

Residential Rehabilitation Application

Part I:

Name _____ Age _____ Social Security Number _____ Marital Status _____

Applicant: _____ Married
 _____ Separated
 Co-Applicant: _____ Unmarried,
 _____ (Includes widowed,
 divorced or single)

Street Address: _____ How long have you lived here? _____

City, State, Zip: _____ Daytime Phone No: _____

Email Address: _____

This information is requested solely for the purpose of determining compliance with Federal Civil Rights Laws and your response will not affect consideration of your application.

Gender of Applicant:	Race/Ethnicity of Applicant:
<input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Male	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> Native Indian/Alaska Native & White
	<input type="checkbox"/> Asian & White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic
	<input type="checkbox"/> Black/African American & White
	<input type="checkbox"/> American Indian/Alaska Native & Black/African American
	<input type="checkbox"/> Black/African American <input type="checkbox"/> Other Multi Racial

Marital Status of Applicant: Married Separated Unmarried (includes widowed, divorced or single)

This information is requested solely for the purpose of determining compliance with Federal Civil Rights Laws and your response will not affect consideration of your application.

Gender of Co-Applicant:	Race/Ethnicity of Co-Applicant:
<input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Native American/Alaska Native
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> Native Indian/Alaska Native & White
<input type="checkbox"/> Male	<input type="checkbox"/> Asian & White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic
	<input type="checkbox"/> Black/African American & White
	<input type="checkbox"/> American Indian/Alaska Native & Black/African American
	<input type="checkbox"/> Black/African American <input type="checkbox"/> Other Multi Racial

Marital Status of Co-Applicant: Married Separated Unmarried (includes widowed, divorced or single)



Part II: Household Information

How many people live permanently in your household? _____

List all household members, their monthly gross income and source of income including Social Security, Wages, Pensions, AFCD, Child Support or Alimony, SSI, General Assistance, Self-employment, Farm income, and Rental income: (For self-employed persons, farm and rental property income, use the appropriate line for “adjusted gross income” from the 1040 IRA Income Tax Return.)

Check the box next to all the sources of income of household members:

<input type="checkbox"/> Social Security or SSI	<input type="checkbox"/> Pension	<input type="checkbox"/> Wages
<input type="checkbox"/> AFCD	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Self-Employment
<input type="checkbox"/> Child Support	<input type="checkbox"/> Rental Income	<input type="checkbox"/> Farm Income
<input type="checkbox"/> Payment from Contract-for-Deed	<input type="checkbox"/> Interest off Savings	<input type="checkbox"/> Other (Explain) _____

Name	Birth Date	Monthly Gross Income	Source of Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you made all of your monthly payments (housing payment, utilities, loans, credit cards) in a timely manner?
 Yes No If the answer is “no” please explain:

From your last property tax statement:

- What is the Estimate Market Value of your home? _____
- What are your yearly property taxes? _____
- Are your property taxes current? _____

What was the year your home was built (approximately)? _____

Is your home insured? Yes No

If so, with which insurance company? _____

Have you ever received a Minnesota Housing Finance Agency Loan/Grant or Small Cities Grant? Yes No

Has your home ever been weatherized by an outside agency? Yes No

My residence is a: Single family house
 Mobile Home, if so is the mobile home on foundation? Yes No
 Other: _____

What repairs would you like to make to your home? _____

Part III: Bank Accounts

Please list the name and address of your bank, savings and loan, or credit union:

Bank: _____ Address: _____
 Checking Account and/or Saving Account
 CD or Money Market

Bank: _____ Address: _____
 Checking Account and/or Saving Account
 CD or Money Market

Check here if you have no accounts of any kind

I currently Own my home free and clear. Approximate Date of payoff: _____
 I am buying my house from a bank or mortgage company
 I am buying my house on a Contract-for Deed (C/D) _____ Name of lender
 _____ Name of person holding CD
 Describe any other form of ownership such as a life estate, joint tenancy, or other:

I/We certify that all statements on this application are true and correct to the best of my/our knowledge. I/We understand that any intentional misrepresentations will be grounds for disqualification.

I hereby authorize CEDA and its contractors to enter my home during regular business hours to interview our family.

I/We also agree to provide CEDA with any information necessary and in a timely manner to process this application through completion.

Applicant signature _____ Date _____

Co-Applicant signature _____ Date _____

Note to Homeowner:
 This application must be completed in full. Do not return application unless all questions have been answered or it will be returned to you and you will lose your place on the waiting list.