

HOMEOWNER REHABILITATION/RECONSTRUCTION

PRE-APPLICATION

COMMUNITY SERVICES DIVISION

MISSISSIPPI DEVELOPMENT AUTHORITY

HOME PROGRAM

Application Should Be Completed By Head of Household Only

Locality: _____ Date: _____

Name: _____ Age: _____ Sex: _____ Race: _____

Social Security #: _____ (last 4 digits only)

Head of household? _____ Total number currently living in household: _____ Number of adults: _____

Number under 18: _____ Number elderly (62+): _____ Number handicapped: _____

Address: _____ City: _____ Zip Code: _____
Number and Street

Phone Number: _____

How long have you owned your home? _____ What are the total number of rooms in current house? _____

Total number of bedrooms in current house: _____

Is this a manufactured home? _____ Is there a deed or bill of sale? _____ Do you own or lease the land? _____

Type of household income: _____ What is the total monthly amount of all income for all household members? _____ If earned income, attach no less than four (4) check stubs:

List all others currently living in the household, indicate the relationship to you (include all income)

Name: _____ Age: _____ Relationship: _____ Income: _____ Source: _____

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I understand that if my home has to be reconstructed, then the current dwelling will have to be demolished and a new home constructed on the same lot: _____ yes _____ no. I also understand that if I live in a manufactured home it will have to be replaced with a new manufactured home: _____ yes _____ no.

As long as I maintain ownership, I agree not to lease or rent my home: _____ yes _____ no

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY APPLICANT

TO: (Name & address of employer)

RE: _____
Applicant Name

Social Security Number (last 4 digits only)

I hereby authorize release of my employment information:

Signature of Applicant

Date

The individual named directly above is an applicant of a housing program that requires verification of income. The information provided will remain confidential and will be used for housing purposes only. Your prompt response is crucial and greatly appreciated.

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ No _____

If no, last date of employment _____

Employee paid (circle one): hourly wages or salaried

- a) If hourly wage, what is rate of pay \$ _____ per hour? Average # of hours per week? _____
- b) If salaried employee, what is monthly or yearly pay? \$ _____ (indicate per month or year)

What is the frequency of pay (circle one): bi-weekly; bi-monthly; monthly

Year-to-date earnings: \$ _____ through ____/____/____

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employee's Signature	Employee's Printed Name/Title	Date
Employer's Signature/Title	Employer (Company) Name and Address	
Phone#	Fax #	E-mail

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.

