



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 **May 26, 2017**

PROPERTY OWNER/ APPLICANT:

Last Name (Applicant) First Name Middle/Maiden

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.)

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

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:

Street Address City Zip Code

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

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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 | RELATIONSHIP | Date Of Birth | Income Source | INCOME Amount / Month |
|-----------|--------------|---------------|---------------|-----------------------|
| APPLICANT | | | | |
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EMPLOYMENT INFORMATION

APPLICANT:

Name of Employer: _____

Address: _____

City, State Zip Code _____

Type of Business: _____ Phone No. _____

Position/Title: _____ Date Hired: _____

Salary: \$ _____ Hourly \$ _____ Monthly

CO-APPLICANT:

Name of Employer: _____

Address: _____

City, State Zip Code _____

Type of Business: _____ Phone No. _____

Position/Title: _____ Date Hired: _____

Salary: \$ _____ Hourly \$ _____ Monthly

MORTGAGE INFORMATION

1ST Mortgage: Lender Name: _____

Account No. _____ Balance Owed:\$ _____

Address of Mortgage Company: _____

City, State, Zip: _____ Phone No. _____

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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 \$ _____. 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.

| | | | |
|-----------------------------------------------------------|------------------------------------|--------------------------|------------------------|
| 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 digits of Account | Bank /Institution | Account Balance |
| Primary Checking Account | | | |
| Savings Account | | | |
| Certificate of Deposit | | | |
| IRA Account | | | |
| Vested Retirement | | | |
| Stocks & Bonds | | | |

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| | | | |
|---------------------------------------|---------------------------|----------------------------|------------------------------------|
| Cash value of Life Insurance | | | |
| Other Assets | | | |
| OUTSTANDING DEBTS/ LIABILITIES | Lender/Institution | Purpose/Description | Account Balance \$Amount \$ |
| Personal Loans | | | |
| Auto Loans | | | |
| Credit Cards | | | |
| # 1 | | | |
| # 2 | | | |
| # 3 | | | |
| MONTHLY HOUSEHOLD EXPENSES | Payee | Monthly Cost | |
| 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 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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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: May 26, 2017

Incomplete applications will not be processed.