

HOUSING REHABILITATION PROGRAM
PRELIMINARY APPLICATION

ADDRESS: _____ PHONE #: _____

LIST ALL PERSONS WHO LIVE IN THE HOUSEHOLD
(Whether or not they are related or contribute to the household, they **MUST** be listed).

<u>FULL NAME</u>	<u>SOCIAL SECURITY #</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>SEX</u>
		<i>Head of Household</i>		

Please check all that apply. Are you:

WHITE _____ BLACK _____ AMERICAN INDIAN _____ ASIAN OR
PACIFIC ISLANDER _____

HISPANIC _____ NON-HISPANIC _____

AN AMERICAN CITIZEN? _____

ELDERLY _____ DISABLED _____

If children under the age of seven live in this household, have they been tested for elevated lead levels in the blood? YES _____ NO _____

If yes, what were the results of the testing? _____

OVER

ESTIMATED TOTAL GROSS INCOME: Include all income from Social Security, SSI, Pension, Wages, Public Assistance, Child Support, Alimony, Unemployment, etc.

<u>SOURCE</u>	<u>AMOUNT</u>

Is your income projected to change in the next 12 months? _____

ASSETS: Other property, Savings, CD's, Stocks, Bonds, etc.

TYPE OF REHABILITATION NEEDED:

I hereby authorize investigation of all statements contained in this preliminary application, and associated documents. Further, I declare subject to penalties of perjury that the statements made in this application and accompanying documents, papers, or interviews have been examined by me, and to the best of my knowledge are true and accurate.

Date: _____ Signature: _____

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

RETURN TO: Kathy Miano, Housing Assistance Administrator
Community Development Office
20 West Oneida Street, 3rd Floor
Oswego, New York 13126