



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: _____

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

