

**MOBILE HOME REPLACEMENT PROGRAM
APPLICATION**

Community Action Agency (CAA)

Questions about the application should be directed to:

CAA Name

CAA Address

CAA City CAA State CAA Zip

Name of Intake Staff:

Telephone of Intake Staff:

Email of Intake Staff:

Return completed and signed applications to the above-named CAA.

I. PROPERTY INFORMATION

Property Street	Property City	Property State	Property Zip
Age of Mobile Home: _____	Model: _____	Make: _____	
Year Manufactured: _____	How long have you lived on the property? _____		
Do you own the land? Yes No	Is your name on the Deed?	Yes	No
Does your property have any tax and/or wastewater liens filed against it?			Yes No
If you have a mortgage, is it paid up to date?			Yes No
Water Source: Private Public			
Does Water Source provide adequate and safe water?			Yes No
Is your Septic System malfunctioning (i.e. backing up in house or running out on lawn)?			Yes No

II. APPLICANT INFORMATION

List all owners of the property.

Applicant	Co-Applicant
First Name MI Last Name	First Name MI Last Name
Mailing Address	Mailing Address
City State Zip	City State Zip
Date of Birth: _____	Date of Birth: _____
Social Security Number: _____	Social Security Number: _____
Daytime Telephone: _____	Daytime Telephone: _____
Evening Telephone: _____	Evening Telephone: _____

List all people in the Household and their ages.

1	_____	_____	_____	_____
	First Name	Last Name	Date of Birth	Social Security Number
2	_____	_____	_____	_____
	First Name	Last Name	Date of Birth	Social Security Number
3	_____	_____	_____	_____
	First Name	Last Name	Date of Birth	Social Security Number
4	_____	_____	_____	_____
	First Name	Last Name	Date of Birth	Social Security Number
5	_____	_____	_____	_____
	First Name	Last Name	Date of Birth	Social Security Number
6	_____	_____	_____	_____
	First Name	Last Name	Date of Birth	Social Security Number

III. HOUSEHOLD INCOME

Total household income shall include the combined gross income of all household members, excluding dependents under the age of 18 or dependents attending school on a full-time basis at the time of this Application.

Note: If a household member is earning income but not an owner of the property, or is not listed as a dependent on this Application, only the income the household member actually contributes to the household shall be considered in determining the gross income of the household.

Note: Applicant(s) may receive the following deductions from total income: 1) medical expenses for the past 12 months in excess of 3% of gross household income; 2) \$500 (annual) for each family member under age 18; and 3) child care expenses incurred so a family member could work. Supporting documentation must be supplied with this Application.

List the gross monthly income under the contributing household member(s).

Write in the Name of the Household member:				
Wages/Salary (enter gross amount)	\$	\$	\$	\$
Overtime/Commissions	\$	\$	\$	\$
VA Benefits	\$	\$	\$	\$
Pensions	\$	\$	\$	\$
Annuities	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$
TANF/General Assistance/Other	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$
Total Monthly Income	\$	\$	\$	\$

List the gross annual deduction under the contributing household member(s).

Total Annual Income	\$	\$	\$	\$
Monthly Medical Expenses if greater than 3% of household income	\$	\$	\$	\$
\$500 (annual) deduction for each family member under 18 years old	\$	\$	\$	\$
Monthly Cost of childcare required for family member to work	\$	\$	\$	\$
Total Annual Deductions	\$	\$	\$	\$
Total Annual Adjusted Gross Income	\$	\$	\$	\$

IV. ASSETS

List checking, savings, CD & money market accounts as of the date of this Application.

Name of Financial Institution	Address of Financial Institution	Type of Account	Account Balance

List all stocks, bonds & mutual funds as of the date of this Application.

Name of Investment Firm or Broker	Address of investment Firm or Broker	Type of Investment	Current Value

List All Real Estate as of the date of this Application (including property jointly owned).

Name of Real Estate Owner	Address of Real Estate	Assessed Value	Mortgage Amount

V. ACKNOWLEDGEMENT, CERTIFICATION & RELEASE

Notice of Intent to Occupy: I do not intend to sell, transfer, rent or otherwise vacate the current property identified herein. I intend to use this property as my principle residence and not a vacation or second home.

Certification: I certify that the information provided in this Application is true and correct as of the date set forth opposite my signature on this Application. I acknowledge my understanding that any intentional or negligent misrepresentation of the information contained in this Application may result in civil liability and/or criminal penalties.

Statement of Release: I authorize the CAA, on behalf of the MOHO Replacement Program, to contact any employer, town official, financial institution, or other agency deemed necessary to obtain information or verification required to complete my request for housing repairs/replacement. This Statement of Release shall be valid from the date of my/our signature(s) below.

Signed by all owners of the property.

Signature of Applicant

Date

Signature of Co-Applicant

Date

DOCUMENTS THAT MUST BE INCLUDED WITH YOUR COMPLETED APPLICATION

1. COPY OF YOUR DEED OR BILL OF SALE FOR MOBILE HOMES ON RENTAL LOTS

2. PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS

- 3 months recent pay stubs, Social Security and/or Disability benefit award letters, or other proof of income and 3 months of bank statements
- Income Tax Returns from last 2 years if income is variable or from self-employment

3. PROOF OF LIQUID ASSETS

- 3 months of current bank statements for each account

4. COPY OF LATEST REAL ESTATE TAX BILL, SHOWING CURRENT LIABILITIES