

308 Second Ave. NE, Austin, MN 55912 Phone 507-433-1866 Fax 507-433-8317 Website 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



1: Applicant Information

308 Second Ave. NE, Austin, MN 55912

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

Website 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.

Applicant		Co-Applicant		
Name		Name		
Social Security Number		Social Security N	lumber	
Date of Birth		Date of Birth		
E-mail address		E-mail address		
Cell Phone		Cell Phone		
Work Phone	1	Work Phone		
,		· ·		
2: Household Information				
Address		Years at Addres	s en	
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	of <u>all</u> people living in the f	nome:		
Name	Relationship	Age	Monthly Income	
	1			
Total			\$	

3: Requested Repairs		
Briefly describe all the work you would like done on your home. Attach a separate piece of		
paper if there is not enough	n space to list all repairs. Remembe	r that the items you list will be
Austin Housing Improveme	he final decision on what work can l ent Program. The work done will foc	be done will be made by the of
independence. Our volunte	eers are not professionals and may r	not be able to make all renairs
Area that needs repair	Work you wish to have completed by the	
	CHIP.	
		·
•		
		·
-		
	·	
4: Personal Statement		
Please write a brief explanation of why yo	ou feel you should be selected and how it will help you	1.
	•	

Are you still making payments on your home?	If yes, what is your payment?	\$ per month
		yper monen
•		
MONTHLY EXPENSES: APPLICANT (NOTE: DOCUMENTATION MUST BE PROVIDED FOR MO	ŇTHLY 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 MC	NTHLY EXPENSES)	
Auto Loan \$	Electricity	\$N/A
Auto Insurance \$	Gas	\$N/A
Gasoline \$	Water	\$ <u>N/A</u>
Medical (co-pays, medication) \$	Homeowners Insurance	\$ <u>N/A</u>
Food \$	Property Taxes	\$N/A
Child Support \$	Other	\$
MONTHLY EXPENSES - OVER 21 RESIDENT NOTE: DOCUMENTATION MUST BE PROVIDED FOR MC	ONTHLY EXPENSES)	
Auto Loan \$	Electricity	\$N/A
Auto Insurance \$	Gas	\$
Gasoline \$	Water	\$N/A
Medical (co-pays, medication) \$	Homeowners Insurance	\$N/A
Food \$	Property Taxes	\$
Child Support \$	Other	\$
MONTHLY EXPENSES - OVER 21 RESIDEN (NOTE: DOCUMENTATION MUST BE PROVIDED FOR MC		
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	¢

	or Community Housing Improvem				
<u></u>			Cologia (Mark Grant Color Mar	PU SE SELBELT LIBERTO SE	The State of the s
	l Income Information				ren graver of the
	ME - APPLICANT NOTE: BENEFITS RECEIVED O	ON BEHALF OF A MI	NOR CHILD CO		
Employment	\$	SSI		\$	
Food Stamps	\$	Social Se	ecurity	\$	
SSDI	\$	Pension	/Retirement	\$	
Child Support	\$	Other		\$	
MONTHLY INCOM	ME - CO-APPLICANT NOTE: BENEFITS RECEIV	ED ON BEHALF OF A	MINOR CHILE	COUNT AS CO-APPLICANT INC	OME
Employment	\$	SSI	\$	COUNTY TO CO THE LICENTEE ME	OWIL
Food Stamps	\$		Security	\$	
SSDI	\$		n/Retirement		
Child Support	\$	Other	ny neur ement	\$	
спиа зарроге	Υ	Other		λ	
					•
		ED ON BEHALF OF A		O COUNT AS CO-APPLICANT INC	COME
Employment	\$	SSI	\$		
Food Stamps	\$	Social	Security	\$ <u>·</u>	
SSDI	\$	Pensio	n/Retirement	\$	
Child Support	\$	Other		\$	
MONTHLY INCOU	ME - CO-APPLICANT NOTE: BENEFITS RECEIV	ED ON BEHALF OF A	A MINOR CHIL	D COUNT AS CO-APPLICANT	
Employment	\$	SSI \$			
Food Stamps	\$	Social Security	\$		
SSDI	\$	Pension/Retirem			
Child Support	\$	Other \$			
7: Employment Information					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		78.85.63.75			
(1.2. (2.3) Aleganization (1.3. (1.4	Jd Income Information DME : APPLICANT - NOTE: BENEFITS RECEIVE	D.ON BEHALF OF A	MINOR CHILD	COUNT AS APPLICANT INCOM	F
Employment	\$	SSI		Ś	
Food Stamps	\$	医三氏 共和国教教学员	Security	ζ	
SSDI	S	二、火气干量 建金属 持作	n/Retirement	Š	
Child Support	ξ	Other	ny neurement	Č	
		oner	AND SERVICE OF THE SE		
MONTHLY INC	OME - CO-APPLICANT NOTE: BENEFITS RECE	IVED ON BEHALF C	F A MINOR CH	HILD COUNT AS CO-APPLICANT	INCOME
Employment	\$ **	ŠŠI	\$		
Food Stamps	Ś	- 1、アメウン (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	l Security	ζ [*]	
SSDI	S	act 14 - 15 李龙刘某领领	i on/Retiremer	ıt Š	
Child Support	Š	Othe		i d	
	The second secon		人 登制建筑等的 标记	ALE TO A CONTRACT OF THE PROPERTY OF THE PARTY OF THE PAR	

