

**COLES COUNTY REGIONAL PLANNING
APPLICATION FOR
HOUSING REHABILITATION FUNDS**

BACKGROUND INFORMATION

Owner's Name:	Email:
Home/Cell Phone:	Work Phone:
Address:	City

HOUSEHOLD INCOME INFORMATION

1. Please list the names and birth dates of all individuals living in the household.

NAME	DOB	NAME	DOB

2. Does anyone in the household have a disability or require accessibility improvements? _____
3. Present Employer of owner/occupant:

Employer's Name:			
Employer's Address:			
Gross Wages:	\$	[] Weekly	[] Monthly

4. Spouse's/Partner's Employer:

Employer's Name:			
Employer's Address:			
Gross Wages:	\$	[] Weekly	[] Monthly

5. If anyone else in the household is working, or if you or your spouse/partner have a second job, please answer the following:

Other Person or second job:	
Employer's Name:	
Employer's Address:	
Gross Wages:	\$ [] Weekly [] Monthly

Other Person or second job:	
Employer's Name:	
Employer's Address:	
Gross Wages:	\$ [] Weekly [] Monthly

6. Other Income*

Household Member	Source	Amount

* Other income including, but not limited to, interest and dividend income, SSI/Disability, alimony, business income (loss), capital gain (loss), farm income, unemployment compensation and rental real estate income.

PROPERTY INFORMATION

1. Are you the sole owner of the property? YES _____ NO _____

If no, list the other owner(s):

2. Is the property your principal residence? YES _____ NO _____

3. What type of property is your home?

Single family detached _____

Townhouse _____

Mobile home _____

4. Do you currently have any mortgage(s) on your property? If so, please indicate who the mortgage is with and what type it is (i.e., Conventional, VA, Contract for Deed, USDA, etc.)

5. What is the approximate square footage of your home? _____
6. In a typical month, how much do you spend on housing expenses, including your mortgage payment, utilities and homeowner's insurance? _____

7. Insurance on Property
(Copy of certificate may be attached in lieu of the following information)

Insurance Company Name: _____

Company Address: _____

Agent's Name: _____

8. Please list the major repairs which you feel need to be done to your home. (Priority will be given to health and safety code violations)

DEMOGRAPHIC INFORMATION

1. The following questions are for **statistical purposes only** and have no bearing on the awarding of any financial assistance. Please place an "X" in the box(es) which apply to your household members:

White (non-Hispanic)	
Black (non-Hispanic)	
Hispanic	
Asian or Pacific Islander	
American Indian	
Other	

2. Based on tax filings, is this property owned by a Female Head of Household?
_____ (Y or N)

CERTIFICATION BY APPLICANT

1. The Applicant(s) certify that all the information in this application and all information in support of this application is true and complete to the best of the Applicant's knowledge.
2. The Applicant(s) certify that they reside at the address given in Part A of this application and have no other residence at which they reside for any period.
3. The undersigned authorizes release of information concerning his/her present and past financial and employment records for the purpose of determining eligibility for benefits under this housing rehabilitation program.
4. The undersigned authorizes the grantee to inspect the Applicant's house to determine health and safety hazards for the required rehabilitation.

U.S.C. TITLE 18, SECTION 1001 PROVIDES: "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies or makes any false, fictitious or fraudulent statement of entry, shall be fined not more than \$10,000, or imprisoned not more than five years, or both. In addition, any fraudulent, fictitious, or false statement on this application will result in the calling in of any note, deferred grant or other financial help in full."

Signature

Signature

Date: _____

Mail Completed Application to:

**Coles County Regional Planning & Development Commission (CCRP&DC)
Coles County Court House
651 Jackson, Room 309
Charleston, IL 61920**