

# CHIP/CDBG INTAKE APPLICATION



For Office Use Only	
APPLICATION DATE: _____	Type of Assistance: <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Reconstruction <input type="checkbox"/> New Construction <input type="checkbox"/> Down Payment Assistance  Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No
Income \$ _____	
Family Size _____	
Income Limits _____ %	
Signature _____	
Date _____	

<b>Contract Administrator:</b>		<b>Contract Number:</b>
<b>Applicant Name(s):</b>		
<b>Current Address:</b>		
<b>City, State, Zip:</b>		<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Email:</b>	
<b>Emergency Contact Name:</b>	<b>Emergency Contact Phone:</b>	

**HOUSEHOLD CHARACTERISTICS -List the Head of Household and all other persons who will be living in the unit. Indicate the relationship of each family member to the Head of Household.**

Name	Relationship to Head of Household	Date of Birth	Age	Gender (Male or Female)	Social Security Number
	<b>Head Household</b>				

**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:**

- White
- Black/African American Asian
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- Asian and White
- Black/African American and White
- American Indian/Alaska Native and White
- American Indian/Alaska Native and Black/African American 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.

Is this a Female Head of household?  Yes  No

Number of household members with disability. \_\_\_\_\_

**INCOME INFORMATION** Includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, Social Security, TANF, other benefits, other income.

**FOOD STAMPS ARE NOT CONSIDERED INCOME – do not list food stamps.** List ALL household members and their incomes. Attach a separate sheet if you need more space.

Household Member Name	Full Time Student?	Source of Income (include employer name and phone number)	Rate of Pay	Payment Basis (weekly, monthly, etc.)

**ASSET INFORMATION**Do you have a mortgage on your house?  Yes  No

If yes, what is the current balance owed on the mortgage? \_\_\_\_\_

Name of the company that holds the mortgage on your home. \_\_\_\_\_

What are your yearly property taxes? \_\_\_\_\_. Are your property taxes current?  Yes  No

What year was your house built? \_\_\_\_\_

**Do you have homeowners insurance?**  Yes  No

Name of insurance company \_\_\_\_\_

Have you ever received a federal, state or local agency grant for your home?  Yes  No

If yes, please state the program, the year assistance was provided and the amount?

Do you own any other real estate property?  Yes  No

If Yes, what is its current market value? \_\_\_\_\_

List below the types and sources of any household assets.

Provide both the current cash value and the estimated annual income from the asset.

Household Member Name	Type and Source of Asset (savings/checking accounts, investments, etc.)	Cash Value of Asset	Annual Income From Asset

**Credit History**

Please answer all questions. If the answer is yes please attach a written explanation.

Are there any outstanding financial judgments or liens against you?  Yes  NoHave you declared bankruptcy within the last 36 months?  Yes  No

Have you lost any property through foreclosure or given title or deed to anyone to avoid foreclosure?

 Yes  NoAre you a co-signer on any note or loan?  Yes  No



**EXPENSE INFORMATION**  
 Indicate the MONTHLY dollar expenditures for your family. Circle any of the listed expenses that are delinquent.

Creditor/Expense	City, State of Creditor	Year Loan Opened	Current Balance	Monthly Payment	Is Debt Business Related?
<b>Mortgage</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Electric</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Gas</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Phone</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cable</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Car Payment</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Car Insurance</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical Expenses</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical Insurance</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Child Care</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Credit Card \$</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Credit Card \$</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Loan</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Loan</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other (specify) \$</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No

The proposed property is or will be occupied by a child with an Elevated Blood Lead Level (EBL)  Yes  No

I am related to the City Mayor or a Member of City Council or County Commission:  Yes  No

The proposed property is and/or will be my Primary Residence for (at least) the required period of affordability as specified in the CHIP loan documents:  Yes  No

**APPLICANT CERTIFICATION**

The applicant(s) certifies that all information in this application and information furnished supporting of this application (if given for the purpose of obtaining rehabilitation assistance or down payment assistance), is true and complete to the best of the applicant(s) knowledge and belief. The applicant(s) has (have) received a copy of the EPA pamphlet entitled: "Protect your Family From Lead in Your Home" and agrees to abide by those requirements and conditions in connection with any loan and/or grant that may be made or referred by the ( LOCAL GOVERNMENT) pursuant to this application.

Signature of Applicant:	Date
-------------------------	------

Signature of Applicant:	Date
-------------------------	------

**Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**