



CDBG Housing Rehabilitation Intake Application

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|--------------------|-------------|
| Date: | |
| Applicant Name(s): | |
| Address: | |
| City, State, Zip: | |
| Email Address: | |
| Home Phone: | Cell Phone: |

HOUSEHOLD COMPOSITION AND CHARACTERISTICS - List the Head of Household and all other persons who are living at the residence. Indicate the relationship of each family member to the Head of Household.

| Household Member Name | Relationship to Head of Household | Date of Birth | Sex | Social Security Number |
|-----------------------|-----------------------------------|---------------|-----|------------------------|
| | Head of Household | | | |
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HEAD OF HOUSEHOLD (check one) - THIS INFORMATION IS REQUIRED. It is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.

Race of Head of Household:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black / African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian / Alaska Native |
| <input type="checkbox"/> Native Hawaiian/Other Islander | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Black/African American and White | <input type="checkbox"/> American Indian/Alaska Native and White |
| <input type="checkbox"/> American Indian/Alaska Native and Black/African American | <input type="checkbox"/> Other Multi Racial |

Ethnicity of Head of Household:

- Hispanic - A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.

Non-Hispanic - A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Are you disabled? Check box if "yes"

INCOME INFORMATION

ALL REPORTED INCOME MUST BE GROSS INCOME (BEFORE TAXES OR DEDUCTIONS)

Includes: Wages, salaries, tips, bonuses; Social Security, TANF; pensions, retirement, annuities; Unemployment benefits, worker's compensation, disability; Alimony, child support, military income, part-time income, This includes income from all household members age 18 and older, including unearned income for minors (child support, TANF, other benefits paid on behalf of minor)

FOOD STAMPS ARE NOT CONSIDERED INCOME - do not list food stamps

| Household Member Name | Full Time Student ? | Source of Income (include employer name and phone number) | Rate of Pay | Payment Basis (Weekly, Monthly, etc.) |
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ASSET INFORMATION

List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. **Do not list the home you live in or your vehicle(s).**

| Household Member Name | Type of Asset (savings / checking accounts, retirement account, pension, annuity, investments, ownership of other property/rent house, etc. | Cash Value of Asset | Annual Income From Asset |
|-----------------------|--|---------------------|--------------------------|
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Is there a mortgage on the property? _____ Are the payments current? _____

Applicant must have owned and occupied the property for a minimum of two consecutive years. How many years have you lived at this address? _____

Applicant cannot have any outstanding City or property taxes. A tax deferral is not acceptable. Are your City and property taxes current? _____

A criminal background check will be performed on all adult household members. Have any adult household members engaged in violent criminal activity, drug related criminal activity or sexual criminal activity within the past 10 years? _____

| BRIEF DESCRIPTION OF NEEDED REPAIRS: |
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| APPLICANT CERTIFICATION | |
|---|------|
| <p>Household members age 18 and over must sign this application. I / We understand the information provided above is collected to determine if I / We are eligible to receive assistance. I / We hereby understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law. I / We authorize the City of Mesquite Housing Office to verify all information provided on this application.</p> | |
| <input checked="" type="checkbox"/> Signature of Applicant: | Date |
| <input checked="" type="checkbox"/> Signature of Spouse or Adult Household Member: | Date |
| <input checked="" type="checkbox"/> Signature of Adult Household Member: | Date |
| <input checked="" type="checkbox"/> Signature of Adult Household Member: | Date |
| <p>NOTICE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.</p> | |

