

HOUSING REHABILITATION PROGRAM APPLICATION

Date: _____ Name of Community: _____ City of Marion _____

Name: _____

Street Address: _____ PO Box: _____

Telephone Number: _____ Email Address: _____

List names and ages of **ALL** occupants:

Name	Age	Name	Age	Name	Age

*If a child is part time, divorced/single parent has visitation etc., you must be claiming the child on your income tax in order for them to be counted as a full time occupant of the home.

Will you agree to the following?

Allow inspection of property () Yes () No

Verify household income and ownership () Yes () No

Have you ever received housing grant funds in the past () Yes () No

If yes, list agency and year grant funds were received: _____

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Section 1001 provides: "Whoever, in any matter within the jurisdiction of any department or agency in the United States, knowingly and willfully falsifies or makes false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000, or imprisoned not more than five years, or both."

I affirm my income to be correct and no conflict of interest exist.

Signature _____

MUST SIGN

To help determine the ethnic population of your locality, please check the appropriate category:

- | | |
|---|-----------------------------|
| () White, Not Hispanic | () Hispanic |
| () Black, Not Hispanic | () Single / Non Elderly |
| () Asian / Pacific Islander, not Hispanic | () Single Parent |
| () American Indian / Eskimo or Aleut, not Hispanic | () Parents |
| () Other, not Hispanic | () Elderly |
| () Check here if female headed household | () I choose not to respond |

1. How many people 62 years of age or older are there in your home? _____

2. How many persons with physical disabilities are there in your home? _____

3. Mortgage Type: _____ Conventional _____ Contract for deed _____ Life Estate _____ Paid Off

4. Is this rental property? _____ Yes _____ No

5. Based on your family size (all persons living in home), monthly income before taxes (annualized for 12 months) is higher or lower than the income eligibility figures for your family size listed below:

COUNTY: Williamson

Please be specific and check Low or Very Low Income

Number of Persons in Household	Income Limit					
	Lower	Higher	Low Income	Lower	Higher	Very Low Income
1			\$38,850.00			\$24,300.00
2			\$44,400.00			\$27,800.00
3			\$49,950.00			\$31,250.00
4			\$55,500.00			\$34,700.00
5			\$59,950.00			\$37,500.00
6			\$64,400.00			\$40,300.00
7			\$68,850.00			\$43,050.00
8			\$73,300.00			\$45,850.00

****Income for all occupants age 18 and older must be included regardless of contribution toward household expenses or obligations.**

Total Household Income per month \$_____ per year \$_____

6. Income Information for any occupant age 18 and older (Must be filled out for each resident living in the home age 18 and older regardless of contribution toward household expenses or obligations)

Owner _____

Name of Employer _____

Rate / hr. \$_____ Hrs / week _____

Soc. Sec. benefits per month \$_____

Pension benefits per month \$_____

Child support received / month \$_____

Other Income \$_____

Currently not employed _____

Other Occupant _____

Name of Employer _____

Rate / hr. \$_____ Hrs / week _____

Soc. Sec. benefits per month \$_____

Pension benefits per month \$_____

Child support received / month \$_____

Other Income \$_____

Currently not employed _____

Other Occupant _____

Name of Employer _____

Rate / hr. \$_____ Hrs / week _____

Soc. Sec. benefits per month \$_____

Pension benefits per month \$_____

Child support received / month \$_____

Other Income \$_____

Currently not employed _____

Other Occupant _____

Name of Employer _____

Rate / hr. \$_____ Hrs / week _____

Soc. Sec. benefits per month \$_____

Pension benefits per month \$_____

Child support received / month \$_____

Other Income \$_____

Currently not employed _____

7. Monthly Housing Expenses

Monthly Mortgage Payment	\$ _____	Average Home Phone Per Month	\$ _____
Annual Insurance Premium	\$ _____	Average Cell Phone Per Month	\$ _____
Average Electrical Bill Per Month	\$ _____	Water/Sewer Payment Per Month	\$ _____
Average Gas Bill Per Month	\$ _____	Property Taxes Per Year	\$ _____

8. Is the house treated for termites on a yearly basis? () Yes () No

9. Was the residence built before 1978? () Yes () No

10. Is the residence a manufactured / mobile home? () Yes () No

Is it on a permanent block footing/foundation? () Yes () No

Has the tongue and axels been removed? () Yes () No

Do you pay trailer privilege tax? () Yes () No

11. How many rooms are in the house? _____

How many bedrooms? _____

How many bathrooms? _____

12. One Story _____ Two Story _____ Basement _____ Crawl Space _____

13. How many years have you lived at this residence? _____

14. Approximate square footage of house? _____

15. Are you related to any City Official or Employee? () Yes () No

If yes, please list name and type of relation: _____

16. Are any major structural improvements needed to the home (if yes, specify below):

() Roofing (age____) () Gutters () Plumbing () Electrical Wiring () Doors

() Windows () Furnace (age____) () Water Heater (age____) () Siding

Other _____

17. Temporary Relocation – You have applied for funds to rehabilitate your residence. It is possible that you will need to temporarily relocate while lead hazard reduction and other improvements are undertaken. This is for your protection. It is the policy of the funded agency to **NOT** spend funds for relocation but rather to expend all funds for rehabilitation improvements. Therefore, it will be your responsibility to relocate as needed, while the improvements are undertaken.

Please return application to the Marion City Hall or to:

John H. Crawford & Associates

201 South Division Street

Carterville, Illinois 62918 Attn: Tammy Campbell