



OFFICE USE
DATE RECEIVED _____
STAFF INITIALS _____

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
APPLICATION FOR HOME REHABILITATION PROGRAMS**

APPLICANT INFORMATION

Homeowner Name _____

Homeowner Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Race/Ethnicity Asian Black Hispanic White Other
Special Needs (check all that apply) Owner 62 years+ Member disabled
 Veteran Household size 5+ Single-parent household
Marital Status Single Married Divorced Widow/er Separated

HOUSEHOLD COMPOSITION

Household Member*	Relation to Homeowner	Birth Date	Disabled?	SSN (last four digits)
1.	Self			
2.				
3.				
4.				
5.				

*List all people living in the house, including tenants

GROSS HOUSEHOLD INCOME**

Household Member	Source/Type of Income	Amount of Income	Specify Per Week, Bi-Week, Month or Year
1.			
2.			
3.			
4.			
5.			

**See attached Certification of Income

PROPERTY OWNERSHIP

Is this house your primary residence? Yes No

Are you the property owner of record of this house? Yes No

Are the property taxes on this house current? Yes No

If no, do you have a payment plan approved by the County Tax Office? Yes No

Are you current on the payments as part of this payment plan? Yes No

Mortgage Company and Address

Mortgage Payments (Principal and Interest) \$ _____ per month

Loan Term _____ Interest Rate _____ Loan Balance _____

Property Insurance Company and Address

Property Insurance Value \$ _____

PROPERTY CHARACTERISTICS

Housing Type (please circle) Single-Family Detached Mobile Home Single-Family Attached (i.e. Townhouse, Duplex, Triplex)

PIN Number _____ Township _____

Recent Tax Assessment Value \$ _____ Type of Construction _____

Number of Rooms _____ Number of Bedrooms _____ Number of Bathrooms _____

Year Structure Built _____ Size of Structure (square feet) _____

Source of Water _____ Method of Sewage Disposal _____

CERTIFICATION OF INCOME

This form must be completed by each adult household member (18 years and older). If a household member has zero income, then that member must instead complete the attached Zero Income Affidavit. For this form, only the Applicant must complete Sections A and B; all other household members with income will complete Section 3 only.

Applicant Name: _____

A. Number and Name of Adults in the Household: _____

(Names): _____

B. Number and Name of Minor/Dependent Children in the Household: _____

(Names): _____

C. Check all source documents submitted to certify gross household income:

- Copy of last two (2) bi-weekly or last four (4) weekly paycheck stubs. They must be the most current and consecutive;
- Current year benefit award letters (social security, supplemental security income (SSI), benefits received on behalf of minors);
- Wages from employment including commissions, tips, bonuses;
- Income from the operation of a business, such as Mary Kay or landscaping services;
- Rental income from real or personal property;
- Unemployment or disability payments;
- Public assistance payments (excluding SNAP/food stamps);
- Alimony or child support;
- Any other source of income not name above.

Applicant(s) certify that the information presented along with this Certification is true and accurate. In addition, Applicant(s) further acknowledge and understand that providing false representation herein constitutes an act of fraud. Applicant(s) acknowledge and understand that false, misleading or incomplete information may result in the disapproval of this Application. Applicant(s) further understand that additional income documentation may be required to verify my household eligibility.

Applicant Signature

Printed Name

Date

ZERO INCOME AFFADAVIT

Must be completed by each adult household member (18 years and older) who has zero income

Name: _____

Address: _____

Relationship to Head of Household: _____

A. I hereby certify that I do not receive income from any of the following sources:

1. Wages from employment (including commissions, tips, bonuses, fees, etc.);
2. Income from operation of a business;
3. Rental income from real or personal property;
4. Interest or dividends from assets;
5. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
6. Unemployment or disability payments;
7. Public assistance payments;
8. Periodic allowances such as alimony, child support, or gifts received from persons living in the household;
9. Sales from the operation of a business , such as Mary Kay or landscaping services;
10. Any other source not named above.

B. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next twelve (12) months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud, which may result in the repayment of the funds or assistance provided.

Applicant Signature

Printed Name

Date