



APPLICATION NO.: \_\_\_\_\_

Department of Community Development  
**HOMEOWNER REHABILITATION AND EMERGENCY ASSISTANCE APPLICATION**

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Date

**NOTE:** The City of Jonesboro CDBG Housing Program is a partial grant and deferred loan program that requires you to enter in a Homeowner's Agreement as part of the process for obtaining funds. This Homeowner's Agreement places a lien against your property by the City of Jonesboro based on the amount of funds allocated for housing rehabilitation assistance. This is a forgivable grant at the rate of 20% per year.

**RETURN COMPLETED APPLICATION TO:**

City of Jonesboro  
**Department of Community Development**  
519 W. Washington  
P. O. Box 1845  
Jonesboro, AR 72403  
Phone: 870-933-4635 Fax: 870-933-4626  
Email: comdev@jonesboro.org

**Instructions for Home Owner**

- Please print all sections in ink. Do not leave any section blank. If you do not know the answers, or the answer is "none" or "does not apply", please write: "none" or "N/A". If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change. Please do not use liquid paper.
- As Home Owner, you will complete this application form. Each additional adult who will live in the household will also supply the necessary information for this application. It is important that all information on this form is completed and correct. False, incomplete, or misleading information will cause your application to be delayed or rejected.
- As long as your application is on file with us, it your responsibility to contact us whenever your telephone number, income situation, family size, or other relevant information changes.
- Upon receipt of your application, we make a preliminary determination of eligibility. All applications will be processed according to standard procedures. If later processing establishes that your household is not eligible or that you do not qualify for assistance, you will be notified and your application denied.



APPLICATION NO.: \_\_\_\_\_

City of Jonesboro CDBG  
**APPLICANT INFORMATION**

Have you received assistance from CDBG prior to this application? Yes No (Circle One)

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

No. of years at this address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ No. of persons living in household: \_\_\_\_\_

Total monthly income for all persons living in household: \_\_\_\_\_ (*Page 3, Income Total*)

Marital Status: (place an **X** next to the appropriate situation)

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

Household Status: Single \_\_\_\_\_ Married w/children \_\_\_\_\_ Married w/o children \_\_\_\_\_

Female head of HH \_\_\_\_\_ Male head of HH \_\_\_\_\_ Two or more unrelated adults \_\_\_\_\_

Other \_\_\_\_\_

Spousal Information (if married):

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Total monthly income: \_\_\_\_\_

Family/Household Size: (include dependents and provide birth certificates or social security cards for all persons residing at the above address)

<i>Name</i>	<i>Relationship to Applicant</i>	<i>Sex (M/F)</i>	<i>Age</i>	<i>Race</i>	<i>Birthdate</i>	<i>Legalized Alien (NA/Y/N)</i>	<i>Date Legalized</i>
	Applicant						



APPLICATION NO.: \_\_\_\_\_

\_\_\_\_\_  
Repairs/Improvements needed to your home: Please include all items you wish to have considered in this program. Photographs can be included and additional sheets can be attached if necessary.

Type of home you live in? Mobile Home \_\_\_\_\_ Single Family Unit \_\_\_\_\_ Multiple Family Unit \_\_\_\_\_  
Manufactured Home \_\_\_\_\_

Roof \_\_\_\_\_

Plumbing \_\_\_\_\_

Electrical \_\_\_\_\_

Heating \_\_\_\_\_

Cooling \_\_\_\_\_

Floors \_\_\_\_\_

Insulation \_\_\_\_\_

Other \_\_\_\_\_

**CDBG INCOME LIMITS (CIRCLE INCOME RANGE OF TOTAL HOUSEHOLD)**

<b>FY 2009 Income Limits</b>								
<b>Jonesboro, Arkansas Median Income Per Family: \$52,400</b>								
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
	<b>Person</b>	<b>Person</b>	<b>Person</b>	<b>Person</b>	<b>Person</b>	<b>Person</b>	<b>Person</b>	<b>Person</b>
<b>Extremely Low (30%)</b>	\$11,000	\$12,550	\$14,150	\$15,700	\$16,950	\$18,200	\$19,450	\$20,700
<b>Very Low (50%)</b>	\$18,350	\$20,950	\$23,600	\$26,200	\$28,300	\$30,400	\$32,500	\$34,600
<b>Low (80%)</b>	\$29,350	\$33,500	\$37,700	\$41,900	\$45,250	\$48,600	\$51,950	\$55,300

