



OWNER OCCUPIED HOUSING REHABILITATION PROGRAM APPLICATION

Complete all information on this application and submit with Property Information form, Verification of Authorization, and a copy of your deed, a copy of a photo ID for each owner listed on the deed, proof of homeowner's insurance, and all required income verifications. Your application cannot be processed until all information has been submitted for review.

Please list all applicants as they appear on the title to the property.

Applicant Name: _____ Daytime Phone: _____
 Applicant Name: _____ Daytime Phone: _____
 Property Address: _____ Home Phone: _____
 Email Address: _____

HOUSEHOLD INFORMATION:

List the names, dates of birth, and Social Security numbers for all individuals living in the household, including the applicant(s).

NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY #

INCOME INFORMATION:

Present Employer of Applicant: _____ Salary: _____
 Employer's Address: _____
 Present Employer of Co-Applicant: _____ Salary: _____
 Employer's Address: _____

Provide all other income (pensions, social security, child support, etc.) for all members of the household over age 18

INDIVIDUAL	ANNUAL INCOME AMOUNT	SOURCE (such as social security)

Applicant's Statement:

I/We certify that all statements made on this application are true and correct to the best of my (our) knowledge and belief. I/We understand that any willful misstatement of material fact will be grounds for disqualification. All owners must sign and date below.

 Signature Date Signature Date

VERIFICATION OF AUTHORIZATION

By my signature, I hereby allow the City of DeKalb Community Development Department to verify all information on the application for the **Owner-Occupied Housing Rehabilitation Program**, which I have filed with the City. This means the City may contact my employers, banks, savings and loan, the Social Security Administration, the Veterans Administration, Union from which I receive benefits, or other agencies or persons necessary to verify the information I have provided.

I further state that all information on the attached application is true and accurate to the best of my knowledge.

I further agree to defend, indemnify, and hold harmless the City of DeKalb, its officers, commissioners, and employees from liability and claim for any damages.

Applicant's Name

Applicant's Name

Applicant's Signature

Applicant's Signature

Street Address

City, State, Zip

Date

Home Phone #

Social Security Number

Social Security Number

PROPERTY INFORMATION:

Applicant's Name(s): _____

Property Address: _____

Is the property your principal residence? _____ Yes _____ No

What type of property is your home? _____ Single-family Detached _____ Duplex

How many bedrooms are in your home? _____

How many bathrooms are in your home? _____

Was the home built before 1978? _____ Yes _____ No

If your home was built prior to 1978, there is a chance that lead-based paint could be present. You will be provided with a booklet from the EPA titled "The Lead-Safe Certified Guide to Renovate Right". Lead-Safe Work Practices will be used for all rehabilitation work done through the Owner Occupied Housing Rehabilitation Program.

Please list up to three repairs that you feel need to be done to your home:

1. _____

2. _____

3. _____

Do you have a mortgage on the property? _____ Yes _____ No

If yes: What is the mortgage balance? _____

Are there any other liens, notes, loans, etc. against the property? _____ Yes _____ No

Name of the mortgage company: _____

Mortgage company address: _____

Mortgage company phone number: _____

Is your home in foreclosure or danger of foreclosure? _____ Yes _____ No

Is your home for sale or being purchased under contract? _____ Yes _____ No

Are the taxes on your home paid and current? _____ Yes _____ No

Although not required, HUD requests the following information on all program applicants. Please mark the most appropriate category to describe your race and ethnicity:

RACE AND ETHNICITY	RACE (Please indicate)		HISPANIC OR LATINO ETHNICITY	
	Applicant #1	Applicant #2	Applicant #1	Applicant #2
American Indian or Alaska Native				
Asian				
Black or African American				
Native Hawaiian or Other Pacific Islander				
White				
American Indian or Alaska Native AND White				
Asian AND White				
Black or African American AND White				
Native Hawaiian or Other Pacific Islander AND White				
American Indian or Alaska Native AND Black or African American				
Asian AND Black or African American				
Native Hawaiian or Other Pacific Islander AND Black or African American				
Prefer not to answer				