

**SAMPLE CDBG REHABILITATION ASSISTANCE APPLICATION**  
**NAME OF GRANTEE**

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 THE INFORMATION COLLECTED IN THIS APPLICATION WILL BE USED TO DETERMINE WHETHER YOU QUALIFY FOR THE REHABILITATION ASSISTANCE THROUGH THE KENTUCKY COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM. THIS INFORMATION WILL NOT BE DISCLOSED OUTSIDE THE GRANTEE'S FILES WITHOUT YOUR CONSENT, EXCEPT TO YOUR EMPLOYER FOR VERIFICATION OF INCOME AND EMPLOYMENT AS REQUIRED AND PERMITTED BY LAW. YOU DO NOT HAVE TO PROVIDE THE INFORMATION, BUT IF YOU DO NOT, YOUR APPLICATION MAY BE DELAYED OR REJECTED.  
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**PROPERTY TO BE ADDRESSED:** \_\_\_\_\_  
**PARCEL NO.:** \_\_\_\_\_

**I. GENERAL INFORMATION ON OCCUPANTS**

FEMALE HEADED HOUSEHOLD \_\_\_\_\_ YES \_\_\_\_\_ NO  
 HEAD OF HOUSEHOLD: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 HOME PHONE NUMBER: \_\_\_\_\_ OTHER \_\_\_\_\_  
 SOCIAL SECURITY NO.: \_\_\_\_\_ SEX: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE  
 DATE OF BIRTH: \_\_\_\_\_ RACIAL CLASSIFICATION: \_\_\_\_\_  
 PLACE OF EMPLOYMENT: \_\_\_\_\_  
 WORK PHONE NUMBER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
 RATE/METHOD OF PAY: \_\_\_\_\_  
 HANDICAP, IF ANY: \_\_\_\_\_

WILL YOUR HOME NEED TO ACCOMMODATE DISABLED PERSONS IN THE HOUSEHOLD: \_\_\_\_\_ YES \_\_\_\_\_ NO

CO-APPLICANT'S NAME: \_\_\_\_\_  
 SOCIAL SECURITY NO.: \_\_\_\_\_ SEX: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE  
 DATE OF BIRTH: \_\_\_\_\_ RACIAL CLASSIFICATION: \_\_\_\_\_  
 PLACE OF EMPLOYMENT: \_\_\_\_\_  
 WORK PHONE NUMBER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
 RATE/ METHOD OF PAY: \_\_\_\_\_  
 HANDICAP, IF ANY: \_\_\_\_\_

NUMBER OF PERSONS IN HOUSEHOLD THAT ARE US CITIZENS \_\_\_\_\_ NATIONALIZED CITIZENS  
 LAWFULLY PRESENT ALIENS \_\_\_\_\_.

- \* REQUEST A COPY OF DEED TO PROPERTY (\*IF OWNER OCCUPIED). RECEIVED:
- \* REQUEST A COPY OF TAX RETURN RECEIVED:
- \* REQUEST A COPY OF PAY STUBS RECEIVED:

OTHER HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HOUSE	SEX	DATE OF BIRTH	SOCIAL SECURITY #	PLACE OF EMPLOYMENT OR SOURCE OF INCOME	MONTHLY AMOUNT

**II. UNIT INFORMATION**

APPROX. YEAR BUILT: \_\_\_\_\_ YEAR YOU MOVED IN: \_\_\_\_\_  
 TYPE OF UNIT: \_\_\_\_\_ HOUSE \_\_\_\_\_ MOBILE/MODULAR HOME \_\_\_\_\_ APT. \_\_\_\_\_ OTHER  
 DESCRIPTION: \_\_\_\_\_ ONE STORY \_\_\_\_\_ MULTI-LEVEL \_\_\_\_\_ BASEMENT \_\_\_\_\_ BRICK \_\_\_\_\_ VINYL  
 \_\_\_\_\_ WOOD \_\_\_\_\_ BLOCK \_\_\_\_\_ OTHER  
 TYPE OF HEAT: \_\_\_\_\_ NATURAL GAS \_\_\_\_\_ LP GAS \_\_\_\_\_ COAL \_\_\_\_\_ ELEC. \_\_\_\_\_ WOOD \_\_\_\_\_ OTHER  
 NAME OF COMPANY: \_\_\_\_\_  
 TYPE OF SEWER: \_\_\_\_\_ CITY \_\_\_\_\_ SEPTIC \_\_\_\_\_ OTHER  
 NAME OF COMPANY: \_\_\_\_\_  
 TYPE OF WATER: \_\_\_\_\_ CITY \_\_\_\_\_ CISTERN \_\_\_\_\_ WELL \_\_\_\_\_ OTHER  
 NAME OF COMPANY: \_\_\_\_\_  
 NUMBER OF ROOMS: \_\_\_\_\_ KITCHEN \_\_\_\_\_ SEPARATE DINING ROOM \_\_\_\_\_ LIVING ROOM \_\_\_\_\_ DEN  
 \_\_\_\_\_ BEDROOMS \_\_\_\_\_ BATHROOM \_\_\_\_\_ OTHER  
 HAVE YOU RECEIVED FEDERAL ASSISTANCE IN THE PAST FOR REPAIRS ON YOUR HOME: \_\_\_\_\_ YES \_\_\_\_\_ NO  
 IS PROPERTY USED FOR ANY PURPOSES OTHER THAN RESIDENTIAL: \_\_\_\_\_ YES \_\_\_\_\_ NO  
 VISUAL DESCRIPTION  
 OF UNIT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. HOUSING INFORMATION**

