

**OWNER-OCCUPIED ONLY**  
**APPLICATION FOR HOUSING REHABILITATION SERVICES**  
**FOR THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**  
**(CDBG)**

**APPLICANT INFORMATION**

**PLEASE FILL IN ALL LINES AND BLOCKS, IF THE LINE OR BLOCK DOES NOT PERTAIN TO YOU, INSERT N/A. ALSO PLEASE PRINT IN INK ALL INFORMATION.**

APPLICANT'S NAME:			
STREET ADDRESS OF PROPERTY:			(CITY/STATE/ZIP)
MAILING ADDRESS:			(CITY/STATE/ZIP)
DATE OF BIRTH:	S.S. NUMBER:	HOME PHONE NUMBER:	WORK PHONE NUMBER:
EMAIL ADDRESS (IF YOU HAVE ONE):			
EMPLOYER'S NAME:			
EMPLOYER'S ADDRESS:			

**CO-APPLICANT INFORMATION**  
**(ANYONE ELSE WHO IS ON TITLE)**

APPLICANT'S NAME:			
STREET ADDRESS OF PROPERTY:			(CITY/STATE/ZIP)
MAILING ADDRESS:			(CITY/STATE/ZIP)
DATE OF BIRTH:	S.S. NUMBER:	HOME PHONE NUMBER:	WORK PHONE NUMBER:
EMAIL ADDRESS (IF YOU HAVE ONE):			
EMPLOYER'S NAME:			
EMPLOYER'S ADDRESS:			

**FAMILY MEMBERS**

Starting on the first line for the Head of Household, please supply the following information for ***ALL*** persons that are/will live in the housing unit to be assisted. List adults first, then children. Enter one or more of the following codes in ***BOX 6*** to identify the household relationship of each adult and child listed.

H = Head of Household	K = Co-Head (Not Married)	Y = Youth Under 18	L = Live-In Aide
S = Spouse (Married)	F = Foster Child/Adult	E = Full Time Student Over 18	A = Other Adult

1	1. Last Name & Sr, Jr, etc.:	2. First Name:	3. MI:	4. Date of Birth:	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation <b>H</b>	7. Disabled/ handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Race (Check One Box): <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native			9. Ethnicity (Check One): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		10. Social Security Number:		

2	1. Last Name & Sr, Jr, etc.:	2. First Name:	3. MI:	4. Date of Birth:	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled/ handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Race (Check One Box): <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native			9. Ethnicity (Check One): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		10. Social Security Number:		

3	1. Last Name & Sr, Jr, etc.:	2. First Name:	3. MI:	4. Date of Birth:	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled/ handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Race (Check One Box): <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native			9. Ethnicity (Check One): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		10. Social Security Number:		

4	1. Last Name & Sr, Jr, etc.:	2. First Name:	3. MI:	4. Date of Birth:	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled/ handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Race (Check One Box): <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native			9. Ethnicity (Check One): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		10. Social Security Number:		

5	1. Last Name & Sr, Jr, etc.:	2. First Name:	3. MI:	4. Date of Birth:	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled/ handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No
---	------------------------------	----------------	--------	-------------------	---	-------------	---

8. Race (Check One Box): <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native			9. Ethnicity (Check One): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		10. Social Security Number:		
---	--	--	--	--	-----------------------------	--	--

6	1. Last Name & Sr, Jr, etc.:	2. First Name:	3. MI:	4. Date of Birth:	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled/ handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No
---	------------------------------	----------------	--------	-------------------	---	-------------	---

8. Race (Check One Box): <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native			9. Ethnicity (Check One): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		10. Social Security Number:		
---	--	--	--	--	-----------------------------	--	--

7	1. Last Name & Sr, Jr, etc.:	2. First Name:	3. MI:	4. Date of Birth:	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled/ handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No
---	------------------------------	----------------	--------	-------------------	---	-------------	---

8. Race (Check One Box): <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native			9. Ethnicity (Check One): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		10. Social Security Number:		
---	--	--	--	--	-----------------------------	--	--

8	1. Last Name & Sr, Jr, etc.:	2. First Name:	3. MI:	4. Date of Birth:	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled/ handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No
---	------------------------------	----------------	--------	-------------------	---	-------------	---

8. Race (Check One Box): <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native			9. Ethnicity (Check One): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		10. Social Security Number:		
---	--	--	--	--	-----------------------------	--	--

9	1. Last Name & Sr, Jr, etc.:	2. First Name:	3. MI:	4. Date of Birth:	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled/ handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No
---	------------------------------	----------------	--------	-------------------	---	-------------	---

8. Race (Check One Box): <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native			9. Ethnicity (Check One): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		10. Social Security Number:		
---	--	--	--	--	-----------------------------	--	--

