

**CITY OF MORA SMALL CITIES DEVELOPMENT PROGRAM
HOUSING REHABILITATION APPLICATION**



PART I: APPLICANT INFORMATION

APPLICANT LAST NAME	FIRST NAME	MIDDLE INITIAL		
			DATE OF APPLICATION	
CO-APPLICANT LAST NAME	FIRST NAME	MIDDLE INITIAL		
PROPERTY ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE	ZIP
()	()			
PHONE NUMBER	DAYTIME PHONE NUMBER	COUNTY	TOWNSHIP	

PART II: INCOME INFORMATION

PLEASE CHECK ALL THAT APPLY:

<input type="checkbox"/> SALARY/WAGES	<input type="checkbox"/> GA/WORK READINESS	<input type="checkbox"/> RETIREMENT/PENSION
<input type="checkbox"/> ALIMONY/CHILD SUPPORT	<input type="checkbox"/> UNEMPLOYMENT COMPENSATION	<input type="checkbox"/> MSA
<input type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/> AFDC/TANF/MFIP	<input type="checkbox"/> INTEREST/OTHER
<input type="checkbox"/> SELF EMPLOYMENT	<input type="checkbox"/> SSI	<input type="checkbox"/> NO INCOME
<input type="checkbox"/> FOOD STAMPS	<input type="checkbox"/> VETERANS BENEFITS	<input type="checkbox"/> MEDICAL AID

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. HOW MANY PEOPLE ARE CURRENTLY LIVING IN YOUR HOUSEHOLD? _____

2. HOW MANY ARE ADULTS (18+YRS) _____ HOW MANY ARE CHILDREN (UNDER 18) _____

4. HOW MANY PEOPLE IN THE HOME ARE CURRENTLY EMPLOYED? _____

5. ESTIMATE YOUR HOUSEHOLD GROSS ANNUAL INCOME: _____

6. DO YOU ANTICIPATE ANY CHANGES IN YOUR INCOME NEXT YEAR? _____

PART III. FAIR HOUSING/EQUAL OPPORTUNITY REPORTING

THE FOLLOWING INFORMATION IS REQUESTED SOLELY FOR THE PURPOSE OF DETERMINING COMPLIANCE WITH FEDERAL LAWS. YOUR RESPONSE WILL NOT AFFECT THE CONSIDERATION OF YOUR APPLICATION. PLEASE CHECK ALL THAT APPLY.

<input type="checkbox"/> WHITE	<input type="checkbox"/> SENIOR CITIZEN
<input type="checkbox"/> BLACK/AFRICAN AMERICAN	<input type="checkbox"/> MARRIED
<input type="checkbox"/> ASIAN	<input type="checkbox"/> SINGLE
<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE	<input type="checkbox"/> DIVORCED
<input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	<input type="checkbox"/> WIDOWED
<input type="checkbox"/> OTHER:(SPECIFY)	<input type="checkbox"/> DISABLED, PLEASE DESCRIBE:
<input type="checkbox"/> HISPANIC ETHNICITY	_____

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PART IV. HOUSEHOLD INFORMATION

CHECK ONE:

<input type="checkbox"/> SINGLE PARENT (MALE)	<input type="checkbox"/> ADULTS WITH KIDS	<input type="checkbox"/> SINGLE
<input type="checkbox"/> SINGLE PARENT (FEMALE)	<input type="checkbox"/> ADULTS NO KIDS	<input type="checkbox"/> OTHER:(LIST) _____

PLEASE LIST EACH MEMBER OF YOUR HOUSHOLD:

	NAME	SOCIAL SECURITY #	DATE OF BIRTH	EDUCATION LEVEL	SEX
1					
2					
3					
4					
5					
6					
7					
8					

PLEASE LIST ALL HOUSEHOLD MEMBERS THAT HAVE MEDICAL COVERAGE:

PLEASE LIST ALL HOUSEHOLD MEMBERS THAT HAVE INCOME AND THE TYPE OF INCOME THEY HAVE:

PART V. HOUSING INFORMATION

PLEASE CHECK ALL THAT APPLY:

<input type="checkbox"/> SINGLE FAMILY HOME	<input type="checkbox"/> OWN FREE & CLEAR
<input type="checkbox"/> MANUFACTURED HOME	<input type="checkbox"/> BUYING WITH MORTGAGE
<input type="checkbox"/> MULTI-FAMILY HOME (DUPLEX)	<input type="checkbox"/> BUYING CONTRACT FOR DEED
<input type="checkbox"/> SINGLE-WIDE MOBILE HOME	<input type="checkbox"/> LIFE ESTATE

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1 YEAR HOME CONSTRUCTED: _____	4 NUMBER OF BEDROOMS: _____
2 YEAR WELL INSTALLED: _____	5 NUMBER OF BATHROOMS: _____
3 YEAR SEPTIC INSTALLED: _____	

6 ARE YOU CURRENT WITH YOUR PROPERTY TAXES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7 DO YOU HAVE HOMEOWNERS INSURANCE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

8 NAME OF INSURANCE COMPANY/AGENT: _____

9 HOW LONG HAVE YOU OWNED THE PROPERTY? _____

10 HOW LONG HAS THE PROPERTY BEEN YOUR RESIDENCE? _____

11 IS YOUR PROPERTY LOCATED IN FLOOD PLAIN? YES NO

12 DIRECTIONS TO YOUR HOME: _____

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I/WE CERTIFY THAT I/WE HAVE RECEIVED INFORMATION ON THE FAIR HOUSING ACT AND THAT I/WE HAVE READ AND UNDERSTAND THE INFORMATION.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

I/WE CERTIFY THAT I/WE HAVE RECEIVED THE PUBLICATION "RENOVATE RIGHT: IMPORTANT LEAD HAZARD INFORMATION FOR FAMILIES, CHILD CARE PROVIDERS AND SCHOOLS" AND THAT I/WE HAVE READ AND UNDERSTAND THE POTENTIAL RISK OF LEAD HAZARD EXPOSURE FROM RENOVATION ACTIVITIES PERFORMED IN MY/OUR DWELLING AS PART OF THIS PROGRAM. I/WE RECEIVED THIS BEFORE WORK BEGAN.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

I/WE AUTHORIZE THE PHOTOGRAPHING OF MY PROPERTY. I UNDERSTAND THAT THE PHOTOGRAPHS WILL BE USED BY LAKES & PINES CAC, INC. OR ITS REPRESENTATIVE AS DOCUMENTATION OF PROPERTY CONDITIONS BEFORE REHABILITATION AND AFTER REHABILITATION. THE PHOTOGRAPHS MAY ALSO BE USED IN PRESENTATIONS OR IN OTHER MANNER FOR DEMONSTRATING VARIOUS STYLES AND SERVICES.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

TIL AND NMLSR ID

Lakes & Pines Community Action Council Inc.

Loan Originator Company Name

1161367

Loan Originator Company NMLSR ID

Loan Originator Individual Name
(as name appears on NMLSR)

Loan Originator Individual NMLSR ID (if applicable)