

CITY OF HOPKINSVILLE
 CHRISTIAN COUNTY/HOPKINSVILLE DEVELOPMENT CORPORATION
 COMMUNITY AND DEVELOPMENT SERVICES
 HOPKINSVILLE HOME IMPROVEMENT PROGRAM

APPLICATION FOR HOUSING ASSISTANCE

DATE OF APPLICATION: _____

PROPERTY OWNER INFORMATION

Name:	SSN:
Co-Applicant Name:	SSN:
Street Address:	City/State/Zip:
Day Phone Number:	Cell Phone No.:

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 the House Have City Water? Yes No Does the 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, but are encouraged to do so. This law provides that this organization may neither 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, this organization is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the following information, please initial here: _____

Race:	White	Asian	American Indian/Alaskan Native	Asian & White
	Black/African American (non-Hispanic)		Native Hawaiian/Other Pacific Islander	Asian/Pacific Islander
	Black/African American & White		American Indian/Alaskan Native & White	Other Multi-Racial
	Other	Hispanic (All races)	American Indian/Alaskan Native & Black/African American	

Does anyone in your household require special accommodations?	Yes, How Many? _____	No
Do you have any delinquent Federal Loans (i.e. student loans)?	Yes	No

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

First & Last Name	Age	Gender	Relationship to Household Head
1.			
2.			
3.			
4.			
5.			
6.			

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 THE APPLICATION*****

B. Homeowner's Insurance-Monthly Amount: \$ _____ **** A COPY OF CURRENT POLICY IS NEEDED****

Insurance Company Name: _____

Address: _____

*****YOU MUST HAVE OR BE ABLE TO OBTAIN HOMEOWNERS INSURANCE TO PARTICIPATE IN PROGRAM*****

C. ANNUAL PROPERTY TAXES-HOMSTEAD EXEMPT? No Yes

Property Valuation: \$	City Taxes:\$	County Taxes: \$
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III. INCOME INFORMATION FOR ALL ADULT MEMBERS OF HOUSEHOLD

****LIST ALL SOURCES OF INCOME AND ATTACH PAYSTUBS, SOCIAL SECURITY FORM, AND/OR CHILD SUPPORT****

Name of Employer or Source of Income	Address of Employer	Dollar amount per month	Person's name earning or receiving money
1.			
2.			
3.			
4.			

IV. ASSETS

Type	Name of Bank/Savings & Loan	Account Number	Amount
Savings/Checking			\$
CD (certificate of deposit)			\$
Bond			\$

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

Type	Capital Worth
1.	
2.	

V. 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."

Signature of Applicant

Date

Signature of Co-Applicant

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the release of any information needed by Community and Development Services 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/or housing rehabilitation assistance and will not be divulged to any unauthorized individuals.

Signature of Applicant

Signature of Co-Applicant

SSN

SSN

Date

Date

PHOTO RELEASE

I hereby give the Christian County/Hopkinsville Development Corporation and the Community and Development Services 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 Improvement Program. I also understand that I will not receive any compensation for the use of said images.

Signature of Applicant

Date

Signature of Co-Applicant

Date