**List first name and type of disability/Handicap:**

---



---



---



---

**Please answer this Question:**

1. Has any child or foster child under age seven (7) residing in the home been tested for an EBL(Elevated Blood Lead Level) .  
 Yes       No

List the first name of each child with an EBL here that has been tested:

**Please list all checking, savings, other bank accounts, stocks bonds, CDS, trusts, real estate and cash held by any household member, irrespective of age.**

<u>Family Member First Name</u>	<u>Type of Account</u>	<u>Account Number</u>	<u>Current Balance</u>	<u>Name and Address where Asset Value can be Verified:</u>
	<u>CHECKING</u>		<u>\$</u>	<u>Name:</u>
	<u>SAVING</u>		<u>\$</u>	<u>Address:</u>
			<u>\$</u>	<u>City:</u> <u>State:</u> <u>Zip</u>
	<u>CHECKING</u>		<u>\$</u>	<u>Name:</u>
	<u>SAVING</u>		<u>\$</u>	<u>Address:</u>
			<u>\$</u>	<u>City:</u> <u>State:</u> <u>Zip</u>
	<u>CHECKING</u>		<u>\$</u>	<u>Name:</u>
	<u>SAVING</u>		<u>\$</u>	<u>Address:</u>
			<u>\$</u>	<u>City:</u> <u>State:</u> <u>Zip</u>
	<u>CHECKING</u>		<u>\$</u>	<u>Name:</u>
	<u>SAVING</u>		<u>\$</u>	<u>Address:</u>
			<u>\$</u>	<u>City:</u> <u>State:</u> <u>Zip</u>
	<u>CHECKING</u>		<u>\$</u>	<u>Name:</u>
	<u>SAVING</u>		<u>\$</u>	<u>Address:</u>
			<u>\$</u>	<u>City:</u> <u>State:</u> <u>Zip</u>

Has any member of the family given away or disposed of assets valued at more than \$1,000 for less than fair market value during the past two years?

Did you file a Federal Income Tax Return Last Year?

Yes

No

Does anyone living outside your household pay any of your bills?

Yes

No

Please list gross payments (before taxes) made to each household member for **WAGES, WORKER'S COMPENSATION, SOCIAL SECURITY, SSI, DISABILITY, WELFARE ASSISTANCE, UNEMPLOYMENT BENEFITS, RETIREMENT (Pensions, Annuities, IRAs, 401k, 403's, etc.), CHILD SUPPORT, MILITARY PAY, PERIODIC GIFTS, BARTER INCOME, AND BUSINESS OR PROFESSIONAL INCOME.** *(Please attach additional sheets if necessary)*

<u>Family Member First Name</u>	<u>Gross Monthly Income</u>	<u>Gross Annual Income</u>	Employer or other Source where Income Reported can be Verified:
1. _____	\$ _____	\$ _____	Name: _____ Address: _____ City: _____ State: _____ Zip _____
2. _____	\$ _____	\$ _____	Name: _____ Address: _____ City: _____ State: _____ Zip _____
3. _____	\$ _____	\$ _____	Name: _____ Address: _____ City: _____ State: _____ Zip _____
4. _____	\$ _____	\$ _____	Name: _____ Address: _____ City: _____ State: _____ Zip _____
5. _____	\$ _____	\$ _____	Name: _____ Address: _____ City: _____ State: _____ Zip _____
6. _____	\$ _____	\$ _____	Name: _____ Address: _____ City: _____ State: _____ Zip _____

Please answer the questions below by checking "YES " or "NO" after each question. Explain any "YES" answers in the comment section at the bottom. If you need more room for comments, please add another sheet with the explanations.

1. Has anyone moved into or out of your home?  YES  NO  
 -----  
 If yes Who? \_\_\_\_\_
2. Has anyone applied for work?  YES  NO  
 -----
3. Has anyone in your household started a job?  YES  NO  
 -----
4. Has anyone in your household quit a job?  YES  NO  
 -----  
 Been laid off?  YES  NO  
 -----
5. Is anyone in your household self-employed?  YES  NO  
 -----
6. Is anyone in your household employed, either part-time or full-time?  YES  NO  
 -----
7. Has anyone applied for any of the following?
- |   |  |  |
|---|--|--|
| Public Assistance <input type="checkbox"/> YES <input type="checkbox"/> NO<br>TANF <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Social Security <input type="checkbox"/> YES <input type="checkbox"/> NO<br>SSI <input type="checkbox"/> YES <input type="checkbox"/> NO |  | Unemployment Benefits <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Child Support <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Alimony or Maintenance <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Workman's Compensation <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--|--|
8. Does anyone in your household receive any of the following?
- |   |  |  |
|---|--|--|
| TANF <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Public Assistance <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Social Security <input type="checkbox"/> YES <input type="checkbox"/> NO |  | Pension <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Disability Payments <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--|--|
9. Does anyone outside of your household pay any of your bills, or give you money?  YES  NO  
 -----
10. Does anyone in your household receive any type of income or money not mentioned above?  YES  NO  
 -----

