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**HANCOCK COUNTY FY10 CDBG  
Water Tap-In APPLICATION**

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**APPLICANT (Head of Household)**

Full Name \_\_\_\_\_  
Social Security \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_

**Marital Status:**

Single \_\_\_\_\_ Divorced \_\_\_\_\_  
Married \_\_\_\_\_ Widowed \_\_\_\_\_  
Separated \_\_\_\_\_

**Employer Name** \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
Position \_\_\_\_\_ # of years \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Business Phone \_\_\_\_\_

**CO-APPLICANT**

Full Name \_\_\_\_\_  
Social Security \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_

**Marital Status:**

Single \_\_\_\_\_ Divorced \_\_\_\_\_  
Married \_\_\_\_\_ Widowed \_\_\_\_\_  
Separated \_\_\_\_\_

**Employer Name** \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
Position \_\_\_\_\_ # of years \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Business Phone \_\_\_\_\_

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**HOUSEHOLD OCCUPANTS**

Number in Household \_\_\_\_\_  
Relationship and Ages of Other Occupants:  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

Handicapped Residents \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

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**GROSS MONTHLY INCOME**

	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Total</b>
Base Employment	_____	_____	_____
Overtime	_____	_____	_____
Part-Time Employment	_____	_____	_____
Dividends, Interest	_____	_____	_____
Social Security	_____	_____	_____
Net Rental Income	_____	_____	_____
Child Support	_____	_____	_____
Alimony	_____	_____	_____
Other _____	_____	_____	_____
<b>Monthly Total</b>	_____	_____	_____

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**HOMEOWNERS INSURANCE:**

Name and Address of Carrier: \_\_\_\_\_ Policy Number \_\_\_\_\_

If home is in a floodplain, do you have flood insurance? \_\_\_\_\_

Flood insurance Carrier: \_\_\_\_\_

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**SAVINGS/CHECKING ACCOUNTS**

**Checking Accounts:**

Institution Name and Account Number

\_\_\_\_\_

Balance \_\_\_\_\_

**Savings Accounts:**

Institution Name and Account Number

\_\_\_\_\_

Balance \_\_\_\_\_

**(PLEASE PROVIDE A COPY OF RECENT STATEMENT FOR THE ABOVE ACCOUNTS)**

**CERTIFICATES OF DEPOSIT, BONDS, ETC.:**

Institution Name and Account Number

\_\_\_\_\_

\_\_\_\_\_

**TOTAL ASSETS:** \_\_\_\_\_

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**CERTIFICATION BY APPLICANTS**

**PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF IT OR HAVE QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK SOMEONE AT THE HANCOCK REGIONAL PLANNING COMMISSION TO HELP YOU. APPLICANT(S) MUST SIGN BELOW.**

I/we certify that all the information in this Application is true and complete to the best of my/our knowledge. I/we understand this information is subject to verification.

I/we further certify that I am/we are the owner(s) of the property identified in this Application and that any and all funds provided to me/us will be used only for the labor and materials necessary to accomplish the rehabilitation work which will be described in the Construction Contract.

I/we authorize Hancock County or its representatives, designee of the Office of Housing and Community Partnerships (OHCP) and the U.S. Department of Housing and Urban Development (HUD) to inspect and evaluate actual services provided to me/us. I/we understand that any and all information provided in this Application may be used for that purpose.

I/we understand that the personal financial information contained in this Application is necessary for evaluation of my/our application for rehabilitation assistance. This information, however, will remain confidential and will not be disclosed to the news media or other third parties. I/we further understand that my/our name, address and total amount of rehabilitation assistance will be subject to public disclosure since public funds are being utilized to rehabilitate my/our property.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:** 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 false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.”

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**