



APPLICANT INFORMATION

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Is the address stated above the primary residence? Yes No

Do you own or rent the above listed residence? Own Rent

**If you rent, the property owner must agree to the improvements to be made to your unit.*

HOUSEHOLD INFORMATION

Total number of household members that occupy the home: _____

A household consists of all persons occupying the same housing unit whether or not related and regardless of their relationship to each other.

Complete the following information for each member that lives in the home:

Household Member Name	Relationship to Applicant	Birthdate	Full-time Student	Social Security Number	Disabled? Yes or No

INCOME AND ASSETS

Provide gross annual income for each household member. Income includes all income such as full-time/part-time employment, commissions, bonuses, social security, SSI/SSD, unemployment benefits, disability, alimony, investment income, taxable interest, workers compensation.

Household Member	Source of Income	Annual Gross Income

Provide information on all Assets for all household members. Assets are cash and non-cash items that can be converted to cash and include cash held in savings & checking accounts, stocks, bonds, treasury bills, certificate of deposit, retirement accounts (KEOGH, 401K, IRA), mutual funds, money market accounts, annuities, etc.

Asset Type	Institution & Account Number	Household Member

LIST OF REQUESTED REPAIRS

Please list the items you are looking for assistance with. **Please note:** CDCLI will make the determination of the eligibility of such requested repairs within the program guidelines and funding availability.

ADDITIONAL REQUIRED QUESTIONS

Is any member of the household a Veteran? Yes No

If yes, please state name of the household member: _____

Is any member of the household receiving Medicaid benefits? Yes No

If yes, please state name of the household member: _____

Do you have any other applications pending with CDCLI? Yes No

Have you received prior grant funding from CDCLI? Yes No

If yes, for what program and year? _____

DEMOGRAPHIC INFORMATION

For monitoring, reporting and statistical purposes, CDCLI requests the following demographic information. The applicant may refuse to furnish this information without discrimination.

Ethnicity/Race

- Hispanic or Latino Not Hispanic or Latino American Indian or Alaska Native Asian
 - Black or African American Native Hawaiian or Other Pacific Islander White Other
 - Multiple Race I do not wish to furnish this information
-

How did you hear about us?

- Newspaper, please specify _____
 - Referral from government agency, please specify _____
 - Social Media: Facebook Twitter Instagram Other, please specify _____
 - Referred by a CDCLI customer Other, please specify _____
-

APPLICANT AFFIRMATION

The undersigned certifies the agreement and understanding of the following: (1) that the statements made in this application and all documents delivered therewith, have been examined by me and are true, complete and accurate; (2) that providing false information may disqualify me for consideration in the program; (3) that if any of the information changes, including information on income or status prior to a signed contract, I will notify CDCLI so that an updated determination can be made on my status and that this may affect my ability to qualify for the Program; (4) that after review of my application and supporting documentation, CDCLI may determine that I do not qualify for the Program; (5) that CDCLI has the right to re-verify my Program status at any time; (6) that this application does not guarantee that assistance will be granted but will be used in determining eligibility for the Program; (7) that, whether or not I, if eligible, will be provided assistance will depend in part upon the number of applications received, the remaining funds available and the priorities to be met by the Program.

The undersigned consents to the inspection of the premises stated above by authorized personnel of CDCLI, and any of their authorized designees, for the purpose of assessing and itemizing the rehabilitation work for which an application is submitted.

CDCLI may verify the information provided by the undersigned. The undersigned authorizes CDCLI to initiate, and/or engage, in written or oral communication with any and all employers, banks, government agencies, credit reporting agencies, corporations, foundations, and/or other third parties, to verify, discuss, review, and examine the information provided in connection with this Application. The undersigned understands and agrees that, in connection with such communications, personal information will be disclosed, shared, received, verified, and discussed.

The undersigned understands that the program is funded with public money and must be secured by the execution of a **Property Maintenance Declaration and/or a Note and Mortgage (depending on the program)**, by all property owners, which will be recorded against the property as a lien and obligate all property owners to, among other things, maintain the property, keep the property available for qualified occupants, and repay the funds under certain circumstances. If deemed eligible for the program, all property owners will be required to execute and deliver such documentation, along with a Grant Agreement, to CDCLI prior to the commencement of work. Additional documentation may be required.

ALL HOUSEHOLD MEMBERS MUST SIGN BELOW:

Applicant Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____