



**Town of Payson
Housing Rehabilitation Program
Application**

I. General Information

Name _____ Address _____
 SS No. _____ Work Phone _____ Age of Dwelling _____

Housing Condition

1. Excellent
2. Good
3. Average
4. Poor
5. Unsuitable for Rehab

Dwelling Type

1. Single Fam
2. Mobile Home
3. Multi. Fam.
4. Other

Minority Code

1. White
2. Black
3. Am. Indian
4. Hispanic
5. Asian
6. Other

Family Status

1. Head/Spouse, 62 or over
2. Head/Spouse, Disabled
3. None of Above

Head of Household

Male Female # in Family _____ # of Minors _____ (under 18 or full time student)

II. Family Composition

Ref #	NAME	RELATIONSHIP	AGE	SEX
1.				
2.				
3.				
4.				
5.				
6.				

III. Annual Gross Income

IV. Eligibility Determination

	Description of Income	Annual Amount	
1.			
2.			
3.			
4.			
5.			

V. Applications Official Verification

PRIVACY STATEMENT The information on this form is to be used by the Town of Payson to determine maximum income for eligibility for Housing Rehab assistance. It will not be discussed outside the department except as required and permitted by law. You do not have to give us this information but, if you do not your eligibility will be rejected. The Department is authorized to ask for this information under the program above, as authorized under the Housing & Community Development Act of 1974, as amended. I/We certify that the statements in Parts III and V above are true and complete to the best of my/our knowledge and belief. I/We understand false statements or information are punishable under Federal Law.

Signature of Homeowner _____ **Date** _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.