

**RESIDENTIAL REHABILITATION PROGRAM APPLICATION
(FOR SINGLE FAMILY DETACHED DWELLING UNITS)**

EMERGENCY REHABILITATION PROGRAM APPLICATION

1. HOUSEHOLD INFORMATION

////////// //////////	Last Name	First Name	M.I.	Social Security No.	Date of Birth
Applicant:					
Co-Applicant:					

Names of Other Household Members	Relationship	Social Security No.	Age

//////////	Home	Applicant Work	Co-Applicant Work
Phone:			
Pager or Cell:			

2. RESIDENCE INFORMATION

Present Address:	
Legal Description or Property Control Number :	

Is your principal residence at the above address? <input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you resided at the above address? _____ years _____ months
Number of rooms: _____ bedrooms _____ bathrooms

3. EMPLOYMENT INFORMATION / For Applicant

<input type="checkbox"/> Employed <> <input type="checkbox"/> Self-employed <> <input type="checkbox"/> Retired <> <input type="checkbox"/> Disabled <> <input type="checkbox"/> Unemployed			
Employer:		Position Title:	
Type of business:		When began:	
Phone:		When ended:	
Address:		Note: If disabled or unemployed, provide information on last employer.	

Employment Information for Co-applicant

<input type="checkbox"/> Employed <> <input type="checkbox"/> Self-employed <> <input type="checkbox"/> Retired <> <input type="checkbox"/> Disabled <> <input type="checkbox"/> Unemployed			
Employer:		Position Title:	
Type of business:		When began:	
Phone:		When ended:	
Address:		Note: If disabled or unemployed, provide information on last employer.	

Employment Information for Other Household Member / Name:

<input type="checkbox"/> Employed <> <input type="checkbox"/> Self-employed <> <input type="checkbox"/> Retired <> <input type="checkbox"/> Disabled <> <input type="checkbox"/> Unemployed			
Employer:		Position Title:	
Type of business:		When began:	
Phone:		When ended:	
Address:		Note: If disabled or unemployed, provide information on last employer.	

4. HOUSEHOLD GROSS INCOME

Gross Monthly Income	Applicant	Co-Applicant	Other Household Member	Other Household Member	Total
Base Employment Wages/Salary:	\$	\$	\$	\$	\$
Overtime:	\$	\$	\$	\$	\$
Bonuses:	\$	\$	\$	\$	\$
Commissions:	\$	\$	\$	\$	\$
Self-Employment:	\$	\$	\$	\$	\$
Unemployment:	\$	\$	\$	\$	\$
Social Security:	\$	\$	\$	\$	\$
Pension:	\$	\$	\$	\$	\$
Disability:	\$	\$	\$	\$	\$
AFDC:	\$	\$	\$	\$	\$
Food Stamps:	\$	\$	\$	\$	\$
Regular contributions/gifts:	\$	\$	\$	\$	\$
Alimony:	\$	\$	\$	\$	\$
Child Support:	\$	\$	\$	\$	\$
Net Rental Income:	\$	\$	\$	\$	\$
Dividends from investments:	\$	\$	\$	\$	\$
Interest income:	\$	\$	\$	\$	\$
Other income:	\$	\$	\$	\$	\$
TOTAL MONTHLY:	\$	\$	\$	\$	\$
TOTAL ANNUAL:	\$	\$	\$	\$	\$

5. PROPERTY INSURANCE

Do you have Homeowner's Insurance ? <input type="checkbox"/> Yes <input type="checkbox"/> No, If "Yes", provide:	
Insurance company name:	
Name of your agent:	
Address of your agent:	
Policy number:	
Date policy expires:	Amount of coverage: \$

Do you have Windstorm Insurance ? <input type="checkbox"/> Yes <input type="checkbox"/> No, If "Yes", provide:	
Insurance company name:	
Name of your agent:	
Address of your agent:	
Policy number:	
Date policy expires:	Amount of coverage: \$

Do you have Flood Insurance ? <input type="checkbox"/> Yes <input type="checkbox"/> No, If "Yes", provide:	
Insurance company name:	
Name of your agent:	
Address of your agent:	
Policy number:	
Date policy expires:	Amount of coverage: \$

6. OTHER REAL ESTATE OWNED

Do you own any real estate other than your home? <input type="checkbox"/> Yes <input type="checkbox"/> No, If "Yes", describe below:	
Other real estate owned:	

7. ADDITIONAL INFORMATION

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you have any outstanding judgments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you been declared bankrupt in the past seven years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you had property foreclosed upon or given title or deed in lieu thereof? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you a co-maker or endorser on a note? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you a party to a law suit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are you obligated to pay alimony, child support, or separate maintenance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If a "yes" answer is given to any of the above questions, explain in the section provided below:

Explanation: _____

8. APPLICANT'S ASSESSMENT OF NEEDED WORK

I/we believe that the following work is needed on my/our property:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> roofing | <input type="checkbox"/> electrical | <input type="checkbox"/> plumbing | <input type="checkbox"/> door repair/replacement |
| <input type="checkbox"/> painting | <input type="checkbox"/> kitchen cabinet repair/replacement | <input type="checkbox"/> window repair/replacement | |
| <input type="checkbox"/> air conditioning | <input type="checkbox"/> other: _____ | | |

9. COUNTY'S DISCLAIMER OF RESPONSIBILITY

Palm Beach County hereby disclaims any responsibility for deterioration or damage, resulting from windstorms or any other causes, at the Applicant's property that may occur during the application processing period, whether the application is approved or rejected. Applicants are advised that they are solely responsible for any repairs that are or become necessary at their properties during the application processing period.

