## COMMUNITY DEVELOPMENT BLOCK GRANT Home Improvement Grant Program Qualifying Application

1. Applicant Name: $\qquad$
2. Property Address: $\qquad$
3. Phone Number: $\qquad$
4. Email:
5. Total Number of Persons in Household $\qquad$
List all OTHER members who live in your home at the time of application.

| Name | Age | Relationship |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

6. Total Monthly Gross Income \$ $\qquad$
Source of Income: (Please indicate amount)
$\square$ Social Security Income \$ $\qquad$
$\square$ Workers Compensation \$ $\qquad$
$\square$ Alimony/Child Support \$ $\qquad$
$\square$ Disability Income \$ $\qquad$
$\square$ Pension \$ $\qquad$
$\square$ Employment Income \$ $\qquad$
$\square$ Self-Employment Income \$ $\qquad$
$\square$ Other Income
\$ $\qquad$
7. What is the age of the head of household? (Please check only one)

| $\square$ | Under 18 years | $\square$ | 18 to 24 years | $\square$ |
| :--- | :--- | :--- | :--- | :--- |
|  |  | 25 to 44 years |  |  |
| $\square$ | 45 to 59 years | $\square$ | 60 to 64 years | $\square$ |
| 62 years or older |  |  |  |  |

8. Marital Status: $\square$ Married $\square$ Divorced Legally Separated Widow $\square$ Single
9. What is the gender of the head of household?
10. Is the applicant or co-applicant handicapped?
$\square$ Male $\quad \square$ Female
$\square$ Yes $\quad \square$ No
$\square$ Yes $\quad \square$ No
$\square$ Yes $\quad \square$ No
$\qquad$
$\qquad$
11. Are you the Owner-Occupant of the property to be repaired? $\square$
12. I/We currently:
$\square$ Own my/our house free and clear $\quad \square \quad$ Have a mortgage to pay off
$\square \quad$ Lease with an option to buy
$\square$ Other
13. How many years have you occupied the home? $\square$ Less than 1 yr. $\square 1$ to 5 yrs. $\square$ Over 5 yrs.
14. My/our residence is: $\square$ Single-Family Home $\quad \square$ Mobile Home $\quad \square$ Other
15. How many bedrooms in your home? $\square 1 \quad \square 2 \quad \square 3 \quad \square 44 \quad \square 5$ or more
16. What year was the house built?
17. What year did you buy the house/mobile home?
18. Briefly describe the repairs needed. Attach a separate sheet if more room is necessary.
A. $\qquad$
$\qquad$
B. $\qquad$
$\qquad$
C. $\qquad$
$\qquad$
D. $\qquad$
$\qquad$
E. $\qquad$
$\qquad$
F. $\qquad$
$\qquad$

## APPLICATION AFFIDAVIT:

You are hereby signing this Application Affidavit under the False Claims Act, 31 U.S.C. 3729-3733, those who knowingly submit or cause another person or entity to submit, false claims for payment of government funds are liable for three times the government's damages plus civil penalties of $\$ 5,500$ to $\$ 11,000$ per false claim.

Applicant Signature: $\qquad$ Date: $\qquad$
Co-applicant Signature: $\qquad$ Date: $\qquad$

