



Marshall County Application Owner Occupied Housing Rehabilitation Program



Date:

Applicant Information – Head of Household

Name:

Date of Birth:

Age:

Social Security #:

Veteran:

Disabled:

Race:

Marital Status:

Street Address:

Mailing Address:

City:

Zip:

County:

State:

Co-Applicant Information

Name:

Date of Birth:

Age:

Social Security #:

Veteran:

Disabled:

Race:

Marital Status:

Street Address:

Mailing Address:

City:

Zip:

County:

State:

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 Information

Applicant Employment Information

Employer:

Address:

City: State: Zip:

Phone Number:

Applicant's Pension / Retirement Account Information

Account Name: Account #:

Address:

City: State: Zip:

Co-Applicant Employment Information

Employer:

Address:

City: State: Zip:

Phone Number:

Co-Applicant's Pension / Retirement Account Information

Account Name: Account #:

Address:

City: State: Zip:

Project Information

Street Address of House:

City / Town:

Year Home Was Built:

Year You Purchased:

Purchase Price:

Mortgage Amount Remaining:

Description of Repairs Needed

Reason Repairs Are Needed

Reason Why You Cannot Afford To Do These Repairs On Your Own

Certification

I am certifying that the information provided in this application is true and accurate. I also understand that the submission of the application is the first step of the screening process for financial assistance; it does not guarantee that I will qualify for any financial assistance. I also understand that not everyone that qualifies will receive financial assistance due to the limited resources available. All applications 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:



**Marshall County Application
Owner Occupied Housing Rehabilitation Program**



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