



Housing Rehabilitation Eligibility Questionnaire

Date: _____

Name: _____
First M.I. Last

Name: _____
First M.I. Last

SSN: _____

SSN: _____

Mailing Address: _____

Property Address: _____

Telephone: _____

Other Owner(s) Names: (list below any other owners of the property as listed on the Warranty Deed)

Name: _____

Address: _____

Number of Persons in Household: _____ Adults 18 or Older _____ Children 17 or Under

Any disabled family members? Yes _____ no _____

I think we could afford to pay \$ _____/month to repay a loan for home improvements.

I currently: _____ own my house free and clear
_____ am buying my house (I have a mortgage to pay off)

Type of structure: Single Family dwelling _____ Mobile Home age _____ other _____

My/our current housing related payments are:

\$ _____ Mortgage (monthly principal and interest payment)
\$ _____ Property taxes (annually)
\$ _____ Property insurance (annually)

Housing Rehabilitation Eligibility Questionnaire

INSURANCE INFORMATION:

Is property covered by Fire/Liability Insurance? Yes _____ No _____

Name and Address of Insurer: _____

Agent's Name: _____

MORTGAGE INFORMATION:

Name of Mortgage Holder: _____

(Where you send your monthly payment)

Address: _____

City, State, Zip: _____

Name of second mortgage holder (if any) _____

Address: _____

City, State, Zip: _____

BANK INFORMATION:

Name of Bank(s): _____

Checking Account No. _____ Savings Account No: _____

Address: _____

City, State, Zip: _____

Name of Bank(s): _____

Checking Account No. _____ Savings Account No: _____

Address: _____

City, State, Zip: _____

	Monthly Expenses
*Mortgage(s)	
Hazard Insurance	
Flood Insurance	
Property Taxes	
Heating	
Electric	
Water/sewer	
Cable TV/ internet	
Telephones	
Food/household	
Clothing	
Car Payments	
Car Insurance Transportation costs/fuel, auto repairs	
School Loans	
Credit Cards	
Health/Medical (include health insurance premiums)	
Payments to others, (child support etc.)	
Other	
Other	

* Please designate if this amount includes taxes and/or insurance.

SUMMARY OF MONTHLY HOUSEHOLD INCOME

Household member	Wages	Benefits/pensions	Public assistance	Other income

Name and addresses of employers or agencies supplying wages or benefits listed above

Are you a U.S. citizen or permanent legal resident? _____yes _____no

I/We certify that all the statements on this application are true and correct to the best of my/our knowledge. I/We understand that any willful misstatement of material fact may be grounds for disqualification.

Please indicate your assessment of the condition of your home.

	Ok / fine	Needs repair	Needs replacement	Don't know or not applicable
Plumbing (sinks, bath fixtures, septic, drains sump pump)				
Electrical systems (wiring, outlets, circuit breakers, light fixtures)				
Heating system (furnace, boiler, registers, radiators, wood stove)				
Structural (walls, floors, ceilings, foundation)				
Roof components (shingles, flashing, eaves,) leaks?				
Adequate Insulation, weatherization				
Siding material				
Windows, sills, screens				
Doors				
Kitchen and/or bathroom cabinets				
Major appliances (stove, refrigerator, water heater)				
Porches, stairs, railings, walks				
Other				
Other				

List the projects that you feel are most urgently needed:



Authorization and Hold Harmless Agreement

I/We accept the services of **Delta Housing Rehabilitation Program** and authorize **Delta Housing Authority** to act as a technical assistant and advisor in connection with repair, remodeling or rehabilitation services on the property commonly known as:

Street Address

City, State, Zip code

I/We further agree to hold harmless the employees, members, officers, and directors of The **Delta Housing Authority** in connection with acts performed by them which would be associated with consultation, technical advice, financial counseling, loan processing, property inspection and other related activities.

I/We authorize the staff of **The Delta Housing Authority** to obtain specific reports, such as personal income reports, property title and tax searches, inspection reports, repair specifications, cost estimates, contractor bids, and such other reports which said staff deems necessary to perform its functions.

This information is to be used by the agency collecting it or it's assignees in determining my/our qualifications as a prospective mortgagor under the Housing Rehabilitation Program. I/We understand it will not be disclosed outside the agency except as required and permitted by law.

I/We affirm that the information I/We provided is correct and complete to the best of my/our knowledge.

Dated this ____ day of _____

Homeowners Name

Home Owners Name

Home Owners Signature

Home Owners Signature

(revision 10/08)

By providing an electronic signature (typing your name in the signature box), or an actual signature, you agree to all of the terms and conditions stated in this Application, and you are guaranteeing that all of the information provided on this form is true and correct.