

## Anderson County HOME Consortium Program Housing Rehabilitation Application

<b>Name</b>	<b>Home phone #</b>	<b>Work phone #</b>
<b>Street Address</b>		
Do you own the property to be rehabilitated      Yes: _____      No: _____		
<b>1. Ethnicity and Race</b> Ethnicity (select only one): Hispanic or Latino _____      Not Hispanic or Latino _____ Race (select one or more): American Indian or Alaska Native ..... _____ Asian ..... _____ Black or African American ..... _____ Native Hawaiian or other Pacific Islander ..... _____ White ..... _____		
<b>2. Number of children under 7 years of age</b> _____		<b>3. Number of elderly (62 years or older)</b> _____
<b>4. Number of children (7-17 years of age)</b> _____		<b>5. Number of disabled</b> _____
<b>6. Female head of household</b> _____		<b>7. Total persons living in household</b> _____
<b>List name &amp; age for all persons in household</b>		<b>List Income for all persons in household 18 years or older: (employer, social security, retirement, etc.)</b>
<b>Name</b>	<b>Age</b>	<b>Monthly Amount of Income</b>
The following is a list of items that must be submitted with this application in order for it to be processed for approval: <ol style="list-style-type: none"> <li>1. A copy of your most recent bank statement; if you do not have a checking account submit a written signed statement that you do not have one.</li> <li>2. A copy of your most recent tax return; if you do not file a return submit a written signed statement that you do not earn enough income to file a return.</li> <li>3. A copy of your most recent pay stub, social security or retirement check, etc. If you do not earn any income, provide a written signed statement that you do not earn any income.</li> <li>4. Evidence that you have homeowner's insurance.</li> <li>5. If there is a mortgage on the property provide evidence of current payment. If there is not a mortgage provide a written signed statement that there is no mortgage.</li> </ol>		
<i>The applicant certifies that all information in the application and all information furnished in support of this application is given for the purpose of obtaining a grant under the federal HOME Program, and is true and complete to the best of the applicant's knowledge and belief. Verifications may be obtained from a source named herein</i>		
<b>Applicant's Signature:</b>		<b>Date:</b>

Return completed application and supporting documentation to:  
 David Acker, Housing Program Manager  
 Appalachian Council of Governments  
 P.O. Box 6668  
 Greenville, SC 29606