

**S-A-M-P-L-E
Application**

Please answer all questions. The information is necessary to determine eligibility for the program and for required statistical records.

City of _____ Application No. _____
 Owner Name _____
 Address _____ Telephone () _____
 Street, City, State/Zip

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 of your household.)

Member No.	Full Name	Relationship	Age
1			
2			
3			
4			
5			
6			
7			

- Does anyone live with you now who are not listed above? Yes No
- Does anyone plan to live with you in the future who are not listed above? Yes No
 Please explain if you answered "Yes" to either question above.

- Are there any Disabled Persons in your household? Yes No How Many? _____
 (A disabled person is defined as a person "who has a physical or mental impairment which substantially limits one or more of the person's major life activities, has a record of such impairment or is regarded as having such an impairment.")
- Racial Background of Primary Income Earner (please check one):
 WHITE BLACK/AFRICAN AMERICAN BLACK/AFRICAN AMERICAN & WHITE
 AMERICAN INDIAN/ALASKAN NATIVE ASIAN ASIAN & WHITE
 AMERICAN INDIAN/ALASKAN NATIVE & WHITE BALANCE/OTHER
 AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN
 NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
- Ethnicity: Hispanic Non-Hispanic
- Is the Head of Household Female? Yes No

Name/Address of employer(s) of household members:

A. Assets:

Cash on hand or in checking account	\$	_____
Savings, retirement accounts	\$	_____
Marketable securities, bonds, CD's	\$	_____
Equity in real estate	\$	_____
All other assets	\$	_____
(Except furniture, auto, personal effects, clothing)		
Total assets	\$	_____

Bank name and address _____

Savings & Loan name and address _____

Other deposits _____

B Age of your house _____

C. What rehabilitation do you feel your house needs:

D. Penalty for false or fraudulent statement: _____ Initial _____ Initial

U.S.C. Title 18, Section 1001, provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or make any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both."

E. Certification by applicant(s): _____ Initial _____ Initial

I certify that only the people listed on the Household Composition section will occupy the unit. I certify the unit will be my principal residence and I will not live anywhere else. I will not sublease my residence. I hereby attest that I have reviewed this entire form and all information has been accurately reported. I understand that providing false information will result in denial of my application.