

CBDG EMERGENCY MOBILE HOME REPAIRS GRANT APPLICATION

APPLICANT'S NAME: _____ SS# _____

CO-APPLICANT'S NAME: _____ SS# _____

STREET ADDRESS: _____ PHONE: _____

City: _____ State: _____ Zip: _____

MAILING ADDRESS: _____

City: _____ State: _____ Zip: _____

Check ONE:

Marital Status: Single Married Separated Divorced Widowed

Do you: Reside in Marion County? Yes No Live within the city limits of Ocala? Yes No

Do you: Own your own home? Yes No

What is your monthly mortgage payment? \$ _____

ANNUAL INCOME - Please list all household annual (YEARLY) income.

SOURCE	APPLICANT	CO-APPLICANT	OTHER MEMBER	TOTAL
Gross Salary				
Overtime, Tips, etc.				
Interest/Dividends				
Business Net Income				
Rental Net Income				
Social Security, Pensions, etc.				
Unemployment, Workers Comp				
Alimony, Child Support				
Welfare Payments				
Other				

**** Note: Please use GROSS income not net income****

APPLICANT'S EMPLOYER:

Name of Employer: _____ Phone: _____

Address: _____ Years Employed: _____

Position: _____ Supervisor: _____

Previous Employer: _____ Years _____ Phone: _____

Position: _____ Supervisor: _____

CO-APPLICANT'S EMPLOYER:

Name of Employer: _____ Phone: _____

Address: _____ Years Employed: _____

Position: _____ Supervisor: _____

Previous Employer : _____ Years _____ Phone _____

Position: _____ Supervisor: _____

HOUSEHOLD COMPOSITION List the head of your household and all members who live in your home. Give the relationship of each family member to the HEAD.

FULL NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY #
		HEAD	

ASSETS

TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME	ACCOUNT NO.
Checking Accounts:				
Savings Accounts:				
Credit Union Accounts:				
Stocks, Life Insurance:				
Land/Rental Property:				
Home Value:				
Mortgage Balance:				

LIABILITIES (List debts including auto loans, credit cards, charge accounts, real estate & mortgage loans, etc.)

TYPE	CREDITORS NAME	MONTHLY PAYMENT	BALANCE
Mortgage:			
Car Payment:			
Credit Cards:			
Furniture, Appliances, etc:			
Alimony/Child Support:			

- Are your property taxes current? Yes No
- Do you have any liens against your property? Yes No

DECLARATION: I am applying for assistance. I understand that I will have to give true information on this form. It could be a crime if I am not truthful about my eligibility for assistance. The information provided above 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 income verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification. Applicant understands that the information provided is needed to determine S.H.I.P. assistance eligibility and in no way assures qualification for assistance. The applicant also agrees to provide the county with any other documentation needed to verify eligibility and are aware that all information and documents provided are a matter of public record.

APPLICANT

Date

CO-APPLICANT

Date



Marion County
Board of County Commissioners
Community Services
3003 SW College Road, Suite 109
Ocala, Florida 34474
(352) 671-8770 – Fax (352) 671-8769

AUTHORITY TO VERIFY CREDIT INFORMATION

This is your authority to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my qualifications for a mortgage loan from you. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

Applicant

Date

Co-Applicant

Date