



TOWN OF UNION CDBG-DR BUYOUT PROGRAM APPLICATION

INCOME CLASSIFICATION	INCOME STATUS	APPLICANT CHARACTERISTICS	APPLICANT RACE
APPLICANT'S INCOME		ELDERLY HOUSEHOLD	WHITE
% OF MEDIAN		SMALL FAMILY	BLACK
QUALIFIED L/M INCOME?	<input type="checkbox"/> YES	LARGE FAMILY	ASIAN
	<input type="checkbox"/> NO	FEMALE HEADED HOUSEHOLD	PACIFIC ISLANDER
		DISABLED HEAD/SPOUSE	AMERICAN INDIAN
THIS SECTION FOR OFFICE USE ONLY			APPLICANT ETHNICITY
			HISPANIC
			NON-HISPANIC

 Signature of Reviewer _____ Date

APPLICANT INFORMATION

Last Name _____ First Name _____ M.I. _____
 My CURRENT Address _____ City _____ State _____ Zip _____
 Phone # _____ Number of People Currently Residing in Household _____
 Address of Buyout Property _____ City _____ State _____ Zip _____
 Was the buyout property address your PRIMARY residence on the day of the September 2011 flood event? YES NO
 What is the most convenient timeframe for you to make an appointment to file your application and submit documentation?
 Weekdays 8AM-4PM Evenings 5PM-7PM
 Saturdays 10AM-1PM Other _____

HOUSEHOLD MEMBER INFORMATION

Household Member Name	Relationship	Date of Birth	Sex	Last 4 Digits Of Social Security Number
	<u>HEAD</u>			

DISCLAIMER: This application is not an offer of assistance. Eligibility for participation is determined at time of verification of accuracy of information provided. Program requirements are subject to changes in federal law and availability of funds.

EARNED INCOME

Household Member Name	Source	\$ Amount	\$ Annual
TOTAL EARNED INCOME			\$

OTHER INCOME (BENEFITS)

Household Member Name	Source	\$ Monthly	\$ Annual
	Private Retirement Pension		
	Public Retirement Pension		
	Social Security		
	Social Security		
	Veteran Pension		
	Disability		
	Alimony/Child Support		
	SSI/SSD		
	SSI/SSD		
	Unemployment		
	Other		
TOTAL UNEARNED (BENEFIT) INCOME			\$

RENTAL PROPERTY INCOME

Check This Box If You Do Not Own Rental Property. Proceed to Income Section.

<u>Utilities Furnished By Owner</u> (Check all that apply)			
None	<input type="checkbox"/>	Gross Income from Rents \$	
Heat	<input type="checkbox"/>	Amount \$	
Cooking	<input type="checkbox"/>	Amount \$	
Hot Water	<input type="checkbox"/>	Amount \$	
Electricity	<input type="checkbox"/>	Amount \$	
NET INCOME FROM RENTS (GROSS RENT MINUS ALL UTILITIES PAID BY YOU)		\$	

INCOME FROM ASSETS

Bank (Includes IRA, CD, Money Market, Savings, Bonds)	Account Number	Balance Date	Interest
Stocks/Bonds/Securities/Mortgages	Account Number	Value Date	Dividends/Earnings
Total Asset Value			
Imputed Interest Rate			X 0.6%
Imputed Asset Income			
Actual Asset Income			
Total Asset Income (Greater of Actual or Imputed)			
Total Earned Income			
Total Other (Benefit) Income			
Total Rental Income			
Total Income From All Sources			

APPLICANT STATEMENT

BY SIGNING BELOW I/WE HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND ALL ASSOCIATED SUPPORTING DOCUMENTS SUBMITTED BY ME/US. FURTHER, I/WE DECLARE, SUBJECT TO PENALTIES OF PERJURY, THAT THE INFORMATION PROVIDED BY ME CONTAINED IN THIS APPLICATION AS WELL AS IN ANY ACCOMPANYING DOCUMENTS, PAPERS, OR INTERVIEWS HAVE BEEN EXAMINED BY ME/US AND TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF ARE TRUE AND ACCURATE. I/WE UNDERSTAND THAT THE FILING OF FALSE STATEMENTS MAY BE PROSECUTED UNDER CIVIL OR CRIMINAL PROCEEDINGS. I/WE UNDERSTAND THAT THE COMPLETION OF THIS APPLICATION IN NO WAY CONSTITUTES APPROVAL BY THE TOWN OF UNION NOR OBLIGATES FUNDS IN ANY WAY.

 APPLICANT SIGNATURE

 CO-APPLICANT SIGNATURE

 DATE

 DATE