

Marshall County Application Owner Occupied Housing Rehabilitation Program



Date:				
Applicant Information -	- Head of Household			
Name:				
Date of Birth:			Age:	
Social Security #:				
Veteran:	Disab	led:	Race:	
Marital Status:				
Street Address:				
Mailing Address:				
City:			Zip:	
County:			State:	
Co-Applicant Information	on			
Name:				
Date of Birth:			Age:	
Social Security #:				
Veteran:	Disab	led:	Race:	
Marital Status:				
Street Address:				
Mailing Address:				
City:			Zip:	
County:			State:	

Dep	endents				
	Name	Sex	Date of Birth	Disabled	Relationship
Gen	eral Questions				
Gen	erai Questions				
1.	Are you current with you	ır property tax payn	nents?		
2.	Is this your primary place	e of residence?			
3.	Is this a mobile home?				
Э.	is this a mobile nome:		,		
4.	Were you a member of t	he local governmer	nt within the last six mon	ths?	
5.	Is your homeowner's ins	urance in force and	paid in full?		
6.	Do you own any other pi	conarty/real estate?	,		
0.	If you own other propert			cant lot farm ground	ata l. Also provide the
	address of said property		pe (e.g. remarmome, vac	ant iot, jarin ground,	etc./. Also provide the
7.	List all persons living in t income:	he home and their o	estimated income, benef	its, child support rece	eived, and / or other
	Household Member	Wages/Salary	Benefits / Pensions	Child Support	Other Income

Current Assets			
Checking Account #1			
Account Number:			
Bank Name:			
Address:			
City:	State:	Zip:	
Checking Account #2			
Account Number:			
Bank Name:			
Address:			
City:	State:	Zip:	
Savings Account #1			
Account Number:			
Bank Name:			
Address:			
City:	State:	Zip:	
Savings Account #2			
Account Number:			
Bank Name:			
Address:			
City:	State:	Zip:	

Other Assets					
Asset:					
Account Number:					
Address:					
City:		State:		Zip:	
Other Assets					
Asset:					
Account Number:					
Address:					
City:		State:		Zip:	
Employment Informati					
Applicant Employment	: Information			1	
Employer:					
Address:				_	
City:		State:		Zip:	
Phone Number:					
Applicant's Pension / F	Retirement Account Informatio	<u>n</u>			
Account Name:			Account #:		
Address:					
City:		State:		Zip:	

Co-Applicant Employm	ent Information				
Employer:					
Address:					
City:			State:	Zip:	
Phone Number:					
Co-Applicant's Pension	ı / Retirement Acc	count Information			
Account Name:			Account #	:	
Address:					
City:			State:	Zip:	
Project Information					
Street Address of Hous	e:				
City / Town:					
Year Home Was Built:					
Year You Purchased:					
Purchase Price:					
Mortgage Amount Rem	naining:				
Description of Repairs	<u>Needed</u>				
1					

Reason Repairs Are Needed	
Reason Why You Cannot Afford To Do T	hese Repairs On Your Own
Certification	
of the application is the first step of the	ided in this application is true and accurate. I also understand that the submission screening process for financial assistance; it does not guarantee that I will qualify stand that not everyone that qualifies will receive financial assistance due to the
limited resources available. All application	ons will be reviewed and ranked in accordance to documented need.
Applicant Signature:	
Applicant Printed / Typed Name:	
Date:	
Co-Applicant Signature:	
Co-Applicant Printed / Typed Name:	
Date:	



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REQUIRED APPLICATION ATTACHMENTS

- 1. Copy of Applicant and Co-Applicant Driver's License(s)
- 2. Copy of 2019 Tax Return
- 3. Copy of last employment or Social Security check stub for all individuals within the household that receive income
- 4. Copy of Warranty Deed for Home Proving Ownership
- 5. Statement from Bank (print out) showing status of mortgage (if applicable)
- 6. Statement from Insurance company or receipt from last payment showing house insurance is in effect and current