



### Housing Rehabilitation Programs

**Household Member Information:**

Name (one name per box)	Birth date	Social Security Number	*Race (optional)	*Ethnicity (optional)	Gender	Disabled	Education	Health Ins
			<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/non graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post Secondary	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/non graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post Secondary	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please continue on the back if additional space is needed for household members.

Family Type: **(please circle one)**    Single Parent Female    Single Parent Male    Two Parent Household    Single Person    Two Adults/No Children    Other

\*“The following information is requested by the Federal Government for certain types of loans, in order to monitor the lender’s compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname.”

Address: \_\_\_\_\_ County: \_\_\_\_\_

Specific directions to your home: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Deed (copy attached) yes no Current Real Estate Tax Notice containing assessed value (copy attached) yes no

Are the taxes current? yes no A copy of the most recent statement from your mortgage lender showing your current mortgage balance. (copy attached) yes no

Homeowner insurance agent's name and address: \_\_\_\_\_

Has this home ever been weatherized by Inter-Lakes Community Action? yes no

If yes, when? \_\_\_\_\_ If no, has an application been taken? If an application has been taken, when? \_\_\_\_\_ If no, why hasn't an application been taken?

I am willing to consider doing some of the required labor through the Self Help Housing Rehabilitation program. yes no

I am willing to consider a low interest loan. yes no

List the concerns with your home: \_\_\_\_\_

Is the condition of your home causing medical concerns? yes no

Are there any other services you are in need of? yes no

If yes, please describe: \_\_\_\_\_

NOTE: Participation in this program may require you to sign a mortgage or agree to have a deed restriction placed on your property to secure the balance of the loan you will receive. The mortgage/restriction will be removed from the property at the end of the loan period.

NOTE: If, in the judgment of the Housing Rehab Programs Manager or Self-Help Rehab Program Representative, any condition exists which may endanger the health and/or safety of the Program Representative or a subcontractor, the work shall not proceed until the condition is corrected."

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD)."