Madison County Owner-Occupied Rehabilitation Program
Project Application Instructions

Section I - General Information

1. Applicant

Insert your name, address, home phone, and work phone.

2. Property Owner

If the property owner is different from the applicant, fill in the information about the owner as well.

3. Project Description

Zoning Classification - Identify the classification, (residential, business, commercial, etc.)
Number of Stories in House
Number of Bedrooms
Square Footage of House - Identify how many square feet are in the house. This measurement must be accurate to meet certain requirements within the program.

4. Ownership Pattern and Verification

Check or X the appropriate line for the type of ownership you have on the property. Be sure to submit a copy of the deed, contract, or other documentation with your application to verify ownership.

5. Type of Structure

Check or X the appropriate line for the type of structure that describes your house. Specify the type of structure if you mark the "Other" category.

6. Type of Construction

Check or X the appropriate line for the type of construction that describes your house. Specify the type of construction if you mark the "Other" category.

7. Approximate Date House was Built

Indicate the year that the house was built.

8. How long have you lived at your present address?

Indicate the number of months and/or year(s) you have lived in your house.

Section II - Debt and Equity Information

1. First Mortgage

Input the requested data and information for a first mortgage against the property to be rehabilitated in this program.

2. Second Mortgage

Input the requested data and information for a second mortgage against the property to be rehabilitated in this program.

3. Property Appraisal

If an appraisal exists, input the requested information and submit a copy of the appraisal with this application. If there has been no recent appraisal, estimate the market value of the property.

4. Household Income

List all sources of income and indicate your total monthly and annual household income. Please submit a copy of a tax return, pay stub, and/or social security award letter. Verification of income is a requirement for participation in this program.

Section III - Rehabilitation Information

1. Summary of Proposed Improvements and Needed Repairs

Provide a summary of proposed improvements and needed repairs that you would like to have completed during participation in this program. Submit a photograph of the property to give a better representation of the exterior condition of your home.

Section IV - Household Information

1. Head of Household

Provide the name, age, sex, and race of the head of household. Also, circle yes or no to indicate whether the head of household is disabled.

2. Household Members

Provide the name, age, sex, race, and relation to head of household for all family and/or non-family members living in the household. Circle yes or no to indicate whether or not any household members are disabled.

Section V - Applicant's Certification

Applicant's Signature

The applicant must sign this application verifying the information is true and correct to the best of the their knowledge. If the property has co-owners, both owners must sign the application.

Section VI - Questions or Comments

*Required Documentation to be Submitted with Application:

Copy of deed, contract, or other documentation to verify ownership

If appraisal exists, submit a copy with application

Copy of tax return, pay stub, and/or social security award letter to verify income

Submit a photograph of the exterior of the house