

SAMPLE CDBG REHABILITATION ASSISTANCE APPLICATION
NAME OF GRANTEE

 THE INFORMATION COLLECTED IN THIS APPLICATION WILL BE USED TO DETERMINE WHETHER YOU QUALIFY FOR THE REHABILITATION ASSISTANCE THROUGH THE CONNECTICUT COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM. THIS INFORMATION WILL NOT BE DISCLOSED OUTSIDE THE GRANTEE'S FILES WITHOUT YOUR CONSENT, EXCEPT TO YOUR EMPLOYER FOR VERIFICATION OF INCOME AND EMPLOYMENT AS REQUIRED AND PERMITTED BY LAW. YOU DO NOT HAVE TO PROVIDE THE INFORMATION, BUT IF YOU DO NOT, YOUR APPLICATION MAY BE DELAYED OR REJECTED.

PROPERTY TO BE ADDRESSED: _____
PARCEL NO.: _____

I. GENERAL INFORMATION ON OCCUPANTS

FEMALE HEADED HOUSEHOLD _____ YES _____ NO
 HEAD OF HOUSEHOLD: _____
 ADDRESS: _____
 HOME PHONE NUMBER: _____ OTHER _____
 SOCIAL SECURITY NO.: _____ SEX: _____ MALE _____ FEMALE
 DATE OF BIRTH: _____ RACIAL CLASSIFICATION: _____
 PLACE OF EMPLOYMENT: _____
 WORK PHONE NUMBER: _____ SUPERVISOR: _____
 RATE/METHOD OF PAY: _____
 HANDICAP, IF ANY: _____

WILL YOUR HOME NEED TO ACCOMMODATE DISABLED PERSONS IN THE HOUSEHOLD: _____ YES _____ NO

CO-APPLICANT'S NAME: _____
 SOCIAL SECURITY NO.: _____ SEX: _____ MALE _____ FEMALE
 DATE OF BIRTH: _____ RACIAL CLASSIFICATION: _____
 PLACE OF EMPLOYMENT: _____
 WORK PHONE NUMBER: _____ SUPERVISOR: _____
 RATE/ METHOD OF PAY: _____
 HANDICAP, IF ANY: _____

NUMBER OF PERSONS IN HOUSEHOLD THAT ARE US CITIZENS _____ NATIONALIZED CITIZENS
 LAWFULLY PRESENT ALIENS _____.

- * REQUEST A COPY OF DEED TO PROPERTY (*IF OWNER OCCUPIED). RECEIVED: _____
- * REQUEST A COPY OF TAX RETURN RECEIVED: _____
- * REQUEST A COPY OF PAY STUBS RECEIVED: _____

OTHER HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HOUSE	SEX	DATE OF BIRTH	SOCIAL SECURITY #	PLACE OF EMPLOYMENT OR SOURCE OF INCOME	MONTHLY AMOUNT

II. UNIT INFORMATION

APPROX. YEAR BUILT: _____ YEAR YOU MOVED IN: _____
 TYPE OF UNIT: _____ HOUSE _____ MOBILE/MODULAR HOME _____ APT. _____ OTHER
 DESCRIPTION: _____ ONE STORY _____ MULTI-LEVEL _____ BASEMENT _____ BRICK _____ VINYL
 _____ WOOD _____ BLOCK _____ OTHER
 TYPE OF HEAT: _____ NATURAL GAS _____ LP GAS _____ COAL _____ ELEC. _____ WOOD _____ OTHER
 NAME OF COMPANY: _____
 TYPE OF SEWER: _____ CITY _____ SEPTIC _____ OTHER
 NAME OF COMPANY: _____
 TYPE OF WATER: _____ CITY _____ CISTERN _____ WELL _____ OTHER
 NAME OF COMPANY: _____
 NUMBER OF ROOMS: _____ KITCHEN _____ SEPARATE DINING ROOM _____ LIVING ROOM _____ DEN
 _____ BEDROOMS _____ BATHROOM _____ OTHER
 HAVE YOU RECEIVED FEDERAL ASSISTANCE IN THE PAST FOR REPAIRS ON YOUR HOME: _____ YES _____ NO
 IS PROPERTY USED FOR ANY PURPOSES OTHER THAN RESIDENTIAL: _____ YES _____ NO
 VISUAL DESCRIPTION
 OF UNIT: _____

