

# **Home Repair and Accessibility Screening**

### **Applicant Information**

### Applicant (Owner)

Co-Applicant (Co-Owner)

			<u> </u>	
First Name	Last Name	_	First Name	Last Name
Mailing Address			Mailing Address	
City	State Zip	)	City	State Zip
Date of Birth	-		Date of Birth	
Daytime Phone			Daytime Phone	
Email			Email	
	Pro	operty In	formation	
Property Street	Cit	.y	State Zip	County
Is this a mobile home?  Yes	□No	If Y	es, Model and Year?	
		If Y	es, do you Own the land? \( \subseteq \text{Yes}	□No
What year was the home built?				
Have you received assistance f	rom MaineHousi	ng progra	ams in the past?  Yes No	
If Yes, what program and when	າ?			
How many people reside in the	household?			

#### **Monthly Household Income**

Total monthly household income includes combined income of ALL household members, excluding dependents under age 18 or attending school on a full time basis

Fill in name of		
Household member		
Wages/Salary (Enter gross amount)	\$ \$	\$ \$
Overtime/Commissions	\$ \$	\$ \$
VA Benefits	\$ \$	\$ \$
Pension	\$ \$	\$ \$
Annuity	\$ \$	\$ \$
Social Security	\$ \$	\$ \$
Disability Benefits	\$ \$	\$ \$
TANF/General Assistance/Other	\$ \$	\$ \$
Unemployment Benefit	\$ \$	\$ \$
Child Support/Alimony	\$ \$	\$ \$
Other(specify)	\$ \$	\$ \$

#### **Assets**

List all cash, checking, savings, CD & money Market Accounts

Name of Financial Institution	Type of Account	Account Balance
		\$
		\$
		\$
		\$
		s

## List all Real Estate (including any property jointly owned)

	Assessed Value	Mortgage Amount	
	\$	\$	
	\$	\$	
	\$	\$	
	l/or modifications you are requesting		
Water Source: ☐ Private	☐ Public Do you have an arsen	nic abatement system? ☐ Yes ☐ N	lo
_	Public Do you have an arsen		lo

No

Is your septic system malfunctioning (backing up into home or yard)? 

Yes

Does your water source provide adequate and safe water? 

Yes No