



City of Kenner Community Development Department  
**REGULAR OWNER-OCCUPIED HOUSING  
REHABILITATION PROGRAM (ROOR)  
APPLICATION**



**PROPERTY OWNER: (print full name, if wife, include maiden name)**

\_\_\_\_\_ Last Name First Name Middle/Maiden

Social Security No. \_\_\_\_\_ DOB: \_\_\_\_\_ Check One: \_\_\_ Male \_\_\_ Female

**MARITAL STATUS: (Check One)**

Single  Married  Separated  Divorced  Widowed

Are you the Head of Household: \_\_\_ Yes \_\_\_ No

Applicant Phone #: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*Name/Relationship*

**CO-APPLICANT:**

\_\_\_\_\_ Last Name First Name Middle/Maiden

Social Security No. \_\_\_\_\_ DOB: \_\_\_\_\_ Check One: \_\_\_ Male \_\_\_ Female

Co-Applicant Phone #: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ Email: \_\_\_\_\_

Co-Alternate contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*Name/Relationship*

**ADDRESS OF PROPERTY TO BE REHABILITATED:**

\_\_\_\_\_ Street Address City Zip code

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:

Number of persons currently living in home: \_\_\_\_\_ Adults: \_\_\_\_\_ Children \_\_\_\_\_

Members of Household	Relationship to Applicant	Age	Birthdate	Sex	Employed Yes// No

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

**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.

NAME: INCLUDING APPLICANT	RELATIONSHIP TO APPLICANT	AGE	INCOME SOURCE	INCOME AMT./MO

**EMPLOYMENT**

**APPLICANT:**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip Code

Phone \_\_\_\_\_ Type of Business: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ /MO \$ \_\_\_\_\_ Annual \$ \_\_\_\_\_

**CO- APPLICANT:**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip Code

Phone \_\_\_\_\_ Type of Business: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ /MO \$ \_\_\_\_\_ Annual \$ \_\_\_\_\_

**MORTGAGE INFORMATION**

**1<sup>ST</sup> Mortgage:**

Lender Name: \_\_\_\_\_ Account No. \_\_\_\_\_ Balance Owed: \$ \_\_\_\_\_

Address of Mortgage Company: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip:

**2<sup>nd</sup> Mortgage:**

Lender Name: \_\_\_\_\_ Account No. \_\_\_\_\_ Balance Owed: \$ \_\_\_\_\_

Address of Mortgage Company: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip:

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 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)

## Regular Owner-Occupied Housing Rehabilitation Program

Have you received assistance from the Repairs on Wheels (ROW) Housing Assistance Program; the Homeowners Rehabilitation Program (ROOR); 1st Time Homebuyer Program in the past? ( ) Yes ( ) No

If yes, year (s) VOA assistance received: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

If yes, year (s) ROOR assistance received: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

If yes, year First Time Homebuyer assistance received: \_\_\_\_\_.

### 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 Amt. \$ \_\_\_\_\_ ROAD HOME ( ) Yes ( ) No Amt. \$ \_\_\_\_\_

Insurance ( ) Yes ( ) No Amt. \$ \_\_\_\_\_ SBA ( ) Yes ( ) No Amt. \$ \_\_\_\_\_

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

### **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

Initials \_\_\_\_\_

**Please state brief description of repairs needed at your home:**

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### INFORMATION FOR GOVERNMENT MONITORING PURPOSES

HOUSEHOLD TYPE:

SEX: ( ) Female ( ) Male

- |                              |                 |
|------------------------------|-----------------|
| ( ) Single, Non-Elderly      | ( ) Elderly     |
| ( ) Single Parent            | ( ) Two Parents |
| ( ) Female Head of Household | ( ) Other       |

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

( ) I do not wish to furnish this information: \_\_\_\_\_ (Initials)

# Regular Owner-Occupied Housing Rehabilitation Program APPLICATION

## ASSETS, DEBTS AND OTHER LIABILITIES

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

<b>PROPERTY REAL ESTATE</b>			
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 \$	
<b>AUTOMOBILE # 1</b> Is it paid for? ___ Y ___ N	Year	Make	Model
<b>AUTOMOBILE # 2</b> Is it paid for? ___ Y ___ N	Year	Make	Model
<b>AUTOMOBILE # 3</b> Is it paid for? ___ Y ___ N	Year	make	Model
<b>OTHER ASSETS</b>	<b>Last four 4#'s of Account</b>	<b>Bank /Institution</b>	<b>Account Balance \$Amount \$</b>
Primary Checking Account			
Savings Account			
Certificate of Deposit			
IRA Account			
Vested Retirement			
Stocks & Bonds			
Cash value of Life Insurance			
Other Assets			
<b>OUTSTANDING DEBTS/ LIABLITIES</b>	<b>Lender/Institution</b>	<b>Purpose/Description</b>	<b>Account Balance \$Amount \$</b>
Personal Loans			
Auto Loans			
Credit Cards			
# 1			
# 2			
# 3			

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

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

**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    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**

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**FOR OFFICIAL OFFICE USE ONLY:**

**Application ID #** \_\_\_\_\_  
**HOME FY:** \_\_\_\_\_  
**IDIS No:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_