



**7. FINANCIAL INFORMATION** *Check and attach copies of all forms of income.*

- A. Most recent Federal Tax return with all attachments.
- B. Wage earnings. Attach 2 months of pay stubs.
- C. Social Security Yes \_\_\_\_\_ No \_\_\_\_\_ If yes attach \_\_\_\_\_
- D. Social Security Disability Yes \_\_\_\_\_ No \_\_\_\_\_ If yes attach \_\_\_\_\_
- E. Child Support Yes \_\_\_\_\_ No \_\_\_\_\_ If yes amount \_\_\_\_\_ per \_\_\_\_\_
- F. Alimony Yes \_\_\_\_\_ No \_\_\_\_\_ If yes amount \_\_\_\_\_ per \_\_\_\_\_
- G. Pension Yes \_\_\_\_\_ No \_\_\_\_\_ If yes attach most recent statement
- H. Annuities Yes \_\_\_\_\_ No \_\_\_\_\_ If yes attach most recent statement
- I. Unemployment Yes \_\_\_\_\_ No \_\_\_\_\_ If yes amount \_\_\_\_\_ per week

**8 PROPOSED RENOVATIONS** Briefly describe the work you wish to do:

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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 hereto, attachments, and supporting documentation submitted with this application are true and complete.

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

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

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

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

Please return to:  
Town of Plainfield  
Housing Rehabilitation Program  
Town Planner's Office  
8 Community Avenue  
Plainfield, CT 06374