

Delphi Stellar Housing Grant Initial Application Phase II

Applicant Information

Name(s) of homeowner as listed on deed:

Street address:

Daytime best number to reach you at:

Number of people living in household:

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

\$ _____

Income Type: (Check all that apply)

<input type="checkbox"/> Wages	<input type="checkbox"/> Self-employment	<input type="checkbox"/> Child support
<input type="checkbox"/> Pension/retirement	<input type="checkbox"/> Social security	<input type="checkbox"/> Disability
<input type="checkbox"/> Interest income	<input type="checkbox"/> Other	

Who resides with you?

Name (include yourself):

Relationship to You:

Date of Birth:

self

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?

What year was the home being considered built?

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

Name of carrier: _____ Agent's contact information: _____

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

What is the estimated market value of the property today to your best guess? _____

SIGNATURE OF HOMEOWNER(S) AS LISTED ON DEED

DATE