10. PROGRAM BENEFICIARY INFORMATION

This application is for funding received from the U.S. Department of Housing and Urban Development, and the following information is required by the Federal Government to monitor compliance with Equal Credit Opportunity and Fair Housing Laws as well as compliance with the national policy objectives of the Community Development Block Grant Program.

Applicant: I am:

☐ Male ☐ Female

- ☐ American Indian/Alaskan Native
☐ Asian/Pacific Islander
☐ Black (non-Hispanic)
☐ Hispanic
☐ White (non-Hispanic)

Co-Applicant: I am:

☐ Male ☐ Female

- ☐ American Indian/Alaskan Native
☐ Asian/Pacific Islander
☐ Black (non-Hispanic)
☐ Hispanic
☐ White (non-Hispanic)

My/our household is/has:

- ☐ Elderly Household
☐ Disabled Household
☐ Female Head of Household
☐ Male Head of Household
☐ HIV/AIDS Victims
☐ Family of 5 or more persons

11. WARNING ON PENALTY FOR FALSE OR FRAUDULENT STATEMENT

Section 101 of Title 18 of the United States Code provides that "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined no more than \$10,000, or imprisoned not more than five years, or both". In addition you may not receive any of the financial assistance being applied for under Palm Beach County's programs.

12. CERTIFICATION BY APPLICANT(S)

The applicant(s) certify that all information in this application and all information furnished in support of this application is given for the purpose of obtaining Federally-assisted funding through Palm Beach County, and that the information is true and correct to the best of the applicant's knowledge and belief.

The applicant(s) further certify that he and/or she is the owner of the property described in this application, and that the owner(s) occupy the property as their principle place of residence.

Furthermore, the applicant(s) understand and agree that the proceeds provided under the program they may qualify for, if approved, will be used only for the expenses, work, and materials necessary to meet the purpose of such program. If the County determines that the proceeds will not or cannot be used, in part or in whole, for the intended purpose, the applicant(s) agree that the unused portion of the proceeds shall be returned forthwith in full to the County, and acknowledge that, with respect to such proceeds so returned, he and/or she shall have no further interest, right, or claim.

The applicant(s) covenant and agree that he and/or she will comply with all applicable requirements imposed by or pursuant to the Federal rules and regulations of the Housing and Community Development Act of 1974, as amended. The applicant(s) agree not to discriminate on the basis of race, color, religion, sex or national origin in the sale, lease rental, use, or occupancy of the real property improved with Federal assistance being provided through Palm Beach County.

Palm Beach County shall be deemed to be a beneficiary of these provisions both for and in its own right and also for the purpose of protecting the interest of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

The applicant(s) hereby authorizes Palm Beach County to obtain verification and information as may be needed in connection with qualifying the applicant(s) for funding.

Homeowner's Insurance Requirement:

Applicants are advised that they must obtain the proper coverage for flood insurance (where required) and maintain this insurance for the life of the mortgage, if approved for the funding being applied for herein.

If approved for funding, do you agree to obtain and maintain these types of insurance?

- ☐ Yes
☐ No

Filing of Tax Returns:

The Applicant: ☐ has filed federal tax returns for the last two years
☐ does not file tax returns

The Co-Applicant: ☐ has filed federal tax returns for the last two years
☐ does not file tax returns

APPLICANT:

Date: _____

Signature: _____

X

CO-APPLICANT:

Date: _____

Signature: _____

X

13. CERTIFICATION BY PUBLIC OFFICIAL

I, the undersigned, as an official employed by the public agency named below, hereby certify that:

- The applicant(s) completed this application for housing assistance in my presence, that,
- I have assisted the above named applicant(s) in completing this application, that,
- I have explained to the applicant(s) the policies of the program they are applying to, the funding they are eligible to receive, and the applicable funding limits, that,
- I have advised the applicants of future funding prohibitions for lack of property insurance, and that,
- I have advised the applicants for full rehabilitation and replacement housing that Palm Beach County will place a lien on their properties (in the form of a mortgage or an encumbrance) in exchange for the funding they receive.

Name of Public Agency: ☐ Palm Beach County
☐ City of Lake Worth

☐ City of Riviera Beach
☐ Other: _____

Name of Public Official: _____

Title: _____

Signature of Public Official: _____

Date: _____