



# COMMUNITY DEVELOPMENT BLOCK GRANT HOUSING REHABILITATION PROGRAM

## PRE-APPLICATION

Please PRINT and complete ALL pages of this application in its entirety and sign the last page. The Housing Rehabilitation Program maintains a waiting list for assistance. Upon return of this application, your name will be placed on the waiting list. You will be notified in writing when your name approaches the top of the list.

Date:
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Head of Household Name:	Date of Birth:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Name:	Date of Birth:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>THIS FOLLOWING INFORMATION IS GATHERED TO COMPLY WITH FEDERAL CDBG PROGRAM REQUIREMENTS:</i>		
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> Am. Indian/Native Alaskan <input type="checkbox"/> Pacific Islander/ Hawaiian	Nationality: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	
Address: (Number) (Street)		
Phone Number:	Alternate Phone Number:	
Do you own any other real estate property? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list address:		

Head of Household Social Security #:	Spouse's Social Security #:		
<b>TOTAL</b> Number of persons living in the household:			
Please list the names, relationships, social security numbers and dates of birth of <u>all</u> other adults <b>(18 and older)</b> in the household:			
Name:	Relationship:	Social Security #:	Date of Birth:
1.			
2.			
3.			
4.			

Approximate combined gross income ( <i>before taxes</i> ) of <u>all</u> persons living in the home: \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Age of Home:	How long have you owned <u>and</u> lived in the home as your primary residence?
Tax Parcel #:	Is your home a co-op? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home a mobile/manufactured home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," do you own the real property on which the home is located? <input type="checkbox"/> Yes <input type="checkbox"/> No



## INCOME QUESTIONNAIRE

Name/Address of Head of Household: \_\_\_\_\_

We need to know about the income that each member of your household expects to receive in the next 12 months. The following is a list of items the government counts as income in determining eligibility for federal housing assistance. Check Yes for a particular type of income if any household member gets it. We'll get the details from you later. Check No only if no member of your household gets the particular type of income.

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully make false statements, or misrepresentations, of any material fact involving the use or obtaining of federal funds.**

Employment Income: *this does not include income of children younger than 18 or live-in aides.*

	<u>Yes</u>	<u>No</u>
Wages	<input type="checkbox"/>	<input type="checkbox"/>
Salaries	<input type="checkbox"/>	<input type="checkbox"/>
Overtime pay	<input type="checkbox"/>	<input type="checkbox"/>
Commissions	<input type="checkbox"/>	<input type="checkbox"/>
Fees	<input type="checkbox"/>	<input type="checkbox"/>
Tips	<input type="checkbox"/>	<input type="checkbox"/>
Bonuses	<input type="checkbox"/>	<input type="checkbox"/>
Any other amounts adult household members earn from working for other people or from their own business	<input type="checkbox"/>	<input type="checkbox"/>

Benefits payments: *this includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments of Social Security or Supplemental Social Security Income.*

	<u>Yes</u>	<u>No</u>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>
Disability pay or benefits	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment benefits	<input type="checkbox"/>	<input type="checkbox"/>
Severance pay	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>
Insurance policy payments to you	<input type="checkbox"/>	<input type="checkbox"/>
Pensions	<input type="checkbox"/>	<input type="checkbox"/>
Retirement fund benefits	<input type="checkbox"/>	<input type="checkbox"/>
Death benefits	<input type="checkbox"/>	<input type="checkbox"/>
Any other benefit payments: veteran's disability, black lung sick benefits, dependent indemnity compensation	<input type="checkbox"/>	<input type="checkbox"/>

Welfare assistance: *this includes lump-sum payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disabled person.*

	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>

Alimony or Child Support: *this includes adoption assistance payments.*

	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>

Interest, dividends, and other income from household assets:

	<u>Yes</u>	<u>No</u>
Interest from bank accounts or bonds	<input type="checkbox"/>	<input type="checkbox"/>
Dividends from stocks or mutual funds	<input type="checkbox"/>	<input type="checkbox"/>
Income distributed from trust funds	<input type="checkbox"/>	<input type="checkbox"/>
Money from renting household assets	<input type="checkbox"/>	<input type="checkbox"/>
Any other interest, dividends, or rent	<input type="checkbox"/>	<input type="checkbox"/>
Lottery winnings paid in periodic Payments	<input type="checkbox"/>	<input type="checkbox"/>

Money or gifts regularly given by persons not living in the unit: *this includes rent or utility payments regularly paid by someone on behalf of the household, but doesn't include recurring amounts paid directly to a child care provider, gifts of groceries, utility rebates paid to sr. citizens, payments received for the care of foster children, or gifts received on a non-recurring basis.*

	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>

Any other sources of income?  Yes  No

If yes, please specify:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that all of the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date