



Application for Housing Rehabilitation

To be completed & signed by Head of Household(HoH) - Do not leave any Blanks

First Name _____	Last Name _____	M.I. _____
Social Security No. _____ - _____ - _____	Date of Birth _____ / _____ / _____	Sex _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
U.S. Citizen: Yes No If no, explain: _____		
Home Phone (_____) _____ Work Phone (_____) _____		
<i>Please answer the following question as they pertain to you. All responses will be kept confidential.</i>		
Ethnicity: Select only one _____ Hispanic or Latino _____ Not Hispanic or Latino		
Race: Select one or more _____ White _____ Black or African American _____ Asian		
_____ American Indian or Alaska Native _____ Native Hawaiian or Other Pacific Islander		

Address of Household: (All household must be in a LSRHC participating jurisdiction to be eligible)

_____	_____	_____	SC _____	_____
Number	Street	Town/City/County	State	Zip Code

Mailing Address (If different from above):

_____	_____	_____	SC _____	_____
Number	Street	Town/City/County	State	Zip Code

Name and Phone Number of Relative, Friend, or Neighbor who can usually contact you (Optional):

_____	_____	(_____) _____	(_____) _____
Name	Relation	Home Phone Number	Work Phone Number

Household Information:

In the box below, list all persons living in your household, regardless of relation and including yourself. All residents must be listed before eligibility can be determined. This includes all temporary household residents who do not maintain a regular residence in another location.

	First & Last Name	Relation to HoH	Birth date	Race	Sex	Social Security No.	U.S. Citizen
1.	_____	_____	____/____/____	_____	_____	____/____/____	yes no
2.	_____	_____	____/____/____	_____	_____	____/____/____	yes no
3.	_____	_____	____/____/____	_____	_____	____/____/____	yes no
4.	_____	_____	____/____/____	_____	_____	____/____/____	yes no
5.	_____	_____	____/____/____	_____	_____	____/____/____	yes no
6.	_____	_____	____/____/____	_____	_____	____/____/____	yes no
7.	_____	_____	____/____/____	_____	_____	____/____/____	yes no



Handicap Accessibility:

Please complete the box below if any member of your household has a mental or physical handicap requiring special housing accommodation. (You may need to provide a letter from a physician describing the handicap and prescribing the accommodation needed.) If any member is confined to a wheelchair under special housing need. Also note any member who needs crutches or a walker or is otherwise mobility impaired.

Household Member	Type Handicap	Housing Need
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Information About Your Home:

Complete as much of the information below as possible. It is essential for our record keeping and it may affect what kind of work that is done on your house. If you do not know or understand the requested information, place a question mark in the blank.

Year Constructed: _____
 # of years you have lived there: _____
 # of bedrooms: _____
 # of bathrooms: _____

ADDITIONAL INFORMATION ABOUT YOUR HOME

Have you ever submitted an application in the past to this office for rehabilitation assistance? (yes) (no)
 If so, did this office provide you housing rehabilitation assistance? (yes) (no)
 If not, please explain why not:

What year were repairs made? _____ How much of the project cost did you pay? _____
 What was the cost of the project? _____ Who was the contractor for the project? _____
 What repairs does your house now need? _____

What emergency repairs (life or health threatening) are needed? _____



Mortgage and Ownership:

For your household eligibility to be determined, we need accurate data regarding the title to your property. Filling out this section as completely as possible will **speed the processing** of your application. Mark blanks that do not apply to you "n/a". Place question marks in blanks you are unable to answer.

1st mortgage amount? \$ _____ Monthly payment amount? \$ _____ How much is still owed? _____

What is the name & address of the Mortgage holder? _____

Is there a 2nd Mortgage owed on the property? _____ Is there a 3rd Mortgage on the property? _____

What is the 2nd Mortgage? \$ _____ Monthly payment amount? \$ _____ How much is still owed? _____

What is the name & address of the 2nd holder? _____

Are there any other liens on your property: (Yes) _____ (No) _____

If yes, give holder, amount still owed and monthly payments: _____

Do you share title to your property with your spouse, other relatives, or any other individuals? (yes) _____ (no) _____

If yes, please give the names of all other owners: _____

INCOME INFORMATION:

Full disclosure of all income and assets must be made. Failure to disclose any income or assets will deem the unit ineligible and could trigger a criminal offense under Section 1001 of Title 18 of the U.S. Code. All income and assets will require verification from the providing sources before eligibility will be granted.

