



STEP'S HOUSING INITIATIVES PROGRAM APPLICATION

INSTRUCTIONS: ANSWER ALL QUESTIONS.

If you have any questions, please call 601-9657 or Toll free 1-800-346-3020.

Homeownership, STEP will verify through the County Assessment Office.

Address w/ zip code of property where services are requested: _____

Home Phone _____ Work or Message Phone _____ Cell Phone _____

HOUSEHOLD COMPOSITION: Please list all members of your household – including yourself:

NAME	BIRTHDATE	SOCIAL SECURITY NUMBER	RELATIONSHIP

I certify that this property is my principal residence. *Please Initial: _____

Gender: Male _____ Female _____ Ethnicity, optional: White _____ Black _____ Hispanic _____ Other _____

Are you the Head of Household? Yes _____ No _____ Total number of person living in the home: _____

Does a household member have a permanent physical, mental, or emotional disability? Yes _____ No _____

Does this disability limit access to and use of the dwelling unit? Yes _____ No _____

****The disability will require verification by a certified/licensed professional and/or by other governmental source. (Paperwork for verification of disability will be sent to you by our office)**

****For homes that have children six years of age and under.**

Were the children ever tested for lead poisoning? _____

If **yes**, do any of the children have elevated blood levels? _____

RESIDENCE INFORMATION:

Type of dwelling: 1-4 Single Family _____ Condominium _____ Duplex _____

Number of apartments in your building, if applicable: _____

Manufactured/Mobile Home _____ If a mobile home, do you also own the property? Yes _____ No _____

How long have you lived at this address? _____

Was the residence constructed/manufactured **prior to 1978**? Yes _____ No _____

Which of the following do you possess to the property; Deed, Mortgage, Article of Agreement, Other (explain): _____

Do you have homeowner's insurance? Yes _____ No _____

Do you have flood insurance? Yes _____ No _____

PLEASE GIVE DIRECTIONS TO YOUR HOME:

INCOME INFORMATION:

HUD defines income as all amounts, monetary or not: Which go to or on behalf of the family, head or spouse or to any other family member, or that is anticipated to be received from a source outside the family during the 12-month period following application. Amounts derived from assets to which any family member has access, and which are not specifically excluded in 24CFR 5.609©

Please list each person in the household who is receiving any source of income

NAME OF PERSON **LIST SOURCE/S OF INCOME (provide source name and amount received monthly)**

Sources of Income includes: Gross wages-employment, self-employment, income after business deductions, welfare, Social Security, SSI, unemployment, Workman's Comp., strike benefits, alimony, VA benefits, alimony, pension & annuity payments, training allowances and income from rent, estate, royalties, dividends and interest. Child support is counted in all programs **except** Weatherization.

YOUR SIGNATURE BELOW REPRESENTS AGREEMENT TO THE FOLLOWING:

Warning: Section 1001 of Title 17 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to a Department or agency of the United States as to any matter within its jurisdiction.

I certify that the information I have provided is complete and true to the best of my knowledge. I understand that omission of pertinent information and willful or serious misrepresentation in the application procedure can result in my ineligibility for participation in any of STEP's Housing Initiative Programs.

I understand in signing this application, I authorize STEP, Inc. Housing Services to obtain verification of the above information for the processing and approval of my eligibility in any applicable STEP Housing Initiatives.

I have listed above the total current income received by every member of my household.

Representatives of the program are granted permission to enter my home at a mutually agreeable time for the purposes of obtaining information or providing services under the above referenced programs.

I understand and agree that I shall hold harmless STEP, Inc. Housing Services and its employees from any liabilities or damages resulting from the services provided under the Housing Initiatives.

I have read the application packet and understand the materials provided explaining the eligibility criteria and objectives of the applicable programs.

I give STEP staff permission to obtain any and all records and income information.

APPLICANT/OWNER: _____ DATE: _____

CO-APPLICANT/OWNER: _____ DATE: _____

PARENT/GUARDIAN: _____ DATE: _____