITIATIVE
165 Church Street, 3rd Floor
New Haven, CT 06510
Phone: (203) 946-7090 Fax: (203) 946-4899

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
  - Program Understanding
  - 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.

CITY OF NEW HAVEN

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New Haven, CT 06510
Phone: (203) 946-7090 Fax: (203) 946-4899

CHECKLIST CASTLE PROGRAM REQUIRED APPLICATION DOCUMENTS

_____ **LCI APPLICATION – filled out and signed**

_____ **INCOME VERIFICATION**

- 2019 Tax Returns w/ w-2
- 2020 Tax Returns

_____ **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 – valid/current**

_____ **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)**

_____ **Child Occupancy Affidavit** (Form enclosed)

_____ **Demographic Form** (Form enclosed)

Justin Elicker
Mayor

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 Months/year in Arrears: _____

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

TENANT

Coronavirus Assistance and Security Tenant Landlord Emergency Program (CASTLE)

DATE: _____

APPLICANT(S): _____

PROPERTY ADDRESS: _____

MAILING ADDRESS (if different from above): _____

CHECK ONE: LANDLORD_____ TENANT_X_____ 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

City of New Haven

Coronavirus Assistance and Security Tenant Landlord Emergency Program (CASTLE)

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

For Tenants/Homeowners:

- A resident of New Haven.
- Income does not exceed 80% of Area Median Income (AMI).
- Verified income disruption due to Covid-19.
- Property is primary residence of tenant.
- Property is Homeowner occupied and primary residence
- Tenant not under court ordered eviction prior to March 11, 2020

For Landlords:

- 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.
- Not receiving any other State or Federal subsidy towards mortgage assistance.

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 $12,000 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 $12,000 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

_____ _____

CITY OF NEW HAVEN
BUREAU OF PURCHASES

TENANT

Justin Elicker
Mayor

Michael V. Fumiatti
Purchasing Agent

200 ORANGE STREET
ROOM 401
NEW HAVEN, CONNECTICUT 06510
Tel. (203) 946-8201 - Fax. (203) 946-8206

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.

(Schedule A and Signature Page Follows)

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 _____ NOTARY 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:

CITY OF NEW HAVEN

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Phone: (203) 946-7090 Fax: (203) 946-4899

OCCUPANCY CERTIFICATION FORM

I/We, _____ and _____hereby certify

That I/We occupy the premises known as _____,

Date:_____ By:_____
Applicant

Date:_____ By:_____
Applicant

CITY OF NEW HAVEN

LIVABLE CITY INITIATIVE
165 Church Street, 3rd Floor
New Haven, CT 06510
Phone: (203) 946-7090 Fax: (203) 946-4899

LIVABLE CITY INITIATIVE · CITY OF NEW HAVEN
CITY OF NEIGHBORHOODS

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

LIVABLE CITY INITIATIVE · CITY OF NEW HAVEN
CITY OF NEIGHBORHOODS

DEMOGRAPHIC INFORMATION FORM

APPLICANT UNIT INFORMATION ONLY

PROPERTY ADDRESS _____

_____

Unit #	# of Bedrooms	# of rooms	# in household	# of Children <6	Monthly Rent

RACIAL/ ETHNIC CLASSIFICATION

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

Name / Household Occupant	Sex	Age	Annual Income

CITY OF NEW HAVEN
BUREAU OF PURCHASES

LANDLORD

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Mayor

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(INCLUDING DISCLOSURE OF OBLIGATIONS TO/INTEREST IN BUSINESS WITH THE CITY OF NEW HAVEN)

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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.
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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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(Schedule A and Signature Page Follows)

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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 _____ NOTARY 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)

LANDLORD

DATE: _____

APPLICANT(S): _____

PROPERTY ADDRESS: _____

MAILING ADDRESS (if different from above): _____

CHECK ONE: LANDLORD X **TENANT**_____ **PROPERTY OWNER** _____

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_____

Applicant Signature
Each Applicant to complete individual form