MONTHLY,INCOME - CO-APPLICANT - NOTE: BENEFITS RECEIVED ON	BEHALF OF A MINOR CHILD COUNT AS CO-APPLICANT INCOME
Employment S	27 73
Food Stamps \$	Social Security \$
SSDI 9 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Pension/Retirement \$
Child Support \$	Other \$
	Part Control of the C
Turking the second seco	
MONTHLY INCOME - CO-APPLICANT NOTE: BENEFITS RECEIVED ON	BEHALF OF A MINOR CHILD COUNT AS CO-APPLICANT INCOME
I lEmployment 1991 \$	
Food Stamps \$	Social Security S S S S S S S S S
\$SD[Pension/Retirement \$
HIT HIM SCHMART COLD IN COLD OF COME COMPANY PROPERTY OF COLD	Other\$
Emily support is a	
Name: Circle one:	Applicant Co-Applicant Over 21 resident
Name of Company	
Name of Company:	Date Started:
Job Title:	Supervisors Name:
Base Pay: \$Per: Hour W	eek Every two weeks Twice a month Month
	eek Every two weeks Twice a month Month
Do you work year round? Yes No If no, please explain:	
Name: Circle one: Ap	pplicant Co-Applicant Over 21 resident
Name of Company:	Data Stanta d
Job Title:	Supervisors Name:
Base Pay: \$Per: Hour W	eek Every two weeks Twice a month Month
Frequency of pay: Hour W.	
Frequency of pay: Do you work year round? Yes No If no, please explain:	eek Every two weeks Twice a month Month
No.	A. II.
Name: Circle one:	Applicant Co-Applicant Over 21 resident
Name of Company:	Date Started:
Job Title:	Supervisors Name:
Base Pay: \$	· · · · ·
Base Pay: \$Per: Hour W	eek Every two weeks Twice a month Month
Frequency of pay: Hour W	eek Every two weeks Twice a month Month
Do you work year round? Yes No If no, please explain:_	eek Every two weeks Twice a month Month
NI	
Circle one. Ap	oplicant Co-Applicant Over 21 resident
Name of Company:	Date Started:
Job Title:	Supervisors Name:
	eek Every two weeks Twice a month Month
Base Pay: \$Per: Hour W	

No If no, please explain:_

8: Special Needs Does anyone in the home have special needs or in the liftyes, please describe needs in your own wo	mitations that would ords:	prevent them from making the home repairs on their own? Yes No (Circle one)		
Bankruptcy? Yes (yr) No)			
Translation needed? Yes/No (Circle one)	If yes, what lan	nguage?		
9: Applicant Agreement				
property at the address given on t or offer my home for sale for at le residing in my home or visiting for	his application ast 5 years. I c the project da	is accurate; that I own and reside in the a; and that I have no present intention to move confirm that any physically able persons ay will work alongside the CHIP volunteers. I e exterior of my home is a safe place for		
any of them, are trained in the bui EXPRESS OR IMPLIED, REGARDING	ilding trades; a i ANY MATERIA	my house are unpaid volunteers; that few, if and that CHIP MAKES NO WARRANTIES, ALS USED OR WORK DONE BY ANYONE AT MY distributed 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.