

- Indoor Plumbing and Rehabilitation Loan Program *(office use only)*
- Emergency Home Repair Program *(office use only)*
- SE/RCAP Program *(office use only)*
- Weatherization Program *(office use only)*

ALLEGHANY COUNTY APPLICATION FOR ASSISTANCE

A. Applicant Information

| | | |
|--|-------|----------------------|
| Last Name | First | Middle Initial |
| Address (including mailing address if different) | | |
| City | State | Zip |
| Social Security #: _____ | | Date of Birth: _____ |
| Telephone #: _____ (Home) | | _____ (Work) |
| Name of Employer: _____ | | |
| Address of Employer: _____ | | |

B. Co-Applicant Information

| | | |
|----------------------------|-------|----------------------|
| Last Name | First | Middle Initial |
| Social Security #: _____ | | Date of Birth: _____ |
| Telephone #: _____ (Home) | | _____ (Work) |
| Name of Employer: _____ | | |
| Address of Employer: _____ | | |

C. Members of Household *(including applicant)*

| Name (List Head of Household First) | Age | Relationship to Applicant | SSN | M/F | Annual Income | Income Source** |
|-------------------------------------|-----|---------------------------|-----|-----|---------------|-----------------|
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |

Total # in Household _____ **Total Annual Income \$** _____

(**Include wages, salaries, SSI, Social Security, VA Benefits, disability income, TANF (ADC), child support, alimony, pension, rental income, etc.)

D. Household Information (Section D is for administrative purposes only and is not used to determine whether or not you are granted assistance.)

Racial Composition: White Asian
 Black Hispanic
 Native American Other (specify) _____

Special Populations: Single Non-Elderly Related Single Parent
 Elderly Related Two-Parent
 Physically Disabled Female Headed
 Mentally Impaired Children (under 18)

Other Household Characteristics (enter # of persons in household that apply):
 Have Health Insurance Receiving Food Stamps
 Are Veterans \$ _____ Amount of Food Stamps
 Farmers Seasonal Farmers
 Ex-TANF Date Last Received TANF _____

E. Assets

| Asset | Value | Verified | Initial |
|---|-----------|----------|---------|
| Real Estate Value (exclude primary residence) | \$ | | |
| Cash on Hand | | | |
| Checking Account # Bank: _____ | | | |
| Savings Account # Bank: _____ | | | |
| Stocks/Bonds Company: _____ | | | |
| Cash Value of Life Insurance | | | |
| Personal Property (vehicles/mobile homes/livestock) | | | |
| Other Assets: _____ | | | |
| TOTAL CASH VALUE OF ALL ASSETS | \$ | | |

F. Property Information (If not readily available, send information as soon as possible.)

Names(s) under which Title is held: _____
 Address: _____
 Located in City/County/Town of: _____
 Deed Book Number: _____ Page: _____ Date Filed: _____
 Length of time property has been owned by applicant: _____
 Name of mortgage or lien holders: _____
 Account #: _____ Terms: _____ Payment Amount: \$ _____ /mo
 Homeowners Policy (company name): _____
 Annual Premium: \$ _____ Policy Expiration Date: _____
 Unit Type:
 Owner Occupied Multi-Family - 4 units or less
 Single Family Rental Multi-Family - 5-10 units
 Manufactured Home-Owned Multi-Family- greater than 10 units
 Manufactured Home-Rental

G. Household Expenses (list *monthly* amount for each item)

| Basic Expenses (A) | Amount (per month) | Miscellaneous (B) | Amount (per month) |
|-------------------------------|-------------------------------|---------------------------------|-------------------------------|
| Mortgage | \$ | Life Insurance | \$ |
| Rent/Lot | \$ | Health Insurance | \$ |
| Electric | \$ | Car Insurance | \$ |
| Gas | \$ | Homeowners Insurance | \$ |
| Water/Sewer | \$ | Real Estate Taxes | \$ |
| Fuel/Oil | \$ | Property Taxes | \$ |
| Coal/Wood | \$ | Cable TV | \$ |
| Kerosene | \$ | Gas/Auto Maintenance | \$ |
| Telephone | \$ | Home Repairs/Upkeep | \$ |
| Groceries | \$ | Child Support | \$ |
| Laundry | \$ | Alimony | \$ |
| Child Care | \$ | Contributions | \$ |
| Meals - Work/School | \$ | Other Transportation | \$ |
| Clothing | \$ | Cell Phone/Internet | \$ |
| Total (A) | \$ | Total (B) | \$ |
| Loans (C) | Amount (per month) | Medical Expenses (D) | Amount (per month) |
| Car Note | \$ | Prescriptions | \$ |
| Other | \$ | Other | \$ |
| Other | \$ | Other | \$ |
| Other | \$ | Other | \$ |
| Total (C) | \$ | Total (D) | \$ |

TOTAL MONTHLY EXPENSES (Add columns A, B, and C): \$ _____

H. Housing Deficiencies Checklist:

Please check ALL items that need repair and describe what is wrong:

- Lack of indoor plumbing _____
- Failing drainfield (septic) _____
- Failing well _____
- Plumbing problems _____
- Roof _____
- Structural _____
- Insulation _____
- Steps/handrails/ramp _____
- Electrical _____
- Heat _____
- Interior walls _____
- Exterior walls _____
- Ceilings _____
- Floor coverings _____
- Kitchen cabinets _____
- Overcrowding _____
- Hot water heater _____
- Other _____
- Other _____

ATTENTION: IT IS A CRIMINAL OFFENSE UNDER THE CODE OF THE UNITED STATES TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION OF ANY INFORMATION PROVIDED IN COMPLETION OF THIS APPLICATION.

I HAVE REVIEWED THE INFORMATION RECORDED, AND ATTEST THAT, TO THE BEST OF MY KNOWLEDGE, NOTHING REQUESTED HAS BEEN OMITTED OR MISREPRESENTED ON THIS APPLICATION. I HEREBY AUTHORIZE THE RELEASE OF INFORMATION IN SUPPORT OF THE ABOVE.

Signature of Applicant Date

Signature of Co-Applicant Date

Signature of Interviewer Date