



**Justin Elicker**  
**Mayor**

## **CITY OF NEW HAVEN**

### **LIVABLE CITY INITIATIVE**

*165 Church Street, 3<sup>rd</sup> Floor*

*New Haven, CT 06510*

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



LIVABLE CITY INITIATIVE - CITY OF NEW HAVEN  
CITY OF NEIGHBORHOODS

**Arlevia T. Samuel**  
**Acting Executive**  
**Director**

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](mailto:Mquirama@newhavenct.gov)**

**(203) 946-5363.**

**Thank You.**



# CITY OF NEW HAVEN

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LIVABLE CITY INITIATIVE · CITY OF NEW HAVEN  
CITY OF NEIGHBORHOODS

## 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)



**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  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 \$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

\_\_\_\_\_

\_\_\_\_\_





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**

Name	Position Held	Name of Business	% Interest Owned	Relationship to Applicant

**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 and Assessor to Certify above information on page 1 and 2 of this form.)

**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 ENTITES:**

- 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



**CITY OF NEW HAVEN  
BUREAU OF PURCHASES**



**TENANT**

**Justin Elicker  
Mayor**

**Michael V. Fumiatti  
Purchasing Agent**

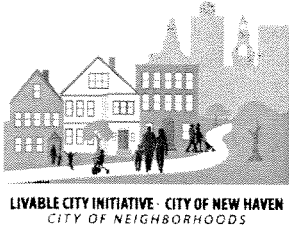
**200 ORANGE STREET  
ROOM 401  
NEW HAVEN, CONNECTICUT 06510  
Tel. (203) 946-8201 - Fax. (203) 946-8206**

**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.

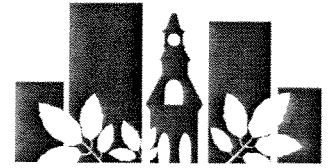




# CITY OF NEW HAVEN

## LIVABLE CITY INITIATIVE

165 Church Street, 3<sup>rd</sup> Floor  
New Haven, CT 06510  
Phone: (203) 946-7090 Fax: (203) 946-4899



**CITY OF NEW HAVEN**  
AN ECONOMIC DEVELOPMENT DEPT.

### 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

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New Haven, CT 06510

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



### 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**







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**

Name	Position Held	Name of Business	% Interest Owned	Relationship to Applicant

**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 and Assessor to Certify above information on page 1 and 2 of this form.)

**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 ENTITES:**

- 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



**CITY OF NEW HAVEN  
BUREAU OF PURCHASES**



**LANDLORD**

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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:



**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  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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\_\_\_\_\_  
*Applicant Signature*  
*Each Applicant to complete individual form*