

APPLICATION FOR HOUSING REHABILITATION

Date _____

Name _____ S.S. No. _____

Name _____ S.S. No. _____

Address _____

Phone (H) _____ (C) _____ Ownership of Home _____
Project Lender: _____

Bank/Credit Union: Him _____
Her _____

I. FAMILY COMPOSITION

Family Member No.	Name of Family Members	Relation to Family Head	Date of Birth	Age	Sex	Occupation
1						
2						
3						
4						
5						
6						
7						
8						

II. INCOME

A. Total Income

Family Member No	Source, Rate and Type of Income	Estimated	Income Nest 12 months
		\$	\$
		\$	\$
		\$	\$
TOTAL		\$	\$

Are you related to Glynn County's Chairman and/or Commissioner(s)? Yes No

Are you employed by Glynn County? Yes No

Do you serve on any Board of Agency associated with Glynn County? Yes No

If yes, give the name and relationship _____

Year home built: _____ Has either applicant filed bankruptcy? Yes No
Out of bankruptcy: Yes No

EXISTING DEBT ON PROPERTY TO BE REHABILITATED

1. Original Mortgage Amount \$ _____
2. Name of Lender _____
3. Unpaid Balance \$ _____
4. Monthly Payment _____

Race _____

Handicapped Yes No

The applicant(s) certifies that all information in this application and information furnished in support of this application (if given for the purpose of obtaining rehabilitation assistance), is true and complete to the best of the applicant's(s') knowledge and belief. Verification may be obtained from any source names herein.

The application(s) has (have) received a copy of the **LEAD-BASED PAINT WARNING NOTICE** and the **TERMS OF CONDITIONS OF REHABILITATION ASSISTANCE** and agrees to abide by those requirements and conditions in connection with any loan and/or grant that may be made or referred by Glynn County pursuant to this application.

The proposed property to be rehabilitated is occupied by a child(ren) under seven (7) years old:
()Yes ()No

The proposed property to be rehabilitated is or will be occupied by a pregnant woman:
()Yes ()No

The proposed property to be rehabilitated is or will be occupied by an Elevate Blood Level child:
()Yes ()No

_____	_____
Signature	Date
_____	_____
Signature	Date

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FOR OFFICE USE ONLY

Eligibility Determination:

				Comments	
I. Specified Area	_____	Yes	_____	No	_____
II. Income	_____	Yes	_____	No	_____
III. Owner/Occupant	_____	Yes	_____	No	_____

Interviewed by: _____ Date _____

Reviewed by: _____ Date _____

Action Take on Application: _____

FORMAT FOR CALCULATING ANNUAL INCOME

1. Name		2. Identification No.		
ASSETS				
Type	Cash Value	Annual Income from Assets	Bank Name	Account No.
Checking				
Savings				
Stocks/Bonds				
Life Insurance				
Other (rental property)				
Home				
Estimated Value				
Mortgage Balance				
3. Total Assets.....				

ANNUAL INCOME				
Source	Applicant	Co-Applicant	Other Household Member 18 or older	Total
Salary				
Overtime				
Commission				
Tips				
Bonuses				
Interest/Dividends				
Net Income on Business				
Retirement				
Unemployment				
Workers Comp.				
Alimony, Child Support				
Other				
			TOTAL	

LIABILITIES				
Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date

Monthly Alimony \$ _____ Monthly Child Support \$ _____ Monthly Child Care \$ _____

If a "Yes answer is given to any questions below, please explain on an attached sheet.
 1. Do you have any outstanding unpaid judgments? ___ Yes ___ No
 2. In the past 7 years, have you been declared bankrupt? ___ Yes ___ No
 3. Are you a party in a lawsuit? ___ Yes ___ No

MONTHLY HOUSING EXPENSE					
Item	Monthly Payment	Unpaid Principal Balance	Balloon Payment ___ Yes ___ No	Amount Balloon \$ _____	Due Date
First Mortgage					Describe any special circumstances related to your housing or it financing.
Other Financing Secured					
Hazard/HO Insurance					
Real Estate Taxes					
Other					
Total					

1. Does anyone live with you now who is not listed on page 1 of this application? Yes____ No____
2. Does anyone plan to live with you in the future who is not listed on page 1? Yes____ No____

If yes to either of these questions, please provide information below.

The information provided within this application is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant

Date

Co-Applicant

Date

Please fill out application and return in person to Glynn County Finance Department at 1725 Reynolds Street, Brunswick, GA. Call Monica Hardin at 912 554-7133 with any questions.