

## CITY OF ELK GROVE MINOR HOME REPAIR PROGRAM

This application provides the City with basic information we need to determine your eligibility for the program. It also serves as a certification to the City that the information you are providing is correct and authorizes the City to verify the information required to determine your eligibility.

<b>APPLICANT INFORMATION</b>				
Last Name:	First Name:	M.I.:		
Street Address:		Home Phone:		
City:	CA	ZIP Code:	Cell Phone:	
Social Security Number:	Birth Date:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N	
Email Address:		Are you Hispanic? <input type="checkbox"/> Y <input type="checkbox"/> N		
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other				
<b>CO-APPLICANT INFORMATION</b>				
Last Name:	First Name:	M.I.:		
Social Security Number:	Birth Date:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N	
Email Address:		Are you Hispanic? <input type="checkbox"/> Y <input type="checkbox"/> N		
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other				
<b>PROPERTY INFORMATION</b>				
Street Address:		Year Built:		
City:	CA	ZIP Code:	Year Purchased:	
Does anyone in your household own another home or any land? <input type="checkbox"/> Y <input type="checkbox"/> N		Mobile Home: <input type="checkbox"/> Y <input type="checkbox"/> N	Duplex: <input type="checkbox"/> Y <input type="checkbox"/> N	
Please describe the repairs needed:				



**HOUSEHOLD COMPOSITION**

*List the head of your household and all persons who live in your home. Give relationship of each family member to head of household.*

Name	Relationship to Applicant	Gender (M/F)	Date of Birth	Age	Employed? (Y/N)
Does anyone in your household have a permanent disability? <input type="checkbox"/> Y <input type="checkbox"/> N			If so, give name and relationship:		
Does anyone who is not listed above live with you now or plan to live with you? <input type="checkbox"/> Y <input type="checkbox"/> N			If so, give name and relationship:		

**INCOME INFORMATION**

*Include annual income for all adults (18 years or older) in the household. Income types include wages, tips, commissions, Social Security, retirement, unemployment benefits, workers' compensation, alimony, child support, and welfare payments. Failure to list any source of income may result in disqualification.*

Who receives the income?	Who is the income from?	Type of income?	\$/month



MORTGAGE INFORMATION	
First Mortgage	Second Mortgage
Lender Name:	Lender Name:
Monthly Payment:	Monthly Payment:
Principal Balance:	Principal Balance:
Are you current on this mortgage? <input type="checkbox"/> Y <input type="checkbox"/> N	Are you current on this mortgage? <input type="checkbox"/> Y <input type="checkbox"/> N
Is this a fixed rate mortgage? <input type="checkbox"/> Y <input type="checkbox"/> N	Is this a fixed rate mortgage? <input type="checkbox"/> Y <input type="checkbox"/> N

ACCOUNT INFORMATION		
<i>Please list all checking, savings, retirement, stocks and bonds, or other cash asset accounts. Failure to list any account may result in disqualification.</i>		
Institution Name	Type of Account (checking, savings, retirement)	Current Balance or Market Value

- Please include copies of the following documents with this application.**
- Executed Release of Information for all adults in the household
  - Executed Financial Privacy Act Notice
  - Most recent mortgage statement
  - Mobile home registration card (if applicable)



**CERTIFICATION**

By signing below I/we certify that the above information is correct and complete to the best of my/our knowledge and that I/we have disclosed all income received from all sources and have disclosed all assets. I/we also consent to the allow the City of Elk Grove and/or its authorized agents to contact employers, financial institutions, and other agencies as appropriate to verify the information contained in this application. I/we understand that information regarding my/our credit and employment may be disclosed. I/we understand that should the City of Elk Grove determine that any information is false or incomplete, I/we may be determined to be ineligible to receive assistance from the City.

<b>APPLICANT</b> <b>X</b>	<b>Date:</b> /        /
<b>CO-APPLICANT</b> <b>X</b>	<b>Date:</b> /        /