Please complete the following table:

Monthly Gross Income <i>(Page 3)</i>		Total: \$
Monthly Expenses:	Food	
	Food Stamps (Total)	
	Lights	
	Gas	
	Water	
	Telephone	
	Carfare	
	Insurance	
	Car expenses	
	Clothing	
	Misc.	
<i>Fixed Payments:</i>	Loans	
	Home Payment	
	Car Note	
	Other-List (Medical)	
	Other-List	
	Other-List	
	Other-List	
Total Monthly Expenses <i>(subtract food stamps)</i>		Total: \$

Check here if additional information is attached.

**NOTICE:** The client information collected with this application is confidential. The release of information is prohibited with respect to services provided when not directly connected to administration of the program, or the City of Jonesboro. Written consent must be obtained from such person receiving service and, in the case of a minor, that of a responsible parent/guardian prior to the release of information contained in this application.

I/We certify that all information provided here in writing, and that which I may state is true and complete to the best of my/our knowledge. I/We consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I /We agree to provide any documentation needed to assist in determining eligibility and are a matter of public record. I acknowledge that false, fictitious or fraudulent statements or representations to defraud the City of Jonesboro of funds voids my application for assistance and is punishable by fines not to exceed \$10,000 or imprisonment for not more than five (5) years, or both, under U.S.C. Title 18. I/We understand that it is the obligation of the City of Jonesboro to prosecute violations. I/We also certify that we will reside as residents of the address listed over a period of the next five (5) years. I/We authorize the City of Jonesboro to investigate the information I/we have given on my/our application for assistance, which may include contacting the Department of Human Services regarding my/our household size and/or the type of assistance I/we are currently receiving from the state.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse (if applicable)

\_\_\_\_\_  
Date

**IMPERATIVE – THE APPLICATION WILL BE DEEMED “INCOMPLETE” AND RETURNED TO THE APPLICANT FOR COMPLETION IF ALL ITEMS HAVE NOT BEEN SUBMITTED. SEE THE FOLLOWING CHECKLIST, VERIFY ALL INFORMATION HAS BEEN PROVIDED.**

**Submission date will be recorded upon receipt of the “completed” application.**

**HOUSING REHABILITATION/EMERGENCY REPAIR APPLICATION CHECKLIST**

**PLEASE NOTE: THE FOLLOWING MUST ACCOMPANY THE APPLICATION IN ORDER TO BE PROCESSED.**

- COMPLETED APPLICATION
- COPY OF SOCIAL SECURITY CARDS
- PROOF OF INCOME (ALL THAT APPLIES)
  - COPY OF TWO (2) MOST RECENT CHECK STUBS FROM CURRENT EMPLOYMENT
  - SOCIAL SECURITY VERIFICATION LETTER/COPY OF A MOST RECENT MONTHLY CHECK
  - COPY OF RETIREMENT VERIFICATION LETTER
  - COPY OF PENSION VERIFICATION LETTER OR CHECK STUB
  - AWARD LETTERS
  - BANK STATEMENTS (MOST RECENT CHECKING/SAVINGS)
- COPY OF TITLE OR WARRANTY DEED
- PROOF OF HOME OWNERS INSURANCE
- PROPERTY TAX RECEIPT OR ASSESSMENT
- COPY OF MOST RECENT TAX RETURN
- COPY OF DHS AWARD LETTER
- UNEMPLOYMENT BENEFITS

The City of Jonesboro encourages and supports an affirmative program to obtaining housing assistance and does not discriminate on the basis of race, color, religion, sex, handicap, familial status, or national origin. We are committed to providing equal housing opportunities.

