

**Cheyenne Housing and Community Development Office**

2101 O'Neil Avenue, Room 102

Cheyenne, WY 82001

Telephone (307) 637- 6255 Fax (307) 637-6231

**HOMEOWNER REHABILITATION PROGRAM (HOME) APPLICATION FORM**

Please provide all information requested and return to the above address.

*(Application and all pertinent documents expire six months from the date of the signature)*

File Number: HOME - \_\_\_\_\_

**I. HOME INFORMATION**

Are you the homeowner of record, i.e. is your name on the property Title? Yes  No

Are you purchasing your home under a Contract for Deed? Yes  No

Purchase date \_\_\_\_\_ Construction date of home: \_\_\_\_\_

What company holds your Mortgage?

Are your property taxes current? Yes  No  Is your home insurance current? Yes  No

Name of company handling home insurance: \_\_\_\_\_

Is property in a flood plain? Yes  No  Do you currently have a 203 K? Yes  No

Your Property's Address: \_\_\_\_\_

Is this property your primary residence? Yes  No  Do you own other property? Yes  No

Home Rehabilitation Improvements  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. APPLICANT AND CO-APPLICANT PERSONAL INFORMATION**

Name of Applicant \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Work \_\_\_\_\_

(Check one) Married  Single  Divorced  Widowed

Employment: Name/Address/Position: \_\_\_\_\_

Name of Co-Applicant: \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Work \_\_\_\_\_

(Check one) Married  Single  Divorced  Widowed

Employment: Name/Address/Position: \_\_\_\_\_

**III. OTHER HOUSEHOLD MEMBERS**

Name	Age	Relationship	Full-Time Student	Employed

**IV. TOTAL ANNUAL GROSS HOUSEHOLD INCOME**

The information requested below must be provided with respect to all applicants, co-applicants and any other person(s) expected to live in the residence to be assisted. This information is required in order for the City to determine your income eligibility under its prescribed guidelines. On each line, include the *gross monthly amount* of all such income for each household member. Gross amount is the amount earned before any deductions are made

Gross Monthly Income: Applicant \$ \_\_\_\_\_

Overtime \$ \_\_\_\_\_

Part-Time Employment \$ \_\_\_\_\_

Bonuses \$ \_\_\_\_\_

Copy W2 Wage and Tax Statement: Attached \_\_\_\_\_

Gross Monthly Income: Co-Applicant \$ \_\_\_\_\_

Overtime \$ \_\_\_\_\_

Part-Time Employment \$ \_\_\_\_\_

Bonuses \$ \_\_\_\_\_

Copy W2 Wage and Tax Statement: Attached \_\_\_\_\_

Gross Monthly Income: Other Household \$ \_\_\_\_\_

Overtime \$ \_\_\_\_\_

Part-Time Employment \$ \_\_\_\_\_

Bonuses \$ \_\_\_\_\_

Copy W2 Wage and Tax Statement: Attached \_\_\_\_\_

Military Pay Allowance \$ \_\_\_\_\_

Dividends, Interest, Royalties, and Trusts \$ \_\_\_\_\_

Business Activities or Investments \$ \_\_\_\_\_

Pension Benefits \$ \_\_\_\_\_

Social Security Benefits \$ \_\_\_\_\_

Railroad Retirement \$ \_\_\_\_\_

Veterans Administration Compensation \$ \_\_\_\_\_

Unemployment Compensation \$ \_\_\_\_\_

Workers' Compensation \$ \_\_\_\_\_

Sick Pay \$ \_\_\_\_\_

Alimony \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Public Assistance \$ \_\_\_\_\_

Subtotal \$ \_\_\_\_\_

X 12 \$ \_\_\_\_\_

Total Annual Gross Household Income \$ \_\_\_\_\_

Do you expect your Total Annual Gross Household Income to increase within the next 60 days? Yes  No

If Yes, please explain

---

---

---

---

**V. LIQUID ASSET INFORMATION**

Liquid assets include checking accounts, savings accounts, money market funds, stocks, bonds, certificates of deposit, mutual funds, etc. Liquid assets *do not include* IRA's, 401K's, deferred compensation plans, or any other retirement plans.

**APPLICANT LIQUID ASSETS:**

---

Description	Value
-------------	-------

---

---

**CO-APPLICANT LIQUID ASSETS:**

---

Description	Value
-------------	-------

---

---

**OTHER HOUSEHOLD MEMBER(S) LIQUID ASSETS:**

---

Description	Value
-------------	-------

---

---

**INCOME ELIGIBILITY FOR CHEYENNE: HUD SECTION 8 (12/11/12)**

Family Size	Low Income (50%)	Moderate Income (80%)
1 Person	\$25,100.00	\$40,150.00
2 Persons	\$28,700.00	\$45,900.00
3 Persons	\$32,300.00	\$51,650.00
4 Persons	\$35,850.00	\$57,350.00
5 Persons	\$38,750.00	\$61,950.00
6 Persons	\$41,600.00	\$66,550.00
7 Persons	\$44,500.00	\$71,150.00
8 Persons	\$47,350.00	\$75,750.00

**VI. VERIFICATION**

It is the Cheyenne Housing and Community Development Office policy to verify all information contained in this application. In acknowledgment of this policy, please sign your name(s) where indicated and complete the attached Applicant Authorization to Release Information form and Co-Applicant Authorization to Release Information form, if applicable.

I/We certify that all of the information contained in this application is true and complete to the best of my/our knowledge and belief; that the property rehabilitated must be owner-occupied, and cannot be used as rental property. I/We are aware that false statements or information will terminate my/our right to receive assistance. I/We certify that all of the information contained in this application is true and complete to the best of my/our knowledge and belief; that the property rehabilitated must be owner-occupied, and cannot be used as rental property. I/We are aware that false statements or information will terminate my/our right to receive assistance.

**I/We am/are aware that a mortgage will be placed on my/our home. \_\_\_\_\_(Initial). The Cheyenne Housing and Community Development (H&CD) Office's Policy is that mortgages are not subordinated under any circumstance. \_\_\_\_\_(Initial)**

---

Applicant Signature

Date

---

Co-Applicant Signature

Date