



# Regular Owner-Occupied Housing Rehabilitation Program APPLICATION



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

**THIS APPLICATION MUST BE RETURNED BY July 8, 2016**

**PROPERTY OWNER/ APPLICANT:**

\_\_\_\_\_

<b>Last Name (Applicant)</b>	<b>First Name</b>	<b>Middle/Maiden</b>
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**Social Security No.** \_\_\_\_\_ **DOB:** \_\_\_\_\_

(Check One) \_\_\_\_\_ **Male** \_\_\_\_\_ **Female**

**Phone Number: HOME** \_\_\_\_\_ **ALT #:** \_\_\_\_\_

**MARITAL STATUS:**

(Check One) ( ) Single ( ) Married ( ) Separated ( ) Divorced ( ) Widowed

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

**Alternate Contact Person Name:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**CO-APPLICANT** (Please note: The co-applicant must have title to the property.)

\_\_\_\_\_

<b>Last Name ( Co-Applicant)</b>	<b>First Name</b>	<b>Middle/Maiden</b>
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**Social Security No.** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Check One: \_\_\_\_\_ **Male** \_\_\_\_\_ **Female**      **Phone #: HOME:** \_\_\_\_\_

**Alternate Contact Person Name:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

(If not same as above)

**ADDRESS OF PROPERTY TO BE REHABILITATED:**

\_\_\_\_\_

<b>Street Address</b>	<b>City</b>	<b>Zip Code</b>
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IS THE HOUSE YOUR PRINCIPAL RESIDENCE :( Check One) ( ) Yes ( ) No

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

UNIT TYPE: ( ) SINGLE -FAMILY ( ) MANUFACTURED HOME ( ) MODULAR HOME  
( ) OTHER: \_\_\_\_\_

**No. of Bedrooms:** \_\_\_\_\_ **No. of Bathrooms:** \_\_\_\_\_

**HOUSEHOLD INFORMATION:**

**Number of Household Members: Adults:** \_\_\_\_\_ **Children** \_\_\_\_\_



## Regular Owner-Occupied Housing Rehabilitation Program APPLICATION

**2<sup>nd</sup> 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 \$ \_\_\_\_\_.

Is your home currently in foreclosure? ( ) Yes     ( ) No

If yes, please attach notice.

Have you applied for and been denied assistance in the past by the Regular Owner Occupied Housing Rehabilitation Program? ( ) Yes     ( ) No

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.

<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 digits of Account</b>	<b>Bank /Institution</b>	<b>Account Balance</b>
Primary Checking Account			
Savings Account			
Certificate of Deposit			
IRA Account			
Vested Retirement			
Stocks & Bonds			

## Regular Owner-Occupied Housing Rehabilitation Program APPLICATION

Cash value of Life Insurance			
Other Assets			
<b>OUTSTANDING DEBTS/ LIABILITIES</b>	<b>Lender/Institution</b>	<b>Purpose/Description</b>	<b>Account Balance \$Amount \$</b>
Personal Loans			
Auto Loans			
Credit Cards			
# 1			
# 2			
# 3			
<b>MONTHLY HOUSEHOLD EXPENSES</b>	<b>Payee</b>	<b>Monthly Cost</b>	
Gas			
Electricity			
Water			
Alarm/Security Sys			
Home Phone			
Cell Phone			
Cable			
<b>INSURANCE</b>			
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 from your Insurance company or any one of the federal agencies noted above, please provide a copy of the letter of denial or explain details of denial below:**

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

**INFORMATION FOR GOVERNMENT MONITORING PROCESS**

Applicant is . . . (Check one)  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  White

Native Hawaiian or Other Pacific Islander

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 \_\_\_\_\_

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 Signature

\_\_\_\_\_  
Date

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

**APPLICATION DEADLINE: July 8, 2016**  
**Incomplete applications will not be processed.**