(PLEASE PRINT)

Applicant's Name		Age		Social Security No.	Marital Status
		8-		2	
Spouse's Name		Age		Social Security No.	
Complete Address (Route, P	ost Office, State, Zip Co	ode)			
Email Address				Telephone Number	
DEPENDENTS:					
Name	2	Age	Sex	Gross Monthly Income (If Employed)	Net Monthly Income (If Employed)
2.					
3.					
I .					
5.					
OTHERS LIVING IN HOUS	SE:				
OTHERS LIVING IN HOUS Name		Age	Sex	Gross Monthly Income (If Employed)	Net Monthly Income (If Employed)
Name		Age	Sex		
Name		Age	Sex	Income	
Name 1.		Age	Sex	Income	
Name 1. 2. 3.		Age	Sex	Income	
Name 1. 2. 3.		Age	Sex	Income	
Name 2. 3. 4.				Income	
Name 2. 3. 4. How Long Have You Lived	in This House?			Income (If Employed)	
Name 1. 2. 3. 4. 5. How Long Have You Lived Prior Owner's Name:	in This House?			Income (If Employed)	
Name Name	in This House? MENT FOR LAST 12 N	MONTHS	Add	Income (If Employed)	
Name 1. 2. 3. 4. 5. How Long Have You Lived Prior Owner's Name: APPLICANT(S): EMPLOY Date of Employment	in This House? MENT FOR LAST 12 Mame of Employer	MONTHS	Add	Income (If Employed)	(If Employed) Annual Gross

4					
SPOUSE'S: EMPLOYMENT	FOR THE LAS	ST 12 MONTHS			
Date of Employment From – To	Name of Employer		Address of Employer		nual Gross come
1					
2					
3					
OTHER INCOME:					
TYPE OF INCOM	ИΕ	APPLICA (GROSS MON		SPOUS (GROSS MON	
Alimony/Child Support		(Groba Mior	(IHL1)	(CAUDA MOIN	Inli)
Rental Income					
Social Security					
Pension Income					
Public Assistance					
Self-Employment Income					
Dependent SSI Income					
Disability Income					
Other Employment					
PLEASE LIST THE VALUE	OF THE FOLL	OWING:			
~~		APPLICA	ANT	SPOUS	E
Checking Account					
Savings Account					
Cash CD's					
	`				
Securities (Stocks, Bonds, etc. Retirement Account)				
Other					
		MONTHLY HOUSI	NG EXPENSES		
	NAME	OF COMPANY	BALANCE DUE	DELINQUENT	MONTHLY AVERAGE
Mortgage Payments					
Second Mortgage					
Home Owners Insurance					

Property Taxes						
Heat (Fuel Oil, Propane)						
Electric						
Gas						
Water/Sewer						
Trash						
NAME PROPERTY LIS	TED UNDER:					
TOTAL MONTHLY EX	PENSES:					
		LIA	ABILITIES			
VEHICLES:				AMOU	NT:	
Descrip	ption of Vehicle				Monthly Av	verage
VEHICLES:				AMOU	NT:	
Descrip	ption of Vehicle				Monthly Av	verage
ASSISTANCE REQUES	STED (i.e. Roof, Fu	rnace, etc.)				
PLEASE PROVIDE T MONITORING AND CO					ROVIDED IS USE TION.	D TO ENABLE
Race (Applicant): White Asian Asian & White		rican American raiian/Other Pacific I an American & Whi			Indian/Alaskan Nativ Indian/Alaskan Nativ	
Ethnicity: Hispanic:	Yes	No				
Handicapped?	Yes	No				
Race (Spouse): White Asian Asian & White		rican American aiian/Other Pacific I an American & Whi			Indian/Alaskan Nativ Indian/Alaskan Nativ	
Ethnicity: Hispanic:	Yes	No				
Handicapped?	Yes	No				
		CERT	TFICATIO	NS		
I (WE) CERTIFY THAT KNOWLEDGE. I (WE) REPAIR GUIDELINES.	FURTHER CERT					
Date			Appl	icant Signature		
Date			Spou	se's Signature		

Signature	Date
(STAFF USE REMAR	
TOTAL GROSS INCOME, MONT	THLY:
TOTAL MONTHLY HOUSING E	
PERCENT OF GROSS INCOME:	
DISAPPROVED	
	TOTAL GROSS INCOME, MONT TOTAL MONTHLY HOUSING E PERCENT OF GROSS INCOME:

