

**TOWN OF LEDYARD
HOUSING REHABILITATION PROGRAM PRE-APPLICATION**

ALL PERSONAL INFORMATION IS STRICTLY CONFIDENTIAL

I. PROPERTY INFORMATION

ADDRESS:

Name(s) on Title:

The Property is: Owner Occupied Non-Owner Occupied

II. PERSONAL APPLICANT INFORMATION

Name: _____

Address: _____

Telephone (with area code): (H) _____ (W) _____
Best time to be reached: _____

III. DESCRIPTION OF PROPERTY (CHECK ONE)

RESIDENTIAL:

Single Family (Owner Occupied) Two Family Three Family
 Single Family (Rental) Four Family or More

Is there any space in the building used for non-residential purposes?

No Yes If Yes, usage:

Are there any back property/sewer taxes due on properties owned by you within the
Town? No Yes If Yes, amount: \$ _____

IV. Briefly describe the work you wish to do:

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.

Please return to: Town of Ledyard; Housing Rehabilitation Program; c/o Office of the Town Planner; 741 Colonel Ledyard Highway; Ledyard, CT 06339