

**PREMININARY APPLICATION TO THE CITY OF BASSETT  
FOR HOUSING REHABILITATION ASSISTANCE**

*THIS AREA FOR CITY OF BASSETT USE ONLY*

Application # _____	Family Size: _____	Date _____ Time: _____ M.
Name(s) _____	Application Received by: Mail / Person / Fax	
Address: _____	Received By: _____	
Home Phone: _____		

**A. HOUSEHOLD DATA:**

1. a) Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 b) Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Names and Dates of Birth of all other Household Members (Dependents in Home):

Full name: _____	Date of Birth: _____	Soc Sec. #: _____
Full name: _____	Date of Birth: _____	Soc Sec. #: _____
Full name: _____	Date of Birth: _____	Soc Sec. #: _____
Full name: _____	Date of Birth: _____	Soc Sec. #: _____
Full name: _____	Date of Birth: _____	Soc Sec. #: _____
Full name: _____	Date of Birth: _____	Soc Sec. #: _____
Full name: _____	Date of Birth: _____	Soc Sec. #: _____

3. Is the Head of the Household:

- a) Minority:            Yes            No    If Yes, specify: \_\_\_\_\_  
 b) Female:            Yes            No

4. Are any members of the Household:

- a) Handicapped or disabled:    Yes    No    If Yes, specify: \_\_\_\_\_

**B. EXISTING DWELLING DATA:**

1. Address:  
 2. Phone Number:  
 3. Do you own your home or rent? {Check one} OWN \_\_\_\_\_ RENT \_\_\_\_\_

**C. FINANCIAL INFORMATION FOR ELIGIBILITY PURPOSES:**

1. Average Monthly Income		2. Assets	
a. Husband's base pay	\$ _____	a. Checking account	\$ _____
b. Wife's base pay	\$ _____	b. Savings account	\$ _____
c. Other household earnings	\$ _____	c. Other cash	\$ _____
d. Social Security	\$ _____	d. Securities (IRA)	\$ _____
e. Pensions	\$ _____	e. Real estate (other than	
f. Income from rental property	\$ _____	primary residence)	\$ _____
<b>TOTAL MONTHLY</b>	<b>\$ _____</b>	<b>TOTAL ASSETS:</b>	<b>\$ _____</b>

Circle Income Range you now fall under based on the number of people in your home:

County of Rock

INCOME THRESHOLD FOR 2008

PROGRAM	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Level A (80%)	29,000	33,150	37,300	41,450	44,750	48,100	51,400	54,700
Level B (65%)	23,595	26,700	30,100	33,400	36,100	38,750	41,400	44,100
Level C (50%)	18,150	20,700	23,300	25,900	27,950	30,050	32,100	34,200

I (We) hereby certify that all statements made herein are complete and true to the best of my (our) knowledge. I (We) also authorize the City of Bassett and/or any agent so designated by the City, access to all information required to verify the foregoing information in order to determine program eligibility.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Furnish the following documents:

- Copy of last year's income tax return
- Copy of deed to property
- Copy of declaration page of insurance policy
- Copy of tax receipt showing current taxes paid