

**PRELIMINARY INFORMATION
HOUSING REHABILITATION ASSISTANCE**

Date: _____

Name of Community: Williamson County

Name: _____

Street Address: _____ Mailing Address: _____

Give Directions: _____

Telephone Number: _____

Number of Occupants: _____

Please list names and ages

Will you agree to the following?

- Allow inspection of property () Yes () No
- Verify household income and ownership () Yes () No
- Notify Grantee if changes in occupancy () Yes () No
- Have you ever received grant funds in the past () Yes () No

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Section 1001 provides: "Whoever, in any matter within the jurisdiction of any department or agency in the United States, knowingly and willfully falsifies or makes false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000, or imprisoned not more than five years, or both."

I affirm my income to be correct and no conflict of interest exist.

Signature _____

MUST SIGN

To help determine the ethnic population of your locality, please check the appropriate category.

- () White, Not Hispanic
- () Black, Not Hispanic
- () Asian / Pacific Islander, not Hispanic
- () American Indian / Eskimo or Aleut, not Hispanic
- () Other, not Hispanic
- () Check here if female headed household

- 1. How many people are 62 years of age or older? _____
- 2. How many persons with physical disabilities are there in your house? _____
- 3. Do you own your house? () Yes () No Contract for Deed () Yes () No
Life Estate? () Yes () No

4. Based on your family size, gross monthly income (annualized for 12 months) is higher or lower than the income eligibility figures for your county listed below:

COUNTY: Williamson

Please be specific and check Low or Very Low Income

Number of Persons in Family / Household	Income Limit					
	Lower	Higher	Low Income	Lower	Higher	Very Low Income
1			\$32,500.00			\$20,300.00
2			\$37,150.00			\$23,200.00
3			\$41,800.00			\$26,100.00
4			\$46,400.00			\$29,000.00
5			\$50,150.00			\$31,350.00
6			\$53,850.00			\$33,650.00
7			\$57,550.00			\$36,000.00
8			\$61,250.00			\$38,300.00

5. Is the house treated for termites on a yearly basis? () Yes () No
6. Was the residence built before 1978? () Yes () No
7. Is the residence a trailer? () Yes () No
 Is the trailer on a permanent footing / foundation () Yes () No
 Has the tongue been removed? () Yes () No
 Do you pay property tax or trailer tax? () Property tax () Trailer tax
8. How many rooms are in the house? **(not counting bathrooms)** _____
 How many bedrooms? _____
 How many bathrooms? _____
9. How many years have you lived at this residence? _____
10. Are you related to any City Official or Employee? () Yes () No
If yes, please list name and type of relation on back of application form
11. Are any major structural improvements needed to the home (if yes, specify below)
- Roofing () Plumbing () Electrical Wiring () Other Housing Needs: _____

FOR INTERVIEWER ONLY

- 1 Check for major structural deficiencies:
 [] Roofing [] Framing [] chimneys [] Other (specify)
 Housing Needs: _____
- 2 Check for minor structural deficiencies: Cost: _____
 [] Porches [] Steps [] Other (specify)
- 3 Based upon the respondent's answers and your observations, what is the condition of the house? (check one)
- [] Satisfactory - the structure needs no repairs
 [] fair* - the structure needs minor repairs
 [] Deteriorating* - the structure is in need of many minor and cosmetic repairs
 [] Dilapidated - the structure is in need of so many major repairs that repair is questionable
- 4 Dated: _____ (Survey forms must be dated within 2 years of application date)

*Denotes units suitable for rehabilitation