

**2011 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

I certify that all of the information provided is true and correct to the best of my knowledge. It is further certified that neither I nor any member of my household, is related to or employed by any member(s) of the local unit of government.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

I/We understand that my personal information may be used by Mississippi Development Authority (MDA) for reporting and tracking purposes on the funding provided by the HOME Investment Partnerships Program. MDA staff is required to comply with securing personal and confidential information.

Signature of applicant

Date

Signature of applicant

Date

Witnessed by

Date