

**Jefferson County Community Development
2016 – 2017 Housing Rehabilitation Grant Application**

APPLICANT INFORMATION

Applicant's Name _____ Home Phone _____
Street Address _____ Date of Birth _____
City, State, Zip _____ Age _____
Social Security Number _____ Race _____
Nature of Disability _____ Marital Status _____
Employer _____ Work Phone _____

HOUSEHOLD INFORMATION

Is the Head of Household **Male** or **Female**? _____

Number Living in House _____ Number of Dependents _____

You Must list the names, ages, Social Security number of everyone living in this household (Use additional space on back if needed)

What is the 2016 **Total Household Monthly Income for everyone in this home?** _____

REQUESTED REPAIRS AND MODIFICATIONS

List the repairs you request in order of priority (need) _____

For Office Use Only Below

Received Date _____ Verified Date _____ Qualified by _____
(Initials)

HOUSEHOLD COMPENSATION WORKSHEET (APPLICANT, MUST SIGN AT THE BOTTOM)
 LIST ALL HOUSEHOLD MEMBERS AND MONTHLY INCOME OF EACH PERSON IN THE TABLE BELOW. GIVE THE RELATIONSHIP OF EACH MEMBER TO THE APPLICANT, AGE, AND EMPLOYMENT INFORMATION. USE SPACE ON THE BACK IF NEEDED.

HOUSEHOLD COMPOSITION AND INCOME

MEMBER NO.	NAME	RELATIONSHIP	AGE	EMPLOYERS NAME	MONTHLY INCOME RECEIVED	SOURCE OF INCOME
APPLICANT						
1						
2						
3						
4						
5						
Total All Sources						

BY SIGNING BELOW, I ATTEST, UNDER THE RISK OF PROSECUTION FOR FRAUD, ALL THE INFORMATION IN THIS APPLICATION IS FACTUAL AND COMPLETE.

 HOMEOWNER'S SIGNATURE

 DATE