

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

1.	1. Applicant Name:	
2.	2. Property Address:	
3.	3. Phone Number:	
4.	4. Email:	
5.	5. Total Number of Persons in Household	
	List all OTHER members who live in your home at the time	e of application.
		Age Relationship
_	O T ( IN (II ) O )	
6.	6. Total Monthly Gross Income \$	
	Source of Income: (Please indicate amount)	
	[ ] Social Security Income \$	
	[ ] Workers Compensation \$	
	[ ] Alimony/Child Support \$	
	[ ] Disability Income \$	
	[ ] Pension \$	
	[ ] Employment Income \$	
	[ ] Self-Employment Income \$	
	[ ] Other Income \$	
7.	7. What is the age of the head of household? (Please check only	y one)
	[ ] Under 18 years [ ] 18 to 24 years [ ] 2	5 to 44 years
	[ ] 45 to 59 years [ ] 60 to 64 years [ ] 6	2 years or older
8.	8. Marital Status: [ ] Married [ ] Divorced [ ] Legally	/ Separated [ ] Widow [ ] Single
a	9. What is the gender of the head of household?	[ ] Male [ ] Female
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10	10. Is the applicant or co-applicant handicapped?	[ ] Yes [ ] No
11	11. Is the applicant or co-applicant permanently disabled?	[ ] Yes [ ] No
12	12. Are you a Veteran of the U.S. Armed Forces?	[ ] Yes

Applicant Name Property Address			
13. Are you the Owner-Occupant of the property to be repaired? [ ] Yes [ ] No			
14. I/We currently:			
[ ] Own my/our house free and clear [ ] Have a mortgage [ ] Lease with an option to buy [ ] Other	to pay off		
15. How many years have you occupied the home? [ ] Less than 1 yr. [ ] 1 to 5 yrs. [ ] Over 5 yrs.			
16. My/our residence is: [ ] Single-Family Home [ ] Mobile Home [ ] Other			
17. How many bedrooms in your home? [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 or more			
18. What year was the house built?			
19. What year did you buy the house/mobile home?			
20. Briefly describe the repairs needed. Attach a separate sheet if more room is necessary.			
A			
B			
C			
D.			
E			
F			
APPLICATION AFFIDAVIT: You are hereby signing this Application Affidavit under the False Claims Act, 31 knowingly submit or cause another person or entity to submit, false claims for paliable for three times the government's damages plus civil penalties of \$5,500 to	ayment of government funds are		
Applicant Signature:	Date:		
Co-applicant Signature:	Date:		