



308 Second Ave. NE, Austin, MN 55912  
Phone 507-433-1866 Fax 507-433-8317  
Website [www.austinhra.org](http://www.austinhra.org)

## **WHAT DO I NEED FOR A COMPLETE APPLICATION?**

A completed application includes all of the following:

- **APPLICATION FORMS**

All blanks filled in on each page or a n/a.

- **DOCUMENTS (ALL ARE REQUIRED)**

Proof of home ownership;

Copy of property tax notice for previous tax year

Copy of divorce decree (if divorced)

Copy of last mortgage payment receipt

- **PROOF OF HOMEOWNER'S INSURANCE**

Copy of homeowner's insurance policy

**OR**

Copy of latest homeowner's insurance bill

- **TAX FORMS**

Copy of last year's tax returns

- **PROOF OF INCOME**

Copy of pay stubs for most recent two months

Copy of current award letters or 3 most recent stubs for:

Food Stamps\_\_\_\_\_

Child Support\_\_\_\_\_

Disability SSD\_\_\_\_\_

SSI\_\_\_\_\_

Social Security\_\_\_\_\_

Pension or Retirement\_\_\_\_\_

- **MOST RECENT BANK STATEMENTS FOR ALL ACCOUNTS**



Homeless Resource Agency, Inc. Austin, MN

308 Second Ave. NE, Austin, MN 55912

Phone 507-433-1866 Fax 507-433-8317

Website [www.austinhra.org](http://www.austinhra.org)

**Dear Applicant: Please fill out this application as completely as possible. We will use this application to help determine whether or not you qualify for the Community Housing Improvement Program. All information will remain confidential.**

1: Applicant Information	
Applicant	Co-Applicant
Name	Name
Social Security Number	Social Security Number
Date of Birth	Date of Birth
E-mail address	E-mail address
Cell Phone	Cell Phone
Work Phone	Work Phone

2: Household Information	
Address	Years at Address
Home Telephone Number:	Do you have pets? Y or N (circle one) If yes, what kind and how many?

Names, ages and relationship to homeowner of <u>all</u> people living in the home:			
Name	Relationship	Age	Monthly Income
Total			\$



**5: Household Expense Information**

Are you still making payments on your home? \_\_\_\_\_ If yes, what is your payment? \$ \_\_\_\_\_ per month

**MONTHLY EXPENSES - APPLICANT**  
(NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES)

Auto Loan	\$ _____	Electricity	\$ _____
Auto Insurance	\$ _____	Gas	\$ _____
Gasoline	\$ _____	Water	\$ _____
Medical (co-pays, medication)	\$ _____	Homeowners Insurance	\$ _____
Food	\$ _____	Property Taxes	\$ _____
Child Support	\$ _____	Other	\$ _____

**MONTHLY EXPENSES - CO-APPLICANT**  
(NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES)

Auto Loan	\$ _____	Electricity	\$ N/A
Auto Insurance	\$ _____	Gas	\$ N/A
Gasoline	\$ _____	Water	\$ N/A
Medical (co-pays, medication)	\$ _____	Homeowners Insurance	\$ N/A
Food	\$ _____	Property Taxes	\$ N/A
Child Support	\$ _____	Other	\$ _____

**MONTHLY EXPENSES - OVER 21 RESIDENT**  
(NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES)

Auto Loan	\$ _____	Electricity	\$ N/A
Auto Insurance	\$ _____	Gas	\$ N/A
Gasoline	\$ _____	Water	\$ N/A
Medical (co-pays, medication)	\$ _____	Homeowners Insurance	\$ N/A
Food	\$ _____	Property Taxes	\$ N/A
Child Support	\$ _____	Other	\$ _____

**MONTHLY EXPENSES - OVER 21 RESIDENT**  
(NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES)

Auto Loan	\$ _____	Electricity	\$ N/A
Auto Insurance	\$ _____	Gas	\$ N/A
Gasoline	\$ _____	Water	\$ N/A
Medical (co-pays, medication)	\$ _____	Homeowners Insurance	\$ N/A
Food	\$ _____	Property Taxes	\$ N/A
Child Support	\$ _____	Other	\$ _____

