



CDBG HOUSING REHABILITATION APPLICATION

Completed by Staff Only:
HUD INCOME LIMITS (# pers):
What is the Household MFI %?
Qualified? YES () NO () Justify
PROOF OF INCOME:
PROOF OF OWNERSHIP:
ANY LIENS PENDING:
Pre Assessment for Rehab:
Pre Construction Conference:
Property located within the CDBG Target Areas:

(Information contained herein shall be kept confidential and shall be used only for the purpose of determining for financial assistance.)

Location of property Requesting Housing Rehabilitation Assistance: _____

Date: _____

Applicant's Name _____

Social Security No - - _____

Co Applicant's Name _____

Social Security No - - _____

Address: _____

Home Phone () - _____

Date of Birth: _____

Date of Birth _____

Marital Status: Single Married Separated Divorced Other

Please list all other household members and their incomes:

Name	Relationship	Date of Birth	Social Security Number	Monthly Income
			- -	\$
			- -	\$
			- -	\$
			- -	\$
			- -	\$

Employment Information:

Include other sources of income such as social security, disability income, child support, etc.

Source of Income/Employer	Hours per Week	Rate of Pay	Dates of Employment (Month, Day & Year) From To	Monthly Income Before Taxes
		\$ /		\$
		\$ /		\$

List all debts, such as car payments, credit cards, personal loans, student loans, furniture bills. Also include any debts and/or payments deducted from your paycheck.

Include any debts for which you co-signed and child support if applicable.

Creditors	Monthly Payment Amount	Balance Due
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

List cash available such as checking or savings, credit union accounts, 401K, etc.

Bank or Type of Savings	Estimated Balance	Type of Account/Bank (Checking, Savings, etc.)	Average Monthly Deposit
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Do you own the property you are requesting Housing Rehabilitation Assistance? _____

What was the original mortgage Amount? _____ What year was property purchased? _____
 What is the present balance on mortgage: _____ Name and Address of

Lender or Mortgage holder: _____

Monthly Mortgage Payment \$ _____ Are payments current? _____

Is there a Second Mortgage on the property? _____ If so please provide the Second Lien Holder's name and address _____

Do you have any unpaid judgments or collections? _____ Amount \$ _____

Have you filed bankruptcy in the last 10 years? _____ If so, what is the current status? _____

Have you listed all debts, such as car payments, credit cards personal loans, furniture bills? _____

List all monthly utilities expenses: Heating \$ _____ Lights \$ _____

Water \$ _____

Property Tax \$ _____ Hazard Insurance \$ _____

Certification (SIGNATURE BELOW IS REQUIRED)

I certify that all of the above information is correct and true to the best of my/our knowledge. I understand that the information obtained is to be used in determining eligibility for financial assistance for housing rehabilitation through the CDBG funding. I understand that false or misleading information will affect my program eligibility. I also understand that the completion of this form in no way guarantees housing assistance through the City's Housing Program.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____