



Housing Rehabilitation Program Application

Community Development Block Grant

Date: _____

Case No: _____

Name: _____ Email: _____

Address: _____

Home Phone: _____

Cell Phone: _____

1. Assistance Type: \$10,000 Grant \$30,000 Loan

A grant of up to \$10,000 is available for income qualifying homeowners. Grant amounts are determined at the discretion of the Program Operator. A loan of up to \$30,000 is available for income qualifying homeowners. Loan amounts are determined at the discretion of the Program Operator.

Applications will be reviewed in the order they are received; however, income qualifying homeowners with a household member(s) that meets any one of the following factors, with equal consideration to each, will be moved to the top of the funding list. Check any that apply:

- Senior Citizen - at least 62 years old; or
- Disabled – for only ADA modifications to a house with one or more physically disabled occupants who would function more independently if such modifications were installed; or
- Veterans or individuals in active-duty service.

2. Family Composition:

1) Homeowner				
Last Name	First name	Date of Birth	Sex	Relation
Disability (Y/N)	Race	Hispanic/Latino (Y/N)	Social Security	Primary Language
2) Household Member				

Last Name	First name	Date of Birth	Sex	Relation
Disability (Y/N)	Race	Hispanic/Latino (Y/N)	Social Security	Primary Language

3) Household Member

Last Name	First name	Date of Birth	Sex	Relation
Disability (Y/N)	Race	Hispanic/Latino (Y/N)	Social Security	Primary Language

4) Household Member

Last Name	First Name	Date of Birth	Sex	Relation
Disability (Y/N)	Race	Hispanic/Latino (Y/N)	Social Security	Primary Language

3. Income Information

Does any household member have income (such as those listed below)? If yes, check appropriate box(es)

- Wages, salaries, overtime or tips from employment
- Rental income from owned home or real estate property
- Net business income from self-employment
- Social Security, annuities, insurance policies, retirement funds, pension or veterans/disability/death benefits
- Unemployment, disability compensation, worker’s compensation and severance pay
- Contributions or gifts received from organizations or persons not in the household
- Armed Forces pay
- Student financial assistance that is more than tuition – not including any type of loan

- Welfare assistance – Public Aid Account Number: _____
- Alimony and/or child support payments – Docket Number: _____

4. Assets Information

Does a household member have any assets (such as those listed below)? If yes, check appropriate box(es).

- No Assets
- Bank Account (checking or savings)
- Investment Account (stocks, bonds, savings certificates or money market funds)
- Trust Fund
- Retirement Account (IRA, 401K, 403b or Keogh)
- Pension Fund
- Lump Sum Payments (inheritance, lottery winnings, insurance claims)
- Universal or Whole Life Insurance
- Real Estate Property other than residence – If Yes, provide the following:

Full Address of the Property: _____

Appraised Value: \$_____ Annual amount of the most recent tax bill: \$_____

Principal amount owed on mortgage or home equity loans: \$_____

Do you collect rent on this property? Yes No If Yes, amount: \$_____

Household Member Name	Type of Account	Account #	Cash Value	Annual Income or APR	Bank/Company Name

* Cash Value is the market value of an asset or property minus the cost of converting it to cash

** APR is the annual percentage interest or dividend rate

6. Certification Statement

I/We certify the following:

1. The above given information is true and correct. This application becomes void and work being performed will stop without prior notice if any information herein is judged to be false or misleading by the City of Artesia.
2. Have read and understand the City of Artesia’s Housing Rehabilitation Grant and Loan Program Guidelines.

Signature of Homeowner: _____ Date: _____

Signature of Co-Homeowner: _____ Date: _____

Signature of Co-Homeowner: _____ Date: _____