



2017 Christmas in Action

HOMEOWNER APPLICATION

COMPLETELY CONFIDENTIAL



This program is for low-income, senior citizens, living in a single family, owner occupied residence. Sorry, no trailers, mobile homes, condos or rental homes.

Workday is Saturday, April 29 with a back up date of Sunday, April 30.

If you need assistance in filling out this application, please call (810) 714-3986.

Applicant

Please provide the following information:

NAME: _____
Last First Middle Date of Birth

ADDRESS: _____
Street Home Telephone Number

City / Township / Village ZIP Code

Occupant Information

Marital status of applicant(s): SINGLE MARRIED WIDOW/WIDOWER

Number of individuals living in the household with the applicant(s) _____

Names, ages, and relationship of these individuals to the applicant(s):

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Employment Information

Name of Applicant's Employer _____

Social Security No. _____

Employer's Address _____

Business Phone No. _____ No. of Years employed _____ Date Terminated _____

Name of Co-Applicant's Employer _____

Social Security No. _____

Employer's address _____

Business phone no. _____ No. of years employed _____ Date terminated _____

COMPLETELY CONFIDENTIAL

Financial Information

Income by Month

Applicant's base salary
(gross) \$ _____

Co-applicant's base salary
(gross) \$ _____

Children or other working person's contribution to
household income \$ _____

Pensions, annuities, social security, F.I.A., public
assistance, food stamps, etc. \$ _____

Earnings from savings, rents, interests \$ _____

Other income
(please explain) \$ _____

Total monthly income \$ _____

The income information in this section must be supported by your federal and state income tax returns. Please submit one copy of your past year's federal and state tax returns, including all schedules and forms.

Assets

Amount in U.S. savings
Bonds \$ _____

Securities
(stocks, bonds) \$ _____

Other real estate
(market value) \$ _____

Bank accounts:
savings: \$ _____

checking: \$ _____

other assets
(please explain) \$ _____

Total Assets \$ _____

Housing Costs

Expenditures by month

Monthly house
Payment \$ _____

Are taxes and insurance included in the house
payment? Yes no

If no:
Property tax amount \$ _____

Home insurance amount \$ _____

Liabilities

	mo. payment	unpd. bal.
Automobile loans	\$ _____	\$ _____
Name of lender	_____	
Account No.	_____	
Loans:		
Personal	\$ _____	\$ _____
Home Improvement	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____
Credit		
installment/charge accounts-list:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other (please explain)	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____

COMPLETELY CONFIDENTIAL

Housing Information

Length of time in present home _____

Name & address of mortgage or land contract holder:

Name _____

Address _____

Mortgage account no. _____

Age of present home _____

Is your home insured? Yes No

Are your property taxes current? Yes No

If no, how many years of back taxes are owed?

Description of home: (example: ranch, 3 bedroom, 1 bath, basement, etc.)

Home Repair Information

HOMEOWNER'S REPAIR WISH LIST (SAFETY NEEDS FIRST):

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

Do you have any physical disabilities of which we should be aware of in assessing the repairs to you home?

If your home is selected will you and/or your family members help the volunteers accomplish the repairs to your home? _____

COMPLETELY CONFIDENTIAL

In space provided, please give a narrative of any unusual circumstances pertaining to this application. You may add additional pages if necessary.

Have you ever applied for this program before? Yes No

If yes, when? _____

Emergency Contact Information – Please provide the name, address & phone number of two family members that we can contact in case of an emergency or for other information that may be needed.

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

I/We hereby certify that the foregoing information is true and complete to the best of my/our knowledge, and inquiries may be made to verify the statements made herein. I/We further certify that the property address contained herein is my/our principal place of residency and I/We request a review of the property for consideration of assistance through the program for which this application is made. I/We further understand that in order to maintain the viability of this program, the program administrators may request a health, safety, and legal review of the property while considering this application. I/We also understand that any information received will be kept confidential and will be used strictly for the purpose of determining my/our eligibility to receive housing rehabilitation. I/We understand that completing this application does not mean automatic selection and that houses chosen for rehabilitation will be determined on a needs/scope criteria.

Signature of Applicant

Date

Signature of Applicant

Date

Please return this application as soon as possible to:



Tri-County Christmas in Action
P.O. Box 1091
Fenton, MI 48430-1091
www.tricountycia.org