Please Return To
PLANNING DEPARTMENT
220 South Main Street
Newark, Delaware 19711
(302) 366-7000

NEWARK DELAWARE

COMMUNITY DEVELOPMENT
HOME IMPROVEMENT PROGRAM APPLICATION

Case Number

Information provided on this application shall be kept confidential and shall be used only for the purpose of determining eligibility for the Home Improvement Program.

Date

PERSONAL INFORMATION

APPLICANT

Last Name	First Name	Middle Initial
Address	Zip Code	Number of Years at this Residence
Social Security Number	Date of Birth	Age
Home Telephone Number	Previous Address	

SPOUSE

Last Name	First Name	Middle Initial
Address (if other than applicant's)	City / State / Zip Code	
Social Security Number	Date of Birth	Age
Home Telephone (if other than applicant's)		

DEPENDENTS

Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age

OTHERS LIVING IN YOUR HOME

Name	Relationship	Age
Name	Relationship	Age

INCOME

(indicate whether monthly or weekly)

APPLICANT

Salary or Wages	Pension
Social Security Income	Welfare Income
Annuities	Other Income

SPOUSE

Salary or Wages	Pension
Social Security Income	Welfare Income
Annuities	Other Income

EMPLOYMENT INFORMATION

APPLICANT

Firm Name _____

Address _____

Telephone _____ Your Position _____

Length of Employment _____ Name of Supervisor _____

Previous Employer & Address _____

_____

Length of Employment _____ Miscellaneous Data _____

EMPLOYMENT INFORMATION

SPOUSE

Firm Name _____

Address _____

Telephone _____ Your Position _____

Length of Employment _____ Name of Supervisor _____

Previous Employer & Address _____

_____

Length of Employment _____ Miscellaneous Data _____

CLIENT REPORTING FORM

BENEFICIARY INFORMATION

SELF-CERTIFICATION OF INCOME, RACE, AND ETHNICITY

For CDBG Programs Requiring Information on Income by Family Size

Applicants should provide proof of income in accordance with New Castle County's two acceptable forms of income first (Part 5 Annual Income or IRS Form 1040). Head of Household must complete this entire form.

NUMBER OF FAMILY/HOUSEHOLD MEMBERS ____ * ANNUAL FAMILY/HOUSEHOLD INCOME _____

For each member over the age of 18 attach income documentation or a notarized letter certifying zero income.

Name:	Over 18	Race:	Ethnicity:	Name:	Over 18	Race:	Ethnicity:

RACE AND ETHNICITY:

This information contained herein is CONFIDENTIAL and will be used only for the purpose as stated below. This information is requested by the Government SOLELY for the purpose of monitoring compliance with Federal anti-discrimination statutes. It is a HUD requirement we collect this information for statistical reporting purposes.

Please use the codes below to record Race & Ethnicity Data in box above for ENTIRE HOUSEHOLD listed above...

Household Race:

11 – White
12 – Black or African American
13 – Asian
14 – American Indian or Alaska Native
15 – Native Hawaiian or Other Pacific Islander
16 – American Indian or Alaska Native & White
17 – Asian & White
18 – Black or African American & White
19 – American Indian or Alaska Native & Black or African American
20 – Other Multi Racial
21- Hispanic Ethnicity
22- Non-Hispanic Ethnicity

Address:

_____

_____

_____

Agency: Remember to perform parcel search of address www/nccde.org/parcelview & attach results

Female Head of Household: ☐ Yes ☐ No
Handicapped Status: ☐ Yes ☐ No

(Handicapped households are those headed by a person who is handicapped. Also included are handicapped persons who are members of non-handicapped households. "Handicapped person" means any person who (I) has a physical or mental impairment which substantially limits one or more major life activities, (II) has a record of such impairment, or (III) is regarded as having such an impairment.)

Under penalty of perjury, I certify that the information presented in this certification is true to the best of my knowledge. I further understand that providing false information on this page constitutes an act of fraud. False, misleading or incomplete information may result in termination of assistance.

_____ _____ _____

Signature of Applicant Printed Name of Applicant Date

For Agency Office Use Only (Please remember to complete this section):

_____ 0% - <30% of median _____ 31% - <50% of median _____ 51% - <80% of median ___ Over 80% of median

Date of Income Guidelines Used _____

BANKING, FINANCIAL ASSETS

(1) _____ _____
Name of Bank Address

Checking Account Number _____ Balance $ _____

Savings Account Number _____ Balance $ _____

(2) _____ _____
Name of Bank Address

Checking Account Number _____ Balance $ _____

Savings Account Number _____ Balance $ _____

(3) _____ _____
Name of Bank Address

Checking Account Number _____ Balance $ _____

Savings Account Number _____ Balance $ _____

(4) U.S. Savings Bonds _____

(5) Marketable Securities (Titles, Amounts, Addresses)

_____

_____

_____

REAL ESTATE

PRIMARY RESIDENCE

Name of Mortgage Lender _____

Address of Mortgage Lender _____

Street	City	State	Zip Code

Type of Mortgage (Conventional, VA or FHA)	Account Number	Monthly Payment	Balance Owed

Approximate Age of Structure	Year Property Purchased	Year Mortgage Satisfied

OTHER REAL ESTATE OWNED

Address of Real Estate _____

Mortgage Lender _____

Purchase Price	Date of Purchase	Monthly Payment	Balance Owed

Year Mortgage Satisfied	Income from Property (Monthly)

INSURANCE

HOME INSURANCE

Name of Company _____ Amount of Insurance in Force _____

Address _____ Monthly or Annual Premium _____

LIFE INSURANCE

Name of Company _____ Amount of Insurance in Force _____

Address _____ Monthly or Annual Premium _____

AUTO INSURANCE

Name of Company _____ Amount of Insurance in Force _____

Address _____ Monthly or Annual Premium _____

CREDIT INFORMATION

List all loans and installment accounts outstanding now and for the past two years.

	Lender	Account #	Monthly Payment	Balance Owed
Automobile				
Personal Loans				
Personal Loans				
Bank Credit Card				
Bank Credit Card				
Bank Credit Card				
Store Credit Card				
Store Credit Card				
Store Credit Card				
Other Credit Card				

EXPENSES

UTILITY (Monthly)

- Electricity $ _____ Paid To _____
- Oil $ _____ Paid To _____
- Gas $ _____ Paid To _____
- Water/Sewer $ _____ Paid To _____
- Telephone $ _____ Paid To _____
- Cable $ _____ Paid To _____
- Other $ _____ Paid To _____

MEDICAL $ _____ Paid To _____

EDUCATIONAL $ _____ Paid To _____

OTHER $ _____ Paid To _____

$ _____ Paid To _____

End of Application

Please return, with signed "Authorization for Verification" form (insert), to the Newark Planning Department