III. HOUSING INFORMATION

OWNER

NAME OF OWNER/S: _____
 ADDRESS OF OWNER/S: _____
 PHONE NUMBER/S: _____
 TYPE OF OWNERSHIP: _____ DEED _____ LAND CONTRACT _____ OTHER
 DEED OF RECORD: DEED BOOK _____ PAGE _____, _____ COUNTY COURTHOUSE
 PURCHASED FROM: _____
 DATE OF PURCHASE: _____ AMOUNT: _____

FIRST MORTGAGE OR OTHER
 PAYMENTS MADE TO: _____
 RECORDED: MORTGAGE BOOK _____ PAGE _____, _____ COUNTY COURTHOUSE
 MORTGAGE DATE: _____ ORIGINAL AMOUNT: _____
 MONTHLY PAYMENT: _____ BALANCE OWED: _____

SECOND MORTGAGE OR OTHER
 PAYMENTS MADE TO: _____
 RECORDED: MORTGAGE BOOK _____ PAGE _____, _____ COUNTY COURTHOUSE
 MORTGAGE DATE: _____ ORIGINAL AMOUNT: _____
 MONTHLY PAYMENT: _____ BALANCE OWED: _____

HOMEOWNERS INS. CO.: _____
 ADDRESS: _____
 NEXT PAYMENT DUE: _____
 LIMITS _____ OF _____ COVERAGE: _____

APPLICABLE PROPERTY
 TAXES: \$ _____ CITY _____ DATE PAID _____ UNPAID AND DUE
 \$ _____ COUNTY _____ DATE PAID _____ UNPAID AND DUE
 EXEMPT FROM PAYING
 PROPERTY TAXES: CITY: _____ YES _____ NO COUNTY: _____ YES _____ NO

RENTER

DATE MOVED INTO UNIT: _____
MONTHLY AMOUNT: \$ _____ DUE DATE: _____ CURRENT: _____ YES _____ NO
RENTAL INSURANCE: \$ _____ MONTHLY: _____ ANNUAL: _____
LEASE: _____ YES _____ NO IF YES, DATE EXPIRES: _____
INCLUDES UTILITIES: _____ YES _____ NO WHICH UTILITIES: _____ ELEC. _____ GAS _____ WATER _____ SEWER

ACCESSABILITY IN MILES/BLOCKS TO: _____ SHOPPING
_____ MEDICAL
_____ PUBLIC TRANSIT
_____ CHURCH
_____ JOB
_____ GRADE SCHOOL
_____ HIGH SCHOOL
_____ DAY CARE
_____ OTHER

APPLICANT AUTHORIZATION AND CERTIFICATION

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH TO OBTAIN REHABILITATION/RELOCATION ASSISTANCE. I FURTHER UNDERSTAND THAT ANY WILLFUL MISSTATEMENT OF MATERIAL FACT WILL BE GROUNDS FOR DISQUALIFICATION.

I UNDERSTAND THAT ANY INFORMATION, INCLUDING INCOME, PROVIDED IN THIS APPLICATION MAY BE GIVEN TO OTHER STATE AND LOCAL AGENCIES IN ORDER TO COORDINATE REHABILITATION/RELOCATION AND FINANCIAL ASSISTANCE.

WARNING: SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES, KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP A MATERIAL FACT, OR MAKES 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 NO MORE THAN \$10,000.00 OR IMPRISONED NO MORE THAN FIVE (5) YEARS OR BOTH.

APPLICANT SIGNATURE DATE _____ WITNESS

CO-APPLICANT SIGNATURE DATE _____ WITNESS

NAME OF PERSON CONDUCTING INTERVIEW: _____