



City of Springdale  
 Community Development Block Grant  
 201 Spring Street  
 Springdale, Arkansas 72764  
 Phone 750-8550



## Housing Services Program

### Application for Housing Rehabilitation Assistance

1. The information collected below will only be used to determine whether you qualify for the Housing Services Program. It will not be disclosed outside this agency without your written consent except, for verification of information, and as required and permitted by law. You do not have to provide the information, but if you do not, your application may be delayed or rejected. **Please print all information**

a. Applicant's Name(s) \_\_\_\_\_

b. Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

c. Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

d. E-Mail: \_\_\_\_\_

2. What is the most convenient time to call? \_\_\_\_\_

3. Minority information is for statistical purposes, it is not used to determine eligibility for the program. **Please circle the letter that best identifies the Head of Household:**

- a. White
- b. Latino
- c. Black/African American
- d. Black/African American & White
- e. Asian
- f. Asian & White
- g. American Indian/Alaskan Native
- h. Native Hawaiian/ Other Pacific Islander
- i. American Indian/Alaskan Native & Black/African American
- j. American Indian/Alaskan Native & White (k) Other \_\_\_\_\_

4. **Please circle the letter that best identifies the Head of Household:**

- a. Single/non-elderly
- b. Elderly/62 or over
- c. Related single parent
- d. Related two parent (e) Other \_\_\_\_\_

5. Is the head of household a veteran? Circle Yes or No

6. Is the head of household handicapped? Circle Yes or No

**7. HOUSEHOLD COMPOSITION:**

List yourself and anyone living with you, whether related or not

	Full Name	Relationship	Date of Birth	Social Security #
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____
g.	_____	_____	_____	_____

8. Does anyone live with you now that is not listed above? \_\_\_\_\_

9. Does anyone plan to live with you in the future not listed above? \_\_\_\_\_

**10. INCOME:** Include the gross income (before deductions) of all members over the age of 18 and living in the home. Income includes wages, salaries, overtime, social security benefits, veteran’s benefits, retirement, pensions, child support, unemployment, alimony, commissions, interest and trust income, royalties, income from assets. All person(s) over the age of 18 living in the home and employed must complete an Employment Verification Form and include a copy of his/her latest pay stub. All persons in the home receiving Veteran’s Benefits and/or Retirement Benefits must complete a Form for each type of benefit received. Anyone in the household receiving Social Security Benefits must submit a copy of their Benefits Verification Letter.

**Family Member - Source of Income - Gross Amount - Weekly/Monthly -Overtime**

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**11. HOUSING EXPENSES:**

Please provide your SWEPCO account number: \_\_\_\_\_

Please provide your Source Gas account number: \_\_\_\_\_

a. Monthly mortgage payment \_\_\_\_\_ Mortgage Balance \_\_\_\_\_

b. Electricity: monthly summer average \_\_\_\_\_ winter average \_\_\_\_\_

c. Water/sewer/trash monthly summer average \_\_\_\_\_ winter average \_\_\_\_\_

d. Gas: monthly summer average \_\_\_\_\_ winter average \_\_\_\_\_

12. If you do not have a mortgage how much is your annual home insurance \$ \_\_\_\_\_

13. If you do not have a mortgage how much is your annual real estate taxes \$ \_\_\_\_\_

14. Mortgage Company Name: \_\_\_\_\_

a. Address: \_\_\_\_\_

b. City/State/Zip Code: \_\_\_\_\_

15. Home Insurance Company Name: \_\_\_\_\_

a. Insurer's Company Phone Number: \_\_\_\_\_

**16. ASSETS: What is the current dollar amount in your following accounts?**

a. Checking Account(s) \_\_\_\_\_

b. Savings Account(s) \_\_\_\_\_

c. Retirement Accounts \_\_\_\_\_

d. 401K \_\_\_\_\_

e. Other \_\_\_\_\_

**17. LIABILITIES List outstanding debts including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans and all other loans.**

Type of Loan	Creditor's Name	Monthly Payment	Unpaid Balance
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. PERSONAL PROPERTY TAXES (vehicles) (yearly amount) \_\_\_\_\_

19. If, "Yes" is given to any questions below please explain on an attached sheet.

a. Do you have any outstanding unpaid judgments? Yes / No \$ \_\_\_\_\_

b. In the past 7 years have you declared bankruptcy? Yes / No

c. Are you a party in a lawsuit? Yes / No

**20. I/We own and occupy the dwelling at the above address. The information provided is true and complete to the best of MY/OUR knowledge and belief. I/We consent to the disclosure of such information for purposes of verification of MY/OUR application for Housing Rehabilitation Assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification and repayment of funds.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

CDBG Program staff initials and date received \_\_\_\_\_

