



Revitalize CDC Homeowner Application

Homeowner Name(s): _____ Date: ____/____/20____
 Address: _____ City: _____ State: ____ Zip: _____
 Home Telephone: _____ Mobile: _____ Work Telephone: _____
 _____ Single Family _____ Two- Family | Number of years in home: _____

What is the nature of the problem(s) to be repaired?

_____ Exterior Painting | Explain: _____
 _____ Exterior Work | Explain: _____
 _____ Landscaping | Explain: _____
 _____ Other | Explain: _____

Are the property taxes current? YES NO | If no, amount in arrears \$ _____ Owner Occupied? YES NO

Homeowner 1 Information:

Age: _____ Date of Birth: _____ Sex: Male Female | Marital Status: ___ Married ___ Single ___ Widowed
 Current Employer: _____ Disabled: YES NO | Explain: _____
 U.S Armed Forces Veteran: YES NO | What Branch: _____ | Years Served: _____ | Rank: _____
 Veteran of Which War: _____ | Race/ Ethnicity: _____

Homeowner 2 Information:

Age: _____ Date of Birth: _____ Sex: Male Female | Marital Status: ___ Married ___ Single ___ Widowed
 Current Employer: _____ Disabled: YES NO | Explain: _____
 U.S Armed Forces Veteran: YES NO | What Branch: _____ | Years Served: _____ | Rank: _____
 Veteran of Which War: _____ | Race/ Ethnicity: _____

How many children live in the home? _____ Ages: _____ | How many adults live in home? _____ All employed? YES NO
 How do you heat your home? ELECTRIC NATURAL GAS OIL | I received Fuel Assistance last winter? YES NO
 Electric Company Account#: _____ Natural Gas Company Account#: _____

Please submit application with your proof of income.

Monthly Income (Homeowner 1)

Monthly Income (Homeowner 2)

Salary: \$ _____
 Retirement: \$ _____
 SSI/ Disability: \$ _____
 Child Support: \$ _____
 Alimony: \$ _____
 Rental Income: \$ _____
 Other: \$ _____
 Total Income \$ _____

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Applicant Statement:

I certify that all statements are true, accurate and complete to the best of my knowledge and belief. This application shall remain the property of Revitalize CDC, to which it is submitted for the purpose of obtaining assistance.

I hereby consent to and authorize Revitalize CDC, after giving reasonable notice, to enter the property for the purpose of determining the need and scope of the repair(s) specified above. I authorize the disclosure of the above information to only those persons or agencies as necessary to secure the assistance for which this application is submitted.

Homeowner Signature Date

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