



APPLICATION FOR HOMEOWNER REHAB PROGRAM

The information collected below will be used to determine whether you qualify for this program. It will not be disclosed without your consent except to your employer(s) for verification of income and employment information to financial institutions for verification of assets, and as required and permitted by law. You do not have to provide the information, but if you fail to do so, your application may be delayed or rejected.

1. Applicant's Name			Social Security No.	Home Phone ()
2. Present Street Address	City	State	Zip Code	No. of Years at Present Address
3. Former Street Address (if at present address for less than 2 years)	City	State	Zip Code	No. of Years at Former Address

4. Names of Other Persons in Household

Have you ever served in the Military? (Provide DD214 or NGB-22)

Discharge Type:

From: _____ To: _____

From: _____ To: _____

Do you have any disabilities? If yes, please explain and provide documentation, if available

1. Co-Applicant Name			Social Security No.	Home Phone ()
2. Present Street Address	City	State	Zip Code	No. of Years at Present Address

4. Names of Other Persons in Household

Do you have any disabilities? If yes, please explain and provide documentation, if available

ANNUAL INCOME

Source	Applicant	Co-Applicant	Other Household Member 18 Years or Older	Total
Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds etc., Received Periodically				
Unemployment Benefits				
Workers Compensation, etc.				
Alimony, Child Support				
Welfare Payments				
VA Disability				
Other:				
TOTAL:				_____

ASSETS

Assets	Cash Value	Income from Assets	Name of Financial Institution	Account Number
Checking Account	\$	\$		
	\$	\$		
Savings	\$	\$		
	\$	\$		
Credit Union	\$	\$		
	\$	\$		
Mutual Funds	\$	\$		
Stocks/Bonds	\$	\$		
Other?	\$	\$		

HOUSEHOLD COMPOSITION

List the head of your household and all members who live in your home. Give the relationship of each family member to the head.

Member No.	Full Name	Relationship	Age	Social Security No.
Head of Household				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Does anyone live with you now who is not listed above? Yes No

Does anyone plan to live with you in the future who is not listed above? Yes No

Please explain if you answer "Yes" to either question above.

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for assistance.

Applicant

Date

Co-Applicant

Date