



City of Kenner Community Development Department
REGULAR OWNER-OCCUPIED HOUSING REHABILITATION
PROGRAM APPLICATION



PROPERTY OWNER/ APPLICANT:

Last Name (Applicant)	First Name	Middle/Maiden
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Social Security No. _____ **DOB:** _____

Check One: ___ **Male** ___ **Female** **Phone #: HOME:** _____
ALTERNATE #: _____

MARITAL STATUS: (Check One) () **Single** () **Married** () **Separated** ()
Divorced () **Widowed**

Are you the Head of Household: ___ **Yes** ___ **No**

CO-APPLICANT

Last Name (Applicant)	First Name	Middle/Maiden
------------------------------	-------------------	----------------------

Social Security No. _____ **DOB:** _____

Check One: ___ **Male** ___ **Female** **Phone #: HOME:** _____
ALTERNATE #: _____ **(If not same as above)**

Alternate Contact Person Name: _____
Relationship to you: _____ **Phone Number:** _____

ADDRESS OF PROPERTY TO BE REHABILITATED:

Street Address	City	Zip code
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IS THE HOUSE YOUR PRINCIPAL RESIDENCE :(Check One) () **Yes** () **No**

IS THE PROPERTY . . . () **Uninhabitable** () **Vacant**

UNIT TYPE: () **SINGLE FAMILY** () **MANUFACTURED HOME** () **MODULAR HOME**
() **OTHER:** _____

No. of Bedrooms: _____ **No. of Bathrooms:** _____

HOUSEHOLD SIZE INFORMATION:

No. of Household members: _____ **Adults:** _____ **Children** _____

HOUSEHOLD INCOME (list names, & relationships for income of all household members)
(LIST INCOME FROM ALL SOURCES) Income includes, but not limited to: Public or general assistance, all wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services. Income from the operation of a business or profession. Income from interest and/or dividends. All gross payments received from Social Security, Supplemental Social Security benefits, VA Benefits, unemployment compensation, cash gifts, Annuities, insurance policies, retirement funds, pensions, disability awards, prizes, alimony, child support, and any income from rental property.

**Regular Owner-Occupied Housing Rehabilitation Program
APPLICATION**

NAME	RELATIONSHIP	Date Of Birth	Income Source	INCOME Amount / Month
APPLICANT				

EMPLOYMENT

APPLICANT:

Name of Employer: _____
 Address: _____
 City, State Zip Code _____
 Type of Business: _____ Phone _____
 Position/Title: _____ Date Hired: _____
 Salary: \$ _____ /MO \$ _____ Annual

CO-APPLICANT:

Name of Employer: _____
 Address: _____
 City, State Zip Code _____
 Type of Business: _____ Phone _____
 Position/Title: _____ Date Hired: _____
 Salary: \$ _____ /MO \$ _____ Annual

MORTGAGE INFORMATION

1ST Mortgage: Lender Name: _____
 Account No. _____ Balance Owed:\$ _____
 Address of Mortgage Company: _____

 City, State, Zip: _____ Phone No. _____

2ND Mortgage: Lender Name: _____
 Account No. _____ Balance Owed:\$ _____
 Address of Mortgage Company: _____

 City, State, Zip: _____ Phone No. _____

Are you delinquent on your Mortgage Note? () Yes () No
 If Yes, No. of Months _____ Amount needed to bring account current \$ _____
 Are you in foreclosure? () Yes () No

Regular Owner-Occupied Housing Rehabilitation Program APPLICATION

If yes, please attach notice.

Have you applied for and been denied assistance in the past? _____, if yes explain why,
(Use back of application if necessary)

ASSETS, DEBTS AND OTHER LIABILITIES

Please provide the following information for all family members currently residing in the household, including you.

PROPERTY REAL ESTATE			
Your Primary Residence	Estimated Value \$	Mortgage Balance \$	
Other Real Estate (# 2) Address:	Estimated Value \$	Mortgage Balance \$	
Other Real Estate (# 3) Address:	Estimated Value \$	Mortgage Balance \$	
AUTOMOBILE # 1			
Is it paid for? ___Y___N	Year	Make	Model
AUTOMOBILE # 2			
Is it paid for? ___Y___N	Year	Make	Model
AUTOMOBILE # 3			
Is it paid for? ___Y___N	Year	make	Model
OTHER ASSETS			
	Last four 4#'s of Account	Bank /Institution	Account Balance \$Amount \$
Primary Checking Account			
Savings Account			
Certificate of Deposit			
IRA Account			
Vested Retirement			
Stocks & Bonds			
Cash value of Life Insurance			
Other Assets			
OUTSTANDING DEBTS/ LIABLITIES			
	Lender/Institution	Purpose/Description	Account Balance \$Amount \$
Personal Loans			
Auto Loans			
Credit Cards			
# 1			
# 2			
# 3			

Regular Owner-Occupied Housing Rehabilitation Program APPLICATION

MONTHLY HOUSEHOLD	Payee	Monthly Cost	
EXPENSES			
Gas			
Electricity			
Water			
Alarm/Security Sys			
Home Phone			
Cell Phone			
Cable			
INSURANCE			
Life (Term)			
Life (Whole)			
Homeowner			
Flood			
Car			
Health			

Storm/Hurricane Damage

Was your property affected by one or more hurricanes in the past 10 years? ()yes ()no If yes, name them.

Year	Name of Storm/Flood	Estimated Amt. of Loss
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Did you receive funds from:

FEMA () Yes () No Amount \$ _____

ROAD HOME () Yes () No Amount \$ _____

Insurance () Yes () No Amount \$ _____

SBA () Yes () No Amount \$ _____

If denied assistance, please provide letter of denial from the above (your response will be verified)

INFORMATION FOR GOVERNMENT MONITORING PROCESS

SEX: () Female () Male

Ethnicity: (select only one)

() Hispanic or Latino () Not Hispanic or Latino

Race: (select one or more)

() American Indian or Alaska Native

() Asian

() Black or African American

() Native Hawaiian or Other Pacific Islander

() White

CHECK IF APPLICABLE

() Physically Disabled Family Member

() Chronically Mentally Ill Family Member

() Developmentally Disabled Family Member

() Single Parent Family with minor children

() I do not wish to furnish this information

Homeowners Initial _____

**Regular Owner-Occupied Housing Rehabilitation Program
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Initials _____

APPLICANT CONSENT

I/We authorize the Community Development of the City of Kenner to obtain information for the purpose of evaluating this application and disclosure of this same information to local agencies participating in the program.

APPLICANT ACKNOWLEDGEMENT

I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above information as applicable under the provision of Title 18, United States Code, Section 1014.

SIGNATURES:

Applicant Signature	Date
CO-Applicant Signature	Date

**PLEASE RETURN THIS COMPLETED APPLICATION AND ALL
REQUIRED DOCUMENTS TO:**

City of Kenner Community Development Department
624 Williams Blvd
Kenner, Louisiana 70062

DO NOT WRITE BELOW THIS LINE

FOR OFFICIAL OFFICE USE ONLY:

Application ID # _____

HOME FY: _____

IDIS No: _____