**Application for Community Housing Improvement Program**

**6: Household Income Information**

MONTHLY INCOME - APPLICANT NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS APPLICANT INCOME

Employment	\$ _____	SSI	\$ _____
Food Stamps	\$ _____	Social Security	\$ _____
SSDI	\$ _____	Pension/Retirement	\$ _____
Child Support	\$ _____	Other	\$ _____

MONTHLY INCOME - CO-APPLICANT NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS CO-APPLICANT INCOME

Employment	\$ _____	SSI	\$ _____
Food Stamps	\$ _____	Social Security	\$ _____
SSDI	\$ _____	Pension/Retirement	\$ _____
Child Support	\$ _____	Other	\$ _____

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Employment	\$ _____	SSI	\$ _____
Food Stamps	\$ _____	Social Security	\$ _____
SSDI	\$ _____	Pension/Retirement	\$ _____
Child Support	\$ _____	Other	\$ _____

**7: Employment Information**

**6: Household Income Information**

MONTHLY INCOME - APPLICANT NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS APPLICANT INCOME

Employment	\$ _____	SSI	\$ _____
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Employment	\$ _____	SSI	\$ _____
Food Stamps	\$ _____	Social Security	\$ _____
SSDI	\$ _____	Pension/Retirement	\$ _____
Child Support	\$ _____	Other	\$ _____

Name: \_\_\_\_\_ Circle one: Applicant Co-Applicant Over 21 resident

Name of Company: \_\_\_\_\_ Date Started: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Base Pay: \$ \_\_\_\_\_ Per: Hour Week Every two weeks Twice a month Month

Frequency of pay: Hour Week Every two weeks Twice a month Month  
 Do you work year round? Yes No If no, please explain: \_\_\_\_\_

Name: \_\_\_\_\_ Circle one: Applicant Co-Applicant Over 21 resident

Name of Company: \_\_\_\_\_ Date Started: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Base Pay: \$ \_\_\_\_\_ Per: Hour Week Every two weeks Twice a month Month

Frequency of pay: Hour Week Every two weeks Twice a month Month  
 Do you work year round? Yes No If no, please explain: \_\_\_\_\_

Name: \_\_\_\_\_ Circle one: Applicant Co-Applicant Over 21 resident

Name of Company: \_\_\_\_\_ Date Started: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Base Pay: \$ \_\_\_\_\_ Per: Hour Week Every two weeks Twice a month Month

Frequency of pay: Hour Week Every two weeks Twice a month Month  
 Do you work year round? Yes No If no, please explain: \_\_\_\_\_

Name: \_\_\_\_\_ Circle one: Applicant Co-Applicant Over 21 resident

Name of Company: \_\_\_\_\_ Date Started: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Base Pay: \$ \_\_\_\_\_ Per: Hour Week Every two weeks Twice a month Month

Frequency of pay: Hour Week Every two weeks Twice a month Month  
 Do you work year round? Yes No If no, please explain: \_\_\_\_\_

**8: Special Needs**

Does anyone in the home have special needs or limitations that would prevent them from making the home repairs on their own? Yes No (Circle one)

If yes, please describe needs in your own words:

Bankruptcy? Yes (yr) No

Translation needed? Yes/No (Circle one) If yes, what language? \_\_\_\_\_

**9: Applicant Agreement**

I certify that the information on this application is accurate; that I own and reside in the property at the address given on this application; and that I have no present intention to move or offer my home for sale for at least 5 years. I confirm that any physically able persons residing in my home or visiting for the project day will work alongside the CHIP volunteers. I confirm that except for the conditions above, the exterior of my home is a safe place for volunteers.

I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are trained in the building trades; and that CHIP MAKES NO WARRANTIES, EXPRESS OR IMPLIED, REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I hereby release CHIP and all associated with it from any and all liability whatsoever.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

Complete the following if you are not the Applicant but you are assisting the Applicant in completing this application.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Daytime telephone number

Are all homeowners aware of this application? Yes No (Circle one)

**10: Permission to Refer**

If your needs can be met more appropriately by another program, may we share your application with them?  
Yes No (Circle one)

Unless we have your explicit permission, your application is a confidential document and will be used solely to evaluate the acceptability of your home for repairs and refurbishment by Austin Community Housing Improvement Program.