

City of Hickory

Homeowner Rehabilitation Program

DATE: _____

APPLICANT:

NAME: Last _____ First _____ MI _____
 Date of Birth: ____/____/____ Social Security Number: ____/____/____
 Telephone Number: Home _____ Work _____ Other _____

Marital Status: (Married, Single, Divorced, Separated, Widow(er))

Are you disabled? (Optional) Yes/No If yes, please describe:

CO APPLICANT:

NAME: Last _____ First _____ MI _____
 Date of Birth: ____/____/____ Social Security Number: ____/____/____
 Telephone Number: Home _____ Work _____ Other _____

Marital Status: (Married, Single, Divorced, Separated, Widow(er))

Are you disabled? (Optional) Yes/No If yes, please describe:

DEPENDENTS:

Name	Age	Name	Age

PROPERTY INFORMATION: Please provide a copy of the deed showing ownership of the property and evidence of homeowner's insurance for the property. (Copies can be made at time of application.)

Address: Street _____ City _____ Zip _____

Do you own the above Property? ____ Yes ____ No Do you live at the above address? ____ Yes ____ No

Is the above property a manufactured house? ____ Yes ____ No If yes, are the wheels, axles, and trailer tongues removed? ____ Yes ____ No

EMPLOYMENT: Please provide evidence of current income, including recent paycheck stubs, verification letter from employer, or other appropriate documentation.

Applicant

Name of Employer _____

Address of Employer _____

Years Employed _____

Income \$ _____ (hourly, weekly, monthly, bi-monthly, yearly) Please Circle One

Co Applicant

Name of Employer _____

Address of Employer _____

Years Employed _____

Income \$ _____ (hourly, weekly, monthly, bi-monthly, yearly) Please Circle One

ADDITIONAL INCOME: Please provide appropriate documentation.

<u>Applicant</u>		<u>Co Applicant</u>		<u>Other Household Member</u>	
Social Security	\$	Social Security	\$	Social Security	\$
Retirement	\$	Retirement	\$	Retirement	\$
Disability	\$	Disability	\$	Disability	\$
Public Assistance	\$	Public Assistance	\$	Public Assistance	\$
Alimony	\$	Alimony	\$	Alimony	\$
Child Support	\$	Child Support	\$	Child Support	\$
Other _____	\$	Other _____	\$	Other _____	\$

Is there anyone in the household other than the applicant or co applicant that is over 18 years of age and is employed? Yes/ No

If yes, please indicate income \$ _____ (hourly, weekly, monthly, bi-monthly, yearly)

APPLICATIONS MUST BE SUBMITTED TO THE CITY OF HICKORY COMMUNITY DEVELOPMENT DEPARTMENT BY THE 25TH OF EACH MONTH IN ORDER TO BE PREPARED FOR PRESENTATION TO THE CITIZENS' ADVISORY COMMITTEE FOR CONSIDERATION.

Total Monthly Income \$ _____
Staff will complete this item

DEBT:

Please list all outstanding debt including auto loans, credit cards, jewelry payments, any installment accounts etc...

Creditor	Remaining Balance	Monthly Payment
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

INFORMATION FOR GOVERNMENT MONITORING PURPOSES:

The following information is requested by the Federal Government for certain types of government funded programs to monitor compliance with equal credit opportunity and fair housing. You are not required to furnish the information, but are encouraged to do so.

Applicant
 _____ I do not wish to furnish this information

Co Applicant
 _____ I do not wish to furnish this information

Race/National Origin
 _____ American Indian
 _____ Black, Non-Hispanic
 _____ White, Non-Hispanic
 _____ Hispanic
 _____ Other

Race/National Origin
 _____ American Indian
 _____ Black, Non-Hispanic
 _____ White, Non-Hispanic
 _____ Hispanic
 _____ Other

Sex _____ Male _____ Female

Sex _____ Male _____ Female

CERTIFICATION

I certify that all information on this application and all information furnished in support of this application given for the purpose of obtaining assistance from the Single-Family Housing Rehabilitation Program is true and complete to the best of my knowledge and belief. I authorize the City of Hickory to investigate references, statements, and other data contained on my application or obtained from me or any other source pertaining to my credit worthiness. I will furnish further information if requested.

 Applicant's Signature

 DATE

 Co Applicant's Signature

 DATE

Please list work/repairs needed:

<u>STAFF TO COMPLETE THE FOLLOWING</u>	
Program funding	SFR/CDBG
Loan Amount	\$
Monthly Payments	\$
Contractor	\$
Type of improvements:	_____

