

APPLICATION FOR HOMEOWNER REHABILITATION PROGRAM

(Property Address)

(Name)

Return Completed Application To:

City of Texarkana, Arkansas
Mary Beck, Housing Assistant
(3rd & Walnut Streets) PO Box 2711
Texarkana, AR 75504-2711
Fax: 870.774.3170
Beck@txkusa.org

Instructions for Home Owner

- ❑ *(If mailing the form in, please print all sections in ink).* Do not leave any section blank, even those which do not apply to you. For instance, if a section asks for a driver's license and you do not have a driver's license, you may enter "None" or "N/A" (not applicable). If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change.
- ❑ As Homeowner, you will complete this application form. Each additional adult who will live in the household will also supply the necessary information for this application. It is important that all information on this form is completed and correct. False, incomplete, or misleading information will cause your application to be delayed or rejected.
- ❑ As long as your application is on file with us, it is your responsibility to contact us whenever your telephone number, income situation, or family size or other relevant information changes.
- ❑ After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for rehabilitation, your application will be placed on a waiting list, but this does not guarantee that you will be offered assistance. All applications will be processed according to standard procedures. If later processing establishes that your household is not actually eligible or that you are not actually qualified for assistance, you will be notified and your application will be cancelled.

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Name:

Address:

Number of years at this address:

Home telephone number:

Other contact telephone or fax number:

Total monthly income:

Marital Status: (place an x next to one of these)

married ___ single ___ divorced ___ widowed ___

Spousal information if married:

Name:

Social Security number:

Total monthly income:

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List all persons in the household who will reside in the house (starting with yourself):

Name	Relationship	Sex (m or f)	Age	Race	Date of Birth	Social Security #
	(self)					

Financial Information

Monthly Household Income Sources

Household member	Employer	Salary/Wages	Disability	Social Security Income	SSI	Retirement	Other	Totals
Monthly Totals								
Annual Totals (monthly total times 12)								
Additional Annual Income (dividends, interest etc)								
Income total								

List the 6 most important problems (explain)

1.

2.

3.

4.

5.

6.

If mailing this in, sign and date this application:

If you have extra expenses that you feel should be considered, such as very high medication costs, please complete the following table:

Attachment:

GROSS INCOME INCLUDING ALL WAGES SALARY AND OTHER INCOME		TOTAL:
EXPENSES	FOOD	
	FOOD STAMPS (SHOW TOTAL)	
	LIGHTS	
	GAS	
	WATER	
	TELEPHONE	
	CARFARE (BUS, TAXI, OTHER)	
	INSURANCE (HOSPITALIZATION, OTHER)	
	CAR EXPENSES (OPERATING)	
	PERSONAL MISCELLANEOUS	
FIXED PAYMENTS		
	LOANS	
	HOME PAYMENT	
	CLOTHING	
	CAR NOTE	

	OTHER-SPECIFY	
TOTAL EXPENSES (SUBTRACT FOOD STAMPS)		
REMAINING CASH		

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