



APPLICATION FOR HOMEOWNER REHAB PROGRAM

The information collected below will be used to determine whether you qualify for this program. It will not be disclosed without your consent except to your employer(s) for verification of income and employment information to financial institutions for verification of assets, and as required and permitted by law. You do not have to provide the information, but if you fail to do so, your application may be delayed or rejected.

| | | | | |
|--|------|-------|---------------------|---------------------------------|
| 1. Applicant's Name | | | Social Security No. | Home Phone () |
| 2. Present Street Address | City | State | Zip Code | No. of Years at Present Address |
| 3. Former Street Address (if at present address for less than 2 years) | City | State | Zip Code | No. of Years at Former Address |

4. Names of Other Persons in Household

| | | |
|---|----------------|-----------------|
| Have you ever served in the Military? Y / N (Provide DD214 or NGB-22) | Branch | Status |
| Discharge Type: Honorable General | Army Air Force | Active Reserves |
| From: _____ To: _____ | Navy USMC | National Guard |
| From: _____ To: _____ | Coast Guard | Retired |

Do you have any disabilities? If yes, please explain and provide documentation, if available

| | | | | |
|-----------------------------|------|-------|---------------------|---------------------------------|
| 1. Co-Applicant Name | | | Social Security No. | Home Phone () |
| 2. Present Street Address | City | State | Zip Code | No. of Years at Present Address |

4. Names of Other Persons in Household

Do you have any disabilities? If yes, please explain and provide documentation, if available

ANNUAL INCOME

| Source | Applicant | Co-Applicant | Other Household Member 18 Years or Older | Total |
|---|-----------|--------------|--|-------|
| Salary | | | | |
| Overtime Pay | | | | |
| Commissions | | | | |
| Fees | | | | |
| Tips | | | | |
| Bonuses | | | | |
| Interest and/or Dividends | | | | |
| Net Income from Business | | | | |
| Net Rental Income | | | | |
| Social Security, Pensions, Retirement Funds etc., Received Periodically | | | | |
| Unemployment Benefits | | | | |
| Workers Compensation, etc. | | | | |
| Alimony, Child Support | | | | |
| Welfare Payments | | | | |
| VA Disability | | | | |
| Other: | | | | |
| TOTAL: | | | | _____ |

ASSETS

| Assets | Cash Value | Income from Assets | Name of Financial Institution | Account Number |
|------------------|------------|--------------------|-------------------------------|----------------|
| Checking Account | \$ | \$ | | |
| | \$ | \$ | | |
| Savings | \$ | \$ | | |
| | \$ | \$ | | |
| Credit Union | \$ | \$ | | |
| | \$ | \$ | | |
| Mutual Funds | \$ | \$ | | |
| Stocks/Bonds | \$ | \$ | | |
| Other? | \$ | \$ | | |

HOUSEHOLD COMPOSITION

List the head of your household and all members who live in your home. Give the relationship of each family member to the head.

| Member No. | Full Name | Relationship | Date of Birth | Age | Social Security No. |
|-------------------|-----------|--------------|---------------|-----|---------------------|
| Head of Household | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

Does anyone live with you now who is not listed above? Yes No

Does anyone plan to live with you in the future who is not listed above? Yes No

Please explain if you answer "Yes" to either question above. _____

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for assistance.

 Applicant

 Date

 Co-Applicant

 Date

Please Circle the options below that best match your homes current status.

Do you have a Deed for your Home? Yes No

Do you have a Lease for your Home? Yes No

Do you have a Title for your Home? Yes No

What is the year of your Deed? _____

What Year was your Home built? _____

Home Type:

- House- Site Built
- Modular
- Single wide Manufactured Home
- Double Wide Manufactured Home
- Larger than Double wide manufactured home

My Home Needs Replacement or repair of the following items:

- Roof
- Plumbing
- Electrical
- Heating, Ventilation, and Cooling (HVAC)
- Exterior Walls
- Interior Walls
- Windows
- Pest Control

How is your home heated? Natural Gas Propane Wood
Electric Furnace Wall Heater Vented/Unvented Space Heater
Fireplace Stove Boiler Other: _____

What is your Water Source? Municipal Well Co-op Other

What is your Sewer System? Municipal Septic Cesspit Other

Has your Home ever been weatherized? Yes No

If Yes, When _____

What condition would you say your home is in? Good Fair Bad Very Bad

Number of Bedrooms? _____ **Number of Bathrooms?** _____

Please list all repairs you are requesting. Be as detailed as possible.
