

**CITY OF HOPKINSVILLE  
CHRISTIAN COUNTY/HOPKINSVILLE DEVELOPMENT CORPORATION  
HOPKINSVILLE - CHRISTIAN COUNTY PLANNING COMMISSION**

**APPLICATION FOR HOUSING ASSISTANCE**

DATE OF APPLICATION: \_\_\_\_\_

**I. PROPERTY OWNER INFORMATION**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Hopkinsville, Kentucky 42240

Day Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**IA. INFORMATION  
ABOUT HOUSE TO BE  
REHABILITATED**

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Total Number of Rooms: \_\_\_\_\_

Date House was Built: \_\_\_\_\_ Date You First Moved Into House: \_\_\_\_\_

Does House Have City Water?   
Yes  No  Does House  
Have City Sewerage?  Yes  No

How is House Heated?  Natural  
Gas  LP Gas  Coal   
Electric  Wood  Other,

**IB. INFORMATION ON ALL  
PERSONS RESIDING IN  
HOUSE TO BE  
REHABILITATED:**

The following information is requested by  
the Federal Government if this money is  
used for a dwelling, in order to monitor  
the compliance with equal credit  
opportunity and fair housing laws. You  
are not required to furnish this information

provides that this organization may neith  
 discriminate on the basis of this  
 information, nor on whether you choose  
 to furnish it. However, if you choose not  
 to furnish it, under Federal regulations, th  
 organization is required to note race and  
 sex on the basis of visual observation or  
 surname. If you do not wish to furnish th  
 following information, please initial here

\_\_\_\_\_

Race:  White  Black/African America  
 (non-Hispanic)  Asian  American  
 Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander  
 American Indian/Alaskan Native &  
 White  Asian & White

Black/African American & White   
 American Indian/Alaskan Native &  
 Black/African American

Other Multi-Racial  Asian/Pacific  
 Islander  Hispanic (All races)  Other

Does anyone in your household require  
 special accommodations?  Yes, How  
 Many? \_\_\_\_\_  No

Do you have any delinquent Federal loan  
 (i.e., student loans)  Yes  No

Total number of Persons (Including  
 Yourself) Live at the House?

	First and Last Name	Age	Sex	Relationship With Household Head
1.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<b><u>SELF</u></b>
2.			<input type="checkbox"/> Male <input type="checkbox"/> Female	
3.			<input type="checkbox"/> Male <input type="checkbox"/> Female	
4.			<input type="checkbox"/> Male <input type="checkbox"/> Female	
5.			<input type="checkbox"/> Male <input type="checkbox"/> Female	

6.

Male  Female

**II. HOUSING COSTS FOR HOUSE TO BE REHABILITATED**

A. Are you currently paying on a mortgage on this house?  No  Yes - Monthly Amount: \$

Mortgage Company Name:

Address:

**(A copy of the Mortgage will be needed to process your application.)**

B. Homeowner's Ins. - Monthly Amount \$ \_\_\_\_\_ **(Attach a Copy of Current Paid-up Policy.)**

Insurance Companies Name:

Address:

**(You must have or obtain Homeowner's Insurance to Participate.)**

C. ANNUAL PROPERTY TAXES - HOMESTEAD EXEMPT  Yes  No

1. Property Valuation:\$

2. City Taxes:\$

3. County Taxes:\$

**III. OTHER EXPENSES - (Receipts Must be Available for Each Expense Claimed – upon request.)**

**PLEASE INCLUDE A LIST OF ALL YOUR EXPENSES (BILLS)**

**IV. INCOME INFORMATION  
FOR ALL ADULT MEMBERS  
OF HOUSEHOLD**

**( List ALL Sources of Income and attach pay stubs or Soc. Sec. income form. Also include information on child support.)**

	Name of Employer  or  Source of Income	Address of Employer	Dollar Amount per month	Person's name earning or receiving money
1.				<u>SELF</u>
2.				
3.				
4.				

**V. ASSETS**

Type	Name of Bank/Savings & Loans	Account Number	Amount
Savings Account			\$
C.D.'s (certificate of deposit)			\$
Bonds			\$

**PROPERTY OWNED (Include your home. NOTE: Any rentals you own are counted as income)**

Address	Type	PVA Valuation
---------	------	---------------

1 Applicant's Home

2  Rental Property  Business  Vacant Lot \$

3  Rental Property  Business  Vacant Lot \$

BUSINESS

	Address	Capital Worth
1		
2		

**VI. APPLICANT AUTHORIZATION AND CERTIFICATION**

I certify that the statements made by me 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 assistance.

I understand that any information, including income, provided in this application may be given to other State or Local Agencies in order to coordinate rehabilitation 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 or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both."

Date Signature of Applicant

Date Signature of Co-Applicant

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the release of any information needed by the Hopkinsville - Christian County Planning Commission Hopkinsville, Kentucky in order to determine relocation benefits and/or eligibility for Federal Housing Rehabilitation assistance.

It is specifically agreed that this information will be utilized only for the determination of relocation benefits and housing rehabilitation assistance and will not be divulged to any unauthorized individuals.

Name Co-Applicant's Name

Social Security Number Social Security Number

Date

Date

**PHOTO RELEASE**

I hereby give the Christian County/Hopkinsville Development Corporation and the Hopkinsville - Christian County Planning Commission permission to utilize video and photographic images of myself and/or my above listed property (before and after project images) for the sole purpose of advertising the Hopkinsville HOME Reconstruction Program. I also understand that I will not receive any compensation for the use of said images.

Applicants Signature

Date

Co-Applicants Signature

Date

---

---