Income includes all money flowing into the household, regardless of age of recipient. Such things as self-employment wages, AFDC, alimony, Social Security Benefits, Pensions, Child Support, regular reoccurring gifts from friends or family, money earned from providing services, and interest income from bank accounts or investments all must be disclosed.

Household member	Source of income	Monthly amount received
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____



ASSET INFORMATION:

A percentage value of your assets will be calculated into your income to determine your eligibility. Assets include such things as other real estate properties owned by members in the household, checking and savings accounts, investment accounts, vehicles, money earned in the past two years from the sale of items or investment accounts, and items purchased for investment value, such as stamps, coins, firearms, painting and other collectable.

Household member	Type asset	Value
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

CREDIT INFORMATION:

Credit information is required for evaluation of your household financial situation as a whole. All members of the household 18 years of age or older must agree to have a credit search run on them. Therefore, it is necessary for all of them to sign in the space below for eligibility to be given.

My signature below serves as my authorization for the Community Development Office to obtain a credit history as well as any other financial information needed for the evaluation of this application.

Household member's name Household member's signature/mark Witness (only needed if signed by mark)

ADDITIONAL CREDIT INFORMATION:

This section applies only to owner's record of household.

1.	(yes)	(no)	Have you any outstanding judgments?
2.	(yes)	(no)	In the past seven years, have you been declared bankrupt?
3.	(yes)	(no)	Have you had property foreclosed on or given title of deed?
4.	(yes)	(no)	Are you a co-maker or endorser on a note?
5.	(yes)	(no)	Are you party to a lawsuit?
6.	(yes)	(no)	Are you obligated to pay alimony, child support or maintenance?

If any answers are "yes" please explain: _____



ACKNOWLEDGEMENT OF NOTICES

As an applicant for and potential recipient of home repair assistance from the LSRHC, I/we understand and agree to the following:
(Initial)

_____ Contractor House Access: I/we acknowledge and agree that if approved for assistance contractors shall have access to my/our home and property for preparation of bids so that they may obtain necessary information about my/our home and the needed repairs.

_____ House Evaluation: I/we understand that LSRHC will conduct a feasibility assessment of my/our property for the purpose of determining whether my/our home is eligible to receive assistance. I/we understand that the LSRHC has maximum limits that can be spent to repair my/our home. If my/our home cannot be repaired within the maximum dollar limit allowance, I/we understand that I/we will not be eligible for the Housing Rehabilitation Program.

_____ Photo Release: As owner(s) of the property listed in this application, I/we understand and agree that if approved for assistance, photographs will be taken of my/our home before, during and after repair assistance is provided, and that such photos may be used in reports published by the City of Baytown LSRHC and/or its affiliates

_____ Credit Check and Verifications: I/we understand and agree that the LSRHC will verify all information contained in this application and check my/our credit through a national credit bureau.

_____ Federal Equal Credit Opportunity Act: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating on the basis of race, color religion, national origin, age, sex, marital status, whether all or part of the applicant’s income is derived from any public assistance program, or if the applicant has in good faith exercised any right under the Consumer Credit Protection Act title VIII of the Civil Rights Act of 1968. Fair housing, likewise, prohibits discrimination on the basis of race, color , religion, sec, or national origin. The Federal Agency which administers compliance with the law is the Comptroller of the Currency, Consumer Affairs, Division, Washington, DC 20219.

_____ Right to Financial Privacy Act: This is to notify you, as required by the Right to Financial Privacy Act of 1978, that the Department of Housing and Urban Development has a right of access to financial records held by any financial institution in connection with the consideration or administration of the rehabilitation loan or grant for which you have applied. Financial records involving your transactions will be available to the Department of Housing and Urban Development without further notice or authorization but will not be disclosed or released to another Governmental Agency or Department without our consent except as required or permitted by law.

CERTIFICATION:

The section below is to be signed by the head of house and (if applicable) the spouse of the head of house. A witness will be needed for any signature made by mark.

Signature

Date

Spouse Signature

Date

Witness

Date

Important: Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States Government as to any matter within its jurisdiction.
When Completed with Form: Please return this form by mail to the Lower Savannah Regional HOME Consortium, P.O. Box 850, Aiken, SC 29803.