**OWNER**

NAME OF OWNER/S: \_\_\_\_\_  
 ADDRESS OF OWNER/S: \_\_\_\_\_  
 PHONE NUMBER/S: \_\_\_\_\_  
 TYPE OF OWNERSHIP: \_\_\_\_\_ DEED \_\_\_\_\_ LAND CONTRACT \_\_\_\_\_ OTHER  
 DEED OF RECORD: DEED BOOK \_\_\_\_\_ PAGE \_\_\_\_\_, \_\_\_\_\_ COUNTY COURTHOUSE  
 PURCHASED FROM: \_\_\_\_\_  
 DATE OF PURCHASE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

FIRST MORTGAGE OR OTHER  
 PAYMENTS MADE TO: \_\_\_\_\_  
 RECORDED: MORTGAGE BOOK \_\_\_\_\_ PAGE \_\_\_\_\_, \_\_\_\_\_ COUNTY COURTHOUSE  
 MORTGAGE DATE: \_\_\_\_\_ ORIGINAL AMOUNT: \_\_\_\_\_  
 MONTHLY PAYMENT: \_\_\_\_\_ BALANCE OWED: \_\_\_\_\_

SECOND MORTGAGE OR OTHER  
 PAYMENTS MADE TO: \_\_\_\_\_  
 RECORDED: MORTGAGE BOOK \_\_\_\_\_ PAGE \_\_\_\_\_, \_\_\_\_\_ COUNTY COURTHOUSE  
 MORTGAGE DATE: \_\_\_\_\_ ORIGINAL AMOUNT: \_\_\_\_\_  
 MONTHLY PAYMENT: \_\_\_\_\_ BALANCE OWED: \_\_\_\_\_

HOMEOWNERS INS. CO.: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 NEXT PAYMENT DUE: \_\_\_\_\_  
 LIMITS \_\_\_\_\_ OF \_\_\_\_\_ COVERAGE: \_\_\_\_\_

APPLICABLE PROPERTY  
 TAXES: \$ \_\_\_\_\_ CITY \_\_\_\_\_ DATE PAID \_\_\_\_\_ UNPAID AND DUE  
 \$ \_\_\_\_\_ COUNTY \_\_\_\_\_ DATE PAID \_\_\_\_\_ UNPAID AND DUE  
 EXEMPT FROM PAYING  
 PROPERTY TAXES: CITY: \_\_\_\_\_ YES \_\_\_\_\_ NO COUNTY: \_\_\_\_\_ YES \_\_\_\_\_ NO

**RENTER**

DATE MOVED INTO UNIT: \_\_\_\_\_  
MONTHLY AMOUNT: \$ \_\_\_\_\_ DUE DATE: \_\_\_\_\_ CURRENT: \_\_\_\_ YES \_\_\_\_ NO  
RENTAL INSURANCE: \$ \_\_\_\_\_ MONTHLY: \_\_\_\_\_ ANNUAL: \_\_\_\_\_  
LEASE: \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, DATE EXPIRES: \_\_\_\_\_  
INCLUDES UTILITIES: \_\_\_\_ YES \_\_\_\_ NO WHICH UTILITIES: \_\_\_\_\_ ELEC. \_\_\_\_\_ GAS \_\_\_\_\_ WATER \_\_\_\_\_ SEWER

ACCESSABILITY IN MILES/BLOCKS TO: \_\_\_\_\_ SHOPPING  
\_\_\_\_\_ MEDICAL  
\_\_\_\_\_ PUBLIC TRANSIT  
\_\_\_\_\_ CHURCH  
\_\_\_\_\_ JOB  
\_\_\_\_\_ GRADE SCHOOL  
\_\_\_\_\_ HIGH SCHOOL  
\_\_\_\_\_ DAY CARE  
\_\_\_\_\_ OTHER

**APPLICANT AUTHORIZATION AND CERTIFICATION**

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH TO OBTAIN REHABILITATION/RELOCATION ASSISTANCE. I FURTHER UNDERSTAND THAT ANY WILLFUL MISSTATEMENT OF MATERIAL FACT WILL BE GROUNDS FOR DISQUALIFICATION.

I UNDERSTAND THAT ANY INFORMATION, INCLUDING INCOME, PROVIDED IN THIS APPLICATION MAY BE GIVEN TO OTHER STATE AND LOCAL AGENCIES IN ORDER TO COORDINATE REHABILITATION/RELOCATION AND FINANCIAL ASSISTANCE.

**WARNING:** SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES, KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, 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 NO MORE THAN \$10,000.00 OR IMPRISONED NO MORE THAN FIVE (5) YEARS OR BOTH.≅

\_\_\_\_\_  
APPLICANT SIGNATURE      DATE \_\_\_\_\_      WITNESS

\_\_\_\_\_  
CO-APPLICANT SIGNATURE      DATE \_\_\_\_\_      WITNESS

NAME OF PERSON CONDUCTING INTERVIEW: \_\_\_\_\_