



Portland  
Housing  
Bureau

## Portland Regional Lead Hazard Control Grant Program Homeowner Application

### I. PROPERTY INFORMATION

Subject Property Address (street/city/state/zip):		Year Built:
Title to the Subject Property is held in the names of:		Years owned:
		Number of Bedrooms:

**Applicant**

### II. APPLICANT INFORMATION

**Co-Applicant**

Applicant Name (include Jr. or Sr. if applicable)			Applicant Name (include Jr. or Sr. if applicable)		
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:		
Fax:	E-mail:	Fax:	E-mail:		
Social Security #	Birth date:	Yrs of School	Social Security #	Birth date:	Yrs of School
<input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (single/divorced widowed)	Dependents (not including Co-appl.) no.   ages 	<input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (single/divorced widowed)	Dependents (not including Co-appl.) no.   ages 

**Applicant**

### III. EMPLOYMENT INFORMATION

**Co-Applicant**

Name and Address of Employer <input type="checkbox"/> Self Employed		Yrs. on this job	Name and Address of Employer <input type="checkbox"/> Self Employed		Yrs. on this job
		Yrs. in this profession			Yrs. in this profession
Type of Business/Position	Business Phone (incl. area code)	Type of Business/Position	Business Phone (incl. area code)		
If employed in current position for less than two years, or employed in more than one position, complete the following:					
Name and Address of Employer <input type="checkbox"/> Self Employed		Dates (from-to)	Name and Address of Employer <input type="checkbox"/> Self Employed		Dates (from-to)
		Monthly income			Monthly income
Type of Business/Position	Business Phone (incl. area code)	Type of Business/Position	Business Phone (incl. area code)		

### IV. HOUSEHOLD INFORMATION

**List household members:**

1.	Name:	Age:	Relationship:	Monthly Income:
2.	Name:	Age:	Relationship:	Monthly Income:
3.	Name:	Age:	Relationship:	Monthly Income:

4.	Name:	Age:	Relationship:	Monthly Income:
5.	Name:	Age:	Relationship:	Monthly Income:
6.	Name:	Age:	Relationship:	Monthly Income:
7.	Name:	Age:	Relationship:	Monthly Income:

**For Internal Use Only**

Date Application Mailed: \_\_\_\_\_ Grant No.: \_\_\_\_\_

Date Application Received: \_\_\_\_\_ O/P: \_\_\_\_\_ RA: \_\_\_\_\_ Appt Date/Time: \_\_\_\_\_

**Eligibility Review:** Applicant  is  is not eligible for the lead grant program.

Owner/Tenant household income: \$ \_\_\_\_\_ Household Size: \_\_\_\_\_ MFI: \$ \_\_\_\_\_ Applicant % of MFI: \_\_\_\_\_ %

Eligibility determined by: \_\_\_\_\_ Date: \_\_\_\_\_

**V. MONTHLY INCOME AND COMBINED HOUSING EXPENSES INFORMATION**

Gross Monthly Income	Borrower	Co-Borrower	Total	Monthly Housing Expense	Total
Base Employment Income:	\$	\$	\$	First Mortgage (P&I):	\$
Overtime:	\$	\$	\$	Other Financing (P&I):	\$
Bonuses:	\$	\$	\$	Hazard Insurance:	\$
Commission:	\$	\$	\$	Real Estate Taxes:	\$
Dividends/Interest:	\$	\$	\$	Mortgage Insurance:	\$
Net Rental Income:	\$	\$	\$	Homeowners Assoc. Dues:	\$
Other: (describe other income below)	\$	\$	\$	Other:	\$
				Other:	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

**Describe Other Income: Including child support, alimony, separate maintenance, unemployment, Social Security, disability and pensions.**

Income Earner	Monthly Amount
	\$
	\$

**VI. ASSET INFORMATION**

Checking/Savings:	Balance \$	Institution:
Money Market/CD:	Value \$	Institution:
Stocks:	Value \$	Company:
Other:	Value \$	Describe:
Automobiles:	Value \$	Make/Year:
Other Assets:	Value \$	Describe:
Subject Property	Value \$	
Other Real Estate	Value \$	Address:

