

HOUSING REHABILITATION PROGRAM - CLIENT DATA SHEET

APPLICANT:

Name:
Address:
City/State:
Phone:
E-mail (if applicable):

FOR OFFICE USE ONLY:

Date Rec'd _____	
Total Annual Income: _____	
Below 80% LMI: _____	_____
Below 50% LMI: _____	_____
<80% LMI & Hsg Exp >50% _____	_____
Elderly or Disabled: _____	
USDA: _____	TOTAL Points: _____
WX: _____	

TO WHOM IT MAY CONCERN:

I have provided the information below voluntarily and understand that it will be used to determine eligibility that may be used in program evaluation; and that it may be made known to other persons in pursuit of these ends, including but not limited to, the USDA-RD and Assistive Technology Programs. This information is true to the best of my knowledge. I understand that it will be kept confidential pursuant to PL93758 (Privacy Act of 1974) subject to the limits set out above.

Applicant	Date	Co-Applicant	Date
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A. HOUSEHOLD DATA:

1. a) HEAD OF HOUSEHOLD/APPLICANT:

Full Name (First, MI, Last) _____

Birthdate: _____ Social Security # _____

Occupation: _____

Employer: _____

b) CO-APPLICANT:

Full Name (First, MI, Last) _____

Birthdate: _____ Social Security # _____

Occupation: _____

Employer: _____

2. NAMES AND AGES OF ALL OTHER HOUSEHOLD MEMBERS:

Full Name: _____	Birthdate: _____
Gender: _____	SS#: _____
Full Name: _____	Birthdate: _____
Gender: _____	SS#: _____
Full Name: _____	Birthdate: _____
Gender: _____	SS#: _____
Full Name: _____	Birthdate: _____
Gender: _____	SS#: _____

3. IS THE HEAD OF THE HOUSEHOLD:

- a) Minority: _____ YES _____ NO
If YES, please specify _____
- b) Female: _____ YES _____ NO
- c) _____ Single _____ Divorced _____ Separated _____ Widowed

4. ARE ANY MEMBERS OF THE HOUSEHOLD:

Handicapped or disabled: _____ YES _____ NO (please circle all that apply)

Name: _____ behavioral - developmental - visual - hearing - mental - physical - speech

Name: _____ behavioral - developmental - visual - hearing - mental - physical - speech

Name: _____ behavioral - developmental - visual - hearing - mental - physical - speech

B. DWELLING DATA: What year was your home built? _____
Has your residence ever been tested for lead-based paint? Yes ___ No ___ Unknown ___

1. OUTSTANDING LIENS AGAINST PROPERTY:

- a) Mortgage: _____ YES _____ NO
Total and monthly payments _____
- b) Back taxes: _____ YES _____ NO
Total and year _____
- c) Other (specify): _____

3. TYPE OF DWELLING:

- a) Single family: _____ YES _____ NO
- b) Duplex/Condominium: _____ YES _____ NO
- c) Mobile home: _____ YES _____ NO

4. HOUSING COSTS:

	Monthly Payment	Unpaid Balance
a) Mortgage Payment:	\$ _____	\$ _____
b) Insurance:	\$ _____	\$ _____
c) Taxes:	\$ _____	\$ _____
d) Utilities:	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

C. INCOME:

1. EMPLOYMENT? (Is the head of household or co-applicant employed?)

Head of Household: _____ YES _____ NO Monthly gross Income: _____

Co-Applicant: _____ YES _____ NO Monthly gross Income: _____

Name of Employer: _____ Name of Employer: _____

Address: _____ Address: _____

City/State/Zip _____ City/State/Zip _____

2. SOCIAL SECURITY? (does anyone in the household receive Social Security Income?)

Head of Household: _____ YES _____ NO Monthly Amount: _____

Co-Applicant: _____ YES _____ NO Monthly Amount: _____

C. INCOME-CONTINUED:

3. PENSION? YES NO Amount \$ _____ per week/month/year (circle one)

(Do you receive a monthly pension?)

Account or ID# _____

Address _____

4. INVESTMENTS? YES NO ID# _____

(Do you have any investments?)

Source _____

Address _____

5. RENTAL PROPERTY? YES NO Monthly Income: _____

(Do you own a rental property?)

Property location: _____

6. OTHER INCOME? (Alimony, Child Support, etc.) YES NO

Type of Other Income: _____

Amount \$ _____ per week/month/year (circle one)

Source _____

Address (where checks are mailed from):

D. ASSETS (Please list accounts and balances below with contact information for all accounts)

1. CHECKING ACCOUNT? YES NO

Balance: \$ _____

Bank: _____

Address: _____

Balance: \$ _____

Bank: _____

Address: _____

2. SAVINGS ACCOUNT? YES NO

Balance: \$ _____

Bank: _____

Address: _____

Balance: \$ _____

Bank: _____

Address: _____

3. REAL ESTATE? ____YES ____NO (OTHER THAN YOUR HOME-including farm ground)

Legal Description: _____

Assessed Value: \$_____ Address: _____

4. SECURITIES? ____YES ____NO

Address: _____

5. Do you have HOMEOWNER'S INSURANCE? ____YES ____NO

Policy # _____

Agent or Company _____

Address _____

If no, I (we) understand this Program's requirement for carrying this insurance and we know it is our responsibility to notify the Agency as soon as we obtain this coverage. I (We) commit to making this notification in a timely manner.

Is your home in a flood plain? ____YES ____NO

6. Do you have LIFE INSURANCE? ____YES ____NO Cash Value: \$_____

Policy # _____

Agent or Company _____

Address _____

Please list the repairs you feel your home is in need of: _____

Please return to:
Community Action Partnership of Mid-Nebraska
Attn: Jackie Harpst
P.O. Box 2288
Kearney, NE 68848