

**Application for Housing Rehabilitation**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: \_\_\_ Married \_\_\_ Single \_\_\_ Widowed \_\_\_ Divorced

U.S. Citizen: Yes \_\_\_ No \_\_\_ If no, explain: \_\_\_\_\_

Home Phone :(\_\_\_\_\_) \_\_\_\_\_ Other Phone :(\_\_\_\_\_) \_\_\_\_\_

*Please answer the following question as they pertain to you. All responses will be confidential.*

**Ethnicity: Select Only One** \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

**Race: Select one or more** \_\_\_\_\_ White \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Asian  
 \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Black or African American

**Address of Household:**

Number	Street	Apartment	City	LA State	Zip
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**Mailing Address (If different from above):**

Number	Street	Apartment	City	LA State	Zip
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**Name and Phone Number of Relative, Friend, or Neighbor who can usually contact you (Optional):**

Name	Relation	Phone Number
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**Household Information:**

In the box below, list all persons living in your household, regardless of relation and including yourself. All residents must be listed before eligibility can be determined. This includes all temporary household residents who do not maintain a regular residence in another location.

	First & Last Name	Relation	DOB	Race	Sex	Social Security No.	Disability
1.	_____	_____	___/___/___	_____	_____	___/___/___	<input type="checkbox"/> Yes
2.	_____	_____	___/___/___	_____	_____	___/___/___	<input type="checkbox"/> Yes
3.	_____	_____	___/___/___	_____	_____	___/___/___	<input type="checkbox"/> Yes
4.	_____	_____	___/___/___	_____	_____	___/___/___	<input type="checkbox"/> Yes
5.	_____	_____	___/___/___	_____	_____	___/___/___	<input type="checkbox"/> Yes
6.	_____	_____	___/___/___	_____	_____	___/___/___	<input type="checkbox"/> Yes
7.	_____	_____	___/___/___	_____	_____	___/___/___	<input type="checkbox"/> Yes

**Earned Income:**

Did anyone in your household receive money from work during the last six months? If so, list below. Be sure to include money from training and self-employment.

Name of person working or receiving money	Name/address of employer or source of income	Gross amount received (before deductions)	*How often paid?	Hours Worked
		\$		
		\$		
		\$		

**Other Income:**

Does anyone in your household have any other income? If so, list below

Unearned income includes, but is not limited to:

- SSI / Social Security
- Child Support received
- Cash/Gifts / Loans
- Veteran's / Railroad retirement
- Unemployment / Workers Compensation
- Interest / Dividends
- Money from oil, gas, mineral rights
- Pensions / Retirement
- Civil service annuity / Military allotmen
- Annuities / Payment from Private insurance
- Utility Assistance
- Payments from a trust / Royalties
- Payment from promissory note
- Alimony
- Room and board
- Stipends
- Sick benefits
- Reparation payment
- Farm income / Rent received
- Home care for the elderly

Name of person receiving this money (If child support, list child)	Type or source of income	Person, company, or agency paying this money	Amount received	*How often paid?
			\$	
			\$	
			\$	
			\$	

**Expenses:**

Does anyone in your household have any shelter or utility expenses? If so, list below.

Shelter expenses apply to the home you live in and/ or your home you do not currently occupy buy you intend to return to.

- Rent
- House Payment
- Mandatory home owners fee
- Taxes on home
- Insurance on home
- Natural gas, propane
- Water/Sewer/Garbage
- Electricity
- Phone

Type of expense	Monthly / Yearly Amount	Paid to whom?	Do you share expense?	Name of person sharing expense
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			

**Information about Your Home:**

It is essential for our record keeping and it may affect what kind of work is done on your house. If you do not know the requested information, place a question mark in the blank.

Do You Own or Rent: \_\_\_\_\_

Is this your primary residence? \_\_\_\_\_ What year was the home built? \_\_\_\_\_

Is the residence a:  Wood-Framed  Masonry  Modular / Mobile Home

Is the residence on:  1 Floor  2 Floors  Elevated

How many bedrooms? \_\_\_\_\_ How many bathrooms? \_\_\_\_\_

Have you ever submitted an application in the past to this office for rehabilitation assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, did this office provide you housing rehabilitation assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please explain why not:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What repairs does your house now need? (General Description of the Home Repair Work Needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What emergency repairs (life or health threatening) are needed? Do you require special features, such as wheelchair ramps, grab bars, etc? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Would you be able to furnish the supplies and materials if the labor were furnished? Yes \_\_\_\_\_ No \_\_\_\_\_

**Acknowledgement of Notices**

As an applicant for and potential recipient of home repair assistance from the Dulac Community Center, I/we understand and agree to the following: (Initial)

\_\_\_\_\_ House Access: I/we acknowledge and agree that if approved for assistance, center agents and volunteers shall have access to my/our home and property so they may obtain necessary information about my/our home and complete the needed repairs.

\_\_\_\_\_ House Evaluation: I/we understand that the Dulac Community Center will conduct a feasibility assessment of my/our property for the purpose of determining whether my/our home is eligible to receive assistance. I/we understand that the Dulac Community Center has maximum limits that can be spent to repair my/our home. If my/our home cannot be repaired within the maximum dollar limit allowance, I/we understand that I/we will be responsible for supplies and materials associated with completing my/our home repairs or I/we will not be eligible for the Housing Rehabilitation Program.

\_\_\_\_\_ Photo Release: As owner(s) of the property listed in this application, I/we understand and agree that if approved for assistance, photographs will be taken of my/our home before, during and after repair assistance is provided, and that such photos may be used in reports published by the Dulac Community Center.

**CERTIFICATION:**

**The section below is to be signed by the head of house and the spouse of the head of house. A witness will be needed for any signature made by mark.**

**I/we certify that the information I/we have provided on this application is true and complete to the best of my knowledge. If it is not, I/we understand that I/we may not be eligible for the Housing Rehabilitation Program.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**NOTICE:** Please return this completed form by mail to the Dulac Community Center, Housing Rehabilitation Program, Post Office 349, Dulac, Louisiana 70353