APPLICATION FOR HOUSING REHABILITATION ASSISTANCE	CDBG	FORM A

File ID #:	Applicant:	
Number in Household:	Annual Income:	Income Category {VL, LI, MI):

Contact Info:	Applicant:	Co-Applicant:
Full Name:		
E-mail:		
Date of Birth/Age:		
Phone:		
Street Address:		City/Zip:
Mailing Address:		City/Zip:

Name of Other Household Members:	Date of Birth/Age:	Relationship to Applicant:
Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student? If yes, please list →		

Does Applicant/Co-Applicant own the home to be rehabilitated?	Monthly Mortgage:$

Applicant Employment Information – Employee Name:		
Employer Name:		Phone:
Employer Address:		
Position:	Supervisor:	
Pay Rate:	Pay Frequency:	Time Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.): $		
Co-Applicant Employment Information – Employee Name:		
Employer Name:		Phone:
Employer Address:		
Position:	Supervisor:	
Pay Rate:	Pay Frequency:	Time Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.): $		
Other Household Member Employment Information – Employee Name:		
Employer Name:		Phone:
Employer Address:		
Position:	Supervisor:	
Pay Rate:	Pay Frequency:	Time Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.): $		

Add employment information for additional household members 18 years and older, as needed.

Other Sources of Income (For All Household Members including minors, list Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)	
Type of Income:	**Gross Annual Amount:**
1.	
2.	
3.	
4.	
TOTAL →	

Assets and Asset Income (For All Household Members, Including Minors, list Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)			
Type of Asset:	**Asset Value:**	**Bank/Account #:**	**Annual Asset Income:**
1.			
2.			
3.			
4.			
TOTAL →		**TOTAL →**	

Liabilities (For All Household Members 18 and Over, list Credit Card Debt, and Auto, Real Estate and Mortgage loans, etc.)			
Type of Credit/Loan:	**Creditor's Name :**	**Balanced Owed:**	**Monthly Payment :**
1.			
2.			
3.			
4.			
		TOTAL PAYMENTS →	

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Ethnicity – Hispanic/Latino (Yes/No):	**Race** (Select from HUD list below):

HUD Race Definitions:

- **Black/African American**: A person having origins in any of the black racial groups of Africa
- **White**: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **Asian**: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **American Indian/Alaskan Native**: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains a tribal affiliation or community attachment.
- **Native Hawaiian/Other Pacific Islander**: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **American Indian/Alaskan Native and White**: A person having these multiple racial origins as defined above.
- **Asian and White**: A person having these multiple racial origins as defined above.
- **Black/African American and White**: A person having these multiple racial origins as defined above.

Circle all that apply:	**Female Head of Household**	**Disabled or Disabled Minor**	**Special Needs**	**Veteran**	**Elderly**
Farmworker	**Homeless**	**Other:**			

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.083.1/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Applicant Signature:	**Date:**
Co-Applicant Signature:	**Date:**
Household Member (18+) Signature:	**Date:**
Household Member (18+) Signature:	**Date:**
Household Member (18+) Signature:	**Date:**