



ILLINOIS DEPARTMENT OF COMMERCE
AND ECONOMIC OPPORTUNITY/CITY OF CARBONDALE
HOUSING REHABILITATION GRANT APPLICATION

The information given is for the confidential use of the City of Carbondale in determining eligibility for a Housing Rehabilitation Grant. No other entity is entitled to the information without specific authorization of the applicant. No applications will be accepted unless filled out completely, signed and dated.

Applicant _____ Age _____

Social Security Number _____ DOB _____

Spouse _____ Age _____

Social Security Number _____ DOB _____

Other Occupants Names and Dates of Birth (Include relationship to applicant/spouse): _____

Widow(er) Divorced Separated Single

Total Number of Occupants _____ Total Number of Dependents _____

Address of property _____

(Attach proof of residency such as a copy of your most recent electric bill, telephone bill, etc.)

Home Phone _____ Business Phone(s) _____

Property Information:

Name all persons who have an ownership interest in the above property _____

Has property ownership changed in the last 3 years? Yes No

If yes, list changes _____

Legal Description (Attach a copy of the deed) _____

Homeowners Insurance (Hazard-Fire) Company (Attach a current copy) _____

Agent: _____ Address: _____

Number of years occupied by current homeowner: _____

Date Home Purchased _____ Age of Structure _____

Present Lender _____ Loan Number _____

Lender Address _____

Employment: List previous occupations if present employment is less than 2 years old.

Applicant:	Employer's Name & Address	Years Employed
Present Occupation _____	_____	_____
Previous Occupation _____	_____	_____
Spouse Present Occupation _____	_____	_____
Previous Occupation _____	_____	_____

(If other occupants age 18 or older are employed, please see reverse side to give name, amount and attach employment information.)

Do you have a relative who is employed by the City of Carbondale, SIU or the State of Illinois or who is an elected official of the City of Carbondale or the State of Illinois.? Yes No ***If so, give Name, Relationship to Applicant/Spouse and which of the above apply*** _____

See Reverse Side

Gross Monthly Income:

List all income sources for all members of the household age 18 or older. (Attach separate sheet if needed.)

Applicant	Spouse	Other - List name(s) and gross monthly income for all other occupants age 18 or older. (Attach a copy of their most recent paystub.)
Base Pay _____	_____	Name: _____ \$ _____
Other Earnings _____	_____	Name: _____ \$ _____
Interest Income _____	_____	Name: _____ \$ _____
Unemployment Comp. _____	_____	Name: _____ \$ _____
Public Aid _____	_____	Name: _____ \$ _____
Pensions _____ (Name & Address) _____	_____	Name: _____ \$ _____
Social Security _____	_____	Name: _____ \$ _____
VA _____	_____	Name: _____ \$ _____
Old Age Assistance _____	_____	Name: _____ \$ _____
S.S.I. _____	_____	Name: _____ \$ _____
Alimony _____	_____	Name: _____ \$ _____
Child Support _____	_____	Name: _____ \$ _____
Education Benefits _____	_____	Name: _____ \$ _____
Rental Income _____	_____	Name: _____ \$ _____
Other Income _____ (List Source) _____	_____	Name: _____ \$ _____
TOTAL \$ _____	TOTAL \$ _____	TOTAL \$ _____

ASSETS	
	Where/What
Savings	
Checking	
Certificates of Deposit	
U.S. Savings Bonds	
Automobile(s) & other significant personal property (Describe)	
Marketable Securities (Describe)	
Other Real Estate (List addresses)	
Other (Explain)	

HOUSEHOLD TYPE	
(Check all boxes below that apply)	
Elderly	<input type="checkbox"/>
Disabled (Describe below)	

_____	<input type="checkbox"/>
(Attach documentation from physician)	
Single Head of Household w/children	<input type="checkbox"/>
Large Family (5 Persons and over)	<input type="checkbox"/>

I, the undersigned, certify that I own and occupy this residential structure and do further certify that the above information is true, complete and correct to the best of my knowledge. I understand that providing false information in the application is a federal offense punishable by law. I give the City of Carbondale permission to verify the above information and to inspect my home to determine the rehabilitation needed. I acknowledge that my participation in this housing rehabilitation program is voluntary and that under the program I am not eligible to receive payments under the Federal Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 as amended.

Date _____ Homeowner _____

Date _____ Homeowner _____