



# CDBG LIMITED REPAIR PROGRAM

## Application Checklist\*

- Application
- 2 Forms of I.D (all household members 18 and older)
- Most Recent Tax Return (1040), SSA 1099, W2, and/or Benefit Statement (all household members 18 and older)
- Child under 6 Birth Certificate, if applicable
- Copy of Deed
- Proof that property taxes are current
- Proof of property and/or flood insurance, if applicable

## Applicant Information

Name(Print): \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Household Size: \_\_\_\_\_ \*Children under 6:  Yes  No Occupancy Status:  Owner  Renter  
**\* If a child under 6 visits you, check "Yes"**

Anyone in household pregnant:  Yes  No House Construction Year: \_\_\_\_\_ Military Service:  Yes  No

## Household Information

Name	Relationship	Birthdate & Age	Gender	Ethnicity	Monthly Income
	SELF				

## Signature and Disclaimer

*I certify under the penalty of perjury that my answers are true and complete to the best of my knowledge.*  
*If this application leads to program enrollment, I understand that false or misleading information in my application may result in me forfeiting my participation in the program.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*OHCD personnel may request additional documentation not listed on the checklist.**  
**\*If you have a child(ren) under 6 that visits you, please check "yes" for children under 6 and notify OHCD staff\***