



## Homeowner Repair and Improvement Grant Program Application

Please fill out this application completely.

All information is required for processing and is subject to verification.

1. APPLICANT'S NAME: \_\_\_\_\_  
First Middle Last  
 Date of Birth \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Is Applicant Disabled? \_\_\_\_\_ If yes, what is the disability? \_\_\_\_\_

2. CO-APPLICANT'S NAME: \_\_\_\_\_  
First Middle Last  
 Date of Birth \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Is Co-Applicant Disabled? \_\_\_\_\_ If yes, what is the disability? \_\_\_\_\_

3. PHONE: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work)

4. ETHNICITY AND GENDER INFORMATION (required by HUD for statistical reporting purposes):

Is the Applicant:  Male  Female

Is the Applicant:

- |   |  |
|---|--|
| <input type="checkbox"/> White                  | <input type="checkbox"/> American Indian/Alaskan Native & White                  |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian & White   |
| <input type="checkbox"/> Hispanic               | <input type="checkbox"/> Black/African American & White                          |
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Other Multi-Racial     | <input type="checkbox"/> American Indian/Alaskan Native                          |
|   | <input type="checkbox"/> Native Hawaiian/other Pacific Islander                  |

5. ADDRESS OF HOUSE TO BE REHABILITATED:  
 \_\_\_\_\_

6. AGE OF HOME: \_\_\_\_\_ NUMBER OF BEDROOMS: \_\_\_\_\_

7. HOW LONG HAVE YOU OWNED THIS HOME? \_\_\_\_\_

Do you have a mortgage?  Yes  No

Is your mortgage current?  Yes  No

Name and address of mortgage holder: \_\_\_\_\_

\_\_\_\_\_

8. IS YOUR HOME LOCATED IN FLOODPLAIN?       Yes       No       Don't Know

9. DO YOU OWN ANY OTHER REAL ESTATE?       Yes       No

If yes, address: \_\_\_\_\_  
Street City

10. HOUSEHOLD COMPOSITION (List **ALL** persons living in the home).

Name	M/F	Date of Birth	Social Security No.	Disabled? Y/N
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. EMPLOYMENT INFORMATION

APPLICANT:

Employer Name: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Present **Gross** Monthly Salary/Wages (before deductions and taxes): \$ \_\_\_\_\_

Present Monthly **Net** Salary/Wages (take home pay per month): \$ \_\_\_\_\_

CO-APPLICANT:

Employer Name: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Present **Gross** Monthly Salary/Wages (before deductions and taxes): \$ \_\_\_\_\_

Present Monthly **Net** Salary/Wages (take home pay per month): \$ \_\_\_\_\_

12. **OTHER INCOME AND SOURCE(S):** Please list **all** sources of income for **everyone** living in the house. (Include Social Security, Welfare, Retirement or Veteran, Child Support, Rental Property, Checking & Savings Accounts, Dividend Payments, Annuities, Bonds, other)

_____	Amount/mo.: \$ _____
_____	Amount/mo.: \$ _____
_____	Amount/mo.: \$ _____
_____	Amount/mo.: \$ _____
	TOTAL: \$ _____

13. **WHAT IMPROVEMENTS/MODIFICATIONS WOULD YOU LIKE TO YOUR HOME?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. **Please check the items listed below that you would like additional information on:**

- Home delivered meals
- Transportation options
- Home health aide
- Homemaker services
- Personal emergency response systems
- Financial planning and budgeting
- Independent living skills
- Independent living products
  - Mobility aids
  - Telephone and communication devices
  - Items for the home
  - Games
  - Low vision magnifiers
- Other: \_\_\_\_\_

**By signing and returning this application, you pledge the following:**

- I certify that all information contained herein is true and accurate to the best of my ability. I authorize the city or town and/or its representatives to verify all information on this application, including my present and past employment.
- I agree that the city or town and/or its representatives may obtain a credit bureau report on me at any time and may close my application if certain adverse information appears on the credit report or if the city is unable to obtain a credit report.
- I certify that the house for which I am requesting assistance is my primary residence.
- I certify that if I receive assistance, I will maintain homeowner's insurance on the assisted house during the entire lien period.
- I certify that I will keep property taxes current on the assisted house during the entire lien period.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant Signature

\_\_\_\_\_  
Date