<b>COMMENTS: Explain any "YES" answers:</b>

**WARNING!!! Title 18, Section 1001 of the U. S. Code, states that any person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of U. S. Or the Department of Housing and Urban Development is guilty of a FELONY.**

**PROPERTY INFORMATION**

**PARCEL NUMBER (YOU CAN GET THIS NUMBER FROM YOUR TAX STATEMENT):**

PERSON/MORTGAGE/BANK/LENDING INSTITUTION NAME:

STREET AND MAILING ADDRESS OF PERSON/MORTGAGE/BANK/LENDING INSTITUTION:

MORTGAGE ACCOUNT LOAN NUMBER:

MORTGAGE COMPANY'S PHONE NUMBER:

MONTHLY PAYMENT: \$

AMOUNT STILL OWED: \$

VALUE OF HOME (AMOUNT YOU PAID FOR THE HOUSE): \$

ARE THERE ANY OTHER LOANS/LIENS ON THIS PROPERTY?  YES  NO

**ASSETS:**

VALUE OF HOME: \$

SAVINGS: \$

AUTO & EQUIPMENT: \$

OTHER PERSONAL PROPERTY: \$

TOTAL ASSETS: \$

OTHER REAL ESTATE: \$

OTHER REAL-ESTATE LOCATION:

IF KNOWN, YEAR IN WHICH HOUSE WAS BUILT:

HOW LONG HAVE YOU LIVED IN THIS AREA?  
 \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

**CONDITION OF HOUSE:**

(FOR THE FOLLOWING, PLEASE CHOOSE ONE OF THE FOLLOWING CONDITIONS  
 INITIALS IN PARENTHESIS TO PUT IN THE BOX NEXT TO THE CONDITION):

GOOD (G)	FAIR (F)	POOR (P)	VERY POOR (VP)
FOUNDATION:		ROOF:	ELECTRICAL SYSTEM:
PLUMBING:		SIDING:	BATHROOM:
KITCHEN:		FLOORING:	INSULATION:
SEWER/SEPTIC:		BEDROOMS:	WINDOWS/SCREENS:

**OTHER REPAIRS NEEDED THAT ARE NOT MENTIONED ABOVE:**

HOW MANY BEDROOMS?

HOW MANY BATHROOMS?

TYPE OF HOUSEHOLD:

SINGLE FAMILY DWELLING     DUPLEX     TRIPLEX     MULTIPLEX     MOBILE

IS THIS A SINGLE HEAD OF HOUSEHOLD?  
 YES     NO

IS SOMEONE IN THE HOUSEHOLD 62 YEARS OF AGE OR OLDER?  
 YES     NO



## EXAMPLES OF PROOF OF INCOME

**All proof of income must be current (within the last 3 months of the date of letter enclosed with this form) and show name and gross income amount.**

<b>WAGES:</b>	Current pay check stub(s) covering a one month period and showing name and gross income; and/or
<b>SOCIAL SECURITY:</b>	Copy of current check(s); copy of bank statement showing direct deposit; SSN form 4926, or 2458; computer printout from Social Security Administration office; and/or
<b>SUPPLEMENTAL SECURITY INCOME:</b>	Notice of Planned Action or Form 2458; computer printout from Social Security Office; copy of bank statement showing SSI direct deposit; copy of SSI check; and/or
<b>PENSION AND ANNUITIES:</b>	Copy of current check; verification on letterhead or annual statement from pension plan; and/or
<b>DISABILITY COMPENSATION:</b>	Copy of current check; printout or letter from agency or insurance company verifying the compensation amounts; and/or
<b>UNEMPLOYMENT BENEFITS:</b>	Copy of current check(s); printout from Employment Development Department; and/or
<b>INTEREST INCOME:</b>	Monthly or quarterly bank statement; statement of interest income from bank or agency; and/or
<b>CHILD AND/OR SPOUSAL SUPPORT:</b>	Copy of current check; and/or
<b>SUPPORT FROM AN INDIVIDUAL:</b>	Copy of check and statement signed by person providing support; and/or
<b>GENERAL ASSISTANCE:</b>	Notice of Action from County Social Services; copy of current check; and/or
<b>STUDENT AID:</b>	Financial Aid statement from College or University; and/or
<b>TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF):</b>	Notice of Action, or benefit letter, copy of welfare check; and/or
<b>VETERAN'S BENEFITS:</b>	A letter indicating receipt of Veteran's Pension; copy of Veteran's Administration check; and/or
<b>SIGNED FEDERAL TAX FORM 1040:</b>	Current year (2000 as an example)

**PLEASE SEND COPIES OF ALL DOCUMENTATION.**