

**Capital Region Council of Governments (CRCOG)
Gap Foundation Funding
Pre-Application/Self-Reported Income Form**

Applicant Name: _____
(Head of Household)

Address: _____

Preferred Method of Contact? E-mail: Phone:

E-mail Address: _____

Phone Number: _____

1) **CFSIC “claim registration number”:** _____
If you have not applied to the Connecticut Foundation Solutions Indemnity Company, Inc. (CFSIC) and received and claim registration number, you must complete this process before submitting this form.

2) **Number of Persons in Household:** _____ (all ages)

3) **Total Annual Gross Household Income FY 2022 (all residents):** \$ _____
Annual Gross Income includes; Salary, Wages, Benefits, Tips, Self-Employment, Rental Income, Investments, Social Security, Retirement/Pension/Annuity, Unemployment, Disability, Public Assistance, Alimony, Child Support, Any Other Income.

4) **Has your income significantly changed in the last year?** Yes (___) No (___)

5) **Complete Household information & Monthly Income chart below for each resident (all ages):**

	<u>Name</u> (First & Last)	<u>Relationship</u>	<u>Monthly Gross Income</u> **
1*			
2			
3			
4			
5			
6			

* 1 – Identify as Head of Household

** Monthly Gross income includes; Salary, Wages, Benefits, Tips, Self-Employment, Rental Income, Investments, Retirement/Pension/Annuity, Social Security, Unemployment, Disability, Public Assistance, Alimony, Child Support, Any Other Income

6) **I hereby certify that all of the above information is accurate to the best of my knowledge, and I understand that should I meet the threshold income requirements for this funding, a 3rd Party Income Verification Process must be completed prior to issuance of Funding Commitment.**

Yes (___), I certify as Head of Household.

Send completed Pre-Application/Self-Reported Income Form to one of the following:

E-mail to: GapFoundationFunding@HDTLLC.com

Mail to: **Housing Development Team LLC.**
2505 Main Street, Suite 201

Fax to: **203-549-0750**

Stratford, CT 06615