



# CDBG

## PROGRAM OFFICE

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### Housing Rehabilitation Program Application

Revised July 2015

#### OFFICE USE ONLY

MHRG Case #: \_\_\_\_\_ IDIS # \_\_\_\_\_ Application Received Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Name: \_\_\_\_\_ Application Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The information submitted on this application will be used to evaluate the applicant's eligibility for assistance under the Cobb County Housing Rehabilitation program. Information obtained in this application will remain confidential and will not be disclosed to any outside agency without the applicant's consent, except for purposes of verification of income or employment and to financial institutions for verification of information as required and permitted by law. Your application may be delayed or rejected if the information requested is not received.

#### APPLICANT INFORMATION

Applicant Name:	Home Phone #:	Cell #:
Street Address:	City:	State: Zip Code:
Property to be Rehabilitated:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Year House Built: _____
No. Years in home:		
Name and Address of Employer:	<input type="checkbox"/> Self Employed <input type="checkbox"/> Retired:	
Business Phone #:	Position/Title:	Number of Years on Job
<b><u>ANNUAL INCOME OF HOUSEHOLD:</u></b>		\$ _____

SOURCE	APPLICANT	SPOUSE	OTHER 18 +	TOTAL
Salary				
Social Security				
Pension, Retirement Funds, etc.				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
Welfare Payments				
Other Income				
<b>TOTAL INCOME:</b>				
<b><u>ASSETS</u></b>				
TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME	ACCOUNT NUMBER
Checking Accounts				
Savings Accounts				
Credit Union Accounts				
Stocks				
Life Insurance				
Other (i.e. rental property)				
Home: Estimated Value				
<b><u>LIABILITIES</u></b>				
List outstanding debts including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans.				
TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	UNPAID BALANCE	DUE DATE

MONTHLY HOUSING EXPENSES	MONTHLY PAYMENTS	UNPAID PRINCIPAL BALANCE	BALLOON PAYMENT AMOUNT	DATE PAYMENT IS DUE
ITEM				
First Mortgage (P&I)				
Other Finance Secured By Property				
Hazard and Flood Insurance				
Real Estate Taxes				
Other (Childcare)				
Other (Specify)				
TOTAL				

**ADDITIONAL INFORMATION**

1. Do you have any outstanding, unpaid *Liens* or *Judgments*? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes please list the Amount (if applicable) \$ \_\_\_\_\_
2. In the past 7 years, have you been declared bankrupt? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Are you a party involved in a law suit? \_\_\_\_\_ Yes \_\_\_\_\_ No  
***If yes answer is given to any question below, please explain on an attached sheet***

**HOUSEHOLD COMPOSITION:** (List the Head of Household and everyone that lives in the home including the relationship of each member to Head of Household)

Member	Full Name	Relationship	Age	Social Security Number
1		APPLICANT		
2				
3				
4				
5				
6				

**CURRENT HOUSING NEEDS**  
*[List briefly any repairs needed to your home]*

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HEAD OF HOUSEHOLD INFORMATION			
SINGLE RACE	CHECK BELOW	Hispanic or Latino	Non-Hispanic or Non-Latino
White			
Black/African-American			
Asian			
American Indian /Alaskan Native			
Native Hawaiian/Other Pacific Islander			
<b>MULTI-RACE</b>			
American Indian/Alaskan Native & White			
Asian & White			
Black/African-American & White			
Am Indian/Alask Native & BI/Afri-Amer			
Other Multi Racial			

**2016 INCOME LIMITS LISTED BELOW ARE THE MAXIMUM TOTAL  
HOUSEHOLD INCOME FROM ALL SOURCES FROM ALL  
HOUSEHOLD MEMBERS**

INCOME LEVEL	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
EXTRA LOW INCOME -ELI- 30%	14200	16200	20160	24300	28440	32580	36730	40890
<b>VERY LOW INCOME-VLI- 50%</b>	<b>23650</b>	<b>27000</b>	<b>30400</b>	<b>33750</b>	<b>36450</b>	<b>39150</b>	<b>41850</b>	<b>44550</b>
LOW-INCOME -LI 80%	37800	43200	48600	54000	58350	62650	67000	71300

**APPLICANT'S CERTIFICATION**

I/We, the undersigned, certify the information provided above in this application is accurate and complete to the best of my knowledge. I/We consent to the disclosure of such information for purpose of income verification related to my/our application for financial housing rehabilitation assistance. I/We understand that any willful misstatement of material facts will be grounds for disqualification. I certify that I am the owner occupant of said property and that I/We hold fee simple title to the above property. Failure to disclose all income or the reporting of inaccurate or false information will result in disapproval of assistance and will be considered fraudulent.

Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## APPLICATION DOCUMENTS

The City of Marietta CDBG Housing Rehabilitation Program requires verification of income eligibility of all persons requesting housing rehabilitation assistance under the Community Development Block Grant [CDBG] Program. Homeowners will be required to submit the following information:

- ◆ Completed Housing Rehabilitation Application Form;
- ◆ Copy of the Warranty Deed;
- ◆ Proof of income of all persons living in the home (*for example: pay stubs, social security payments, child support, etc.*);
- ◆ Copy of homeowner's last year's tax returns;
- ◆ Copy of Social Security cards of every person living in the home;
- ◆ Proof of current mortgage balance, not just your monthly payment;
- ◆ Copy of homeowner's insurance policy;
- ◆ Completed with signature Lead-Based Paint Questionnaire & Receipt Form [After reviewing the Lead Base Paint information];
- ◆ Copy of two [2] most recent bank account statements;
- ◆ Copy of home appraisal;