

Delphi Stellar Housing Grant Application

Applicant Information

Name(s) of homeowner:

Date of birth of primary applicant:

Estimated **Annual Household** Income: (total of all residents living in the home)

Phone (home):

Current address:

Number of people living in household:

Phone (cell):

City:

State:

ZIP Code:

Who resides with you?

Name (include yourself):

Relationship to You:

Date of Birth:

Name (include yourself):	Relationship to You:	Date of Birth:

Real Estate Information

Do you currently own and occupy the home which is to be considered? Yes _____ No _____

Do you have a warranty deed on file with the Recorder's office? Yes _____ No _____

How long have you lived in the home being considered for rehabilitation? _____

Approximately how old is the home? _____

Do you have a current homeowners insurance policy? Yes _____ No _____

Are there any liens or other mortgages on the property? Yes _____ No _____

What is the estimated market value of the property today? _____

SIGNATURE

