

HAFHR HOMEOWNER APPLICATION

Grantee:

Homeowner Information

Owner(s) Name(s): _____

Property Address: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Is/Are Applicant(s) receiving assistance from other rehabilitation programs? Yes / No

If so, list here:

Did the applicant receive ILHAF housing assistance in the past? Yes / No

Primary Applicant

First and Last Name: _____

Phone Number: _____

Email: _____

Date of Birth: _____

SSN: _____

Marital Status: _____

Occupation: _____

Current Address: _____

Race (select those that apply to you):

American Indian or Alaska Native

Asian- Chinese

Asian- Filipino

Asian- Indian

Asian- Japanese

Asian- Korean

Asian- Vietnamese

Asian-Other

Black or African American

Pacific Islander- Guamanian or Chamorro

Pacific Islander- Native Hawaiian

White

Decline to Answer

Ethnicity:

Hispanic or Latino/a

Non-Hispanic or Latino/a

Decline to Answer

Co-Applicant (if any)

First and Last Name: _____

Phone Number: _____

Email: _____

Date of Birth: _____

SSN: _____

Marital Status: _____

Occupation: _____

Current Address: _____

Race (select those that apply to you):

- American Indian or Alaska Native
- Asian- Chinese
- Asian- Filipino
- Asian- Indian
- Asian- Japanese
- Asian- Korean
- Asian- Vietnamese
- Asian-Other
- Black or African American
- Pacific Islander- Guamanian or Chamorro
- Pacific Islander- Native Hawaiian
- White
- Decline to Answer

Ethnicity:

- Hispanic or Latino/a
- Non-Hispanic or Latino/a
- Decline to Answer

Is the household have Limited English Proficiency? _____

HOUSEHOLD INCOME INFORMATION

1. Please list the names and ages of all individuals living in the household:

Name: _____ Age: ____

2. Owner/Occupant's Employer:

Employer's Name: _____

Employer's Address: _____

Salary: _____ Weekly Monthly Annual

3. Co-Owner's/Spouse's Employer:

Employer's Name: _____

Employer's Address: _____

Salary: _____ Weekly Monthly Annual

4. If anyone else in the household is working, or you or your spouse have a second job, please answer the following:

Other Person or second job:

Employer's Name: _____

Employer's Address: _____

Salary: _____ Weekly Monthly Annual

Other Person or second job:

Employer's Name: _____

Employer's Address: _____

Salary: _____ Weekly Monthly Annual

5. Does anyone in the household receive any of the following? If YES, please fill in the amount:

Social Security: _____

Supplemental Income (SSI): _____

AFDC: _____

Child Support: _____

Disability: _____

Pension or Retirement: _____

Interest Income: _____

Other (Specify below): _____

PROPERTY INFORMATION

1. Are you the sole owner of the property? YES / NO ____ If no, list the other owner(s)?

2. What type of mortgage, if any?

3. Is the property your principal residence? _____

4. What type of property is your home?

Single-family detached

1-4 Unit Property

Condominium

Cooperative Mobile home

5. How many bedrooms are in your home? _____ bedrooms

6. How many bathrooms are in your home? _____ bathrooms

6. Please list the major repairs which you feel need to be done to your home.

U.S.C. TITLE 18, SECTION 1001 PROVIDES: “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 statement of entry, shall be fined not more than \$10,000, or imprisoned not more than five years, or both. In addition, any fraudulent, fictitious or false statement on this application will result in the calling in of any note, deferred grant or other financial help in full.”

Applicant certifies that they qualify as an eligible homeowner as outlined in Eligible Homeowners in the Homeowner Assistance Fund Guidance

ELIGIBLE HOMEOWNERS

Homeowners³ are eligible to receive amounts allocated to a HAF participant under the HAF if they experienced a financial hardship after January 21, 2020 (including a hardship that began before January 21, 2020, but continued after that date) and have incomes equal to or less than 150% of the area median income or 100% of the median income for the United States, whichever is greater. A HAF participant may provide HAF funds only to a homeowner with respect to qualified expenses related to the dwelling that is such homeowner’s primary residence.

HAF participants must require homeowners to attest that they experienced financial hardship after January 21, 2020. The attestation must describe the nature of the financial hardship (for example, job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member).

Income Determinations. With respect to each household applying for assistance, HAF participants may use HUD’s definition of “annual income” in 24 CFR 5.609 or use adjusted gross income as defined for purposes of reporting on Internal Revenue Service (IRS) Form 1040 series for individual federal annual income tax purposes.

³ A HAF participant may determine an individual to be a “homeowner” if the individual holds a vested legal or equitable ownership interest in the relevant dwelling, in accordance with applicable state law.

Signature

Signature

Date: _____