

HOMEOWNER APPLICATION

114 19th Street, Rock Island, IL 61201

309.788.6311

email: info@growthcorp.org

BACKGROUND INFORMATION

Owner's Name:	
Home Phone:	Work Phone:
Address:	

HOUSEHOLD INCOME INFORMATION

1. Please list the names and ages of all individuals living in the household:

NAME	AGE	NAME	AGE

2. Present Employer of owner/occupant:

Employer's Name:			
Employer's Address:			
Salary:	\$	{ } Weekly	{ } Monthly

3. Spouse's Employer:

Employer's Name:			
Employer's Address:			
Salary:	\$	{ } Weekly	{ } Monthly



Rock Island Economic Growth Corporation and its subsidiaries are pledged to the letter and spirit of U.S. Policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

4. If anyone else in the household is working, or you or your spouse have a second job, please answer the following:

Other Person or second job:	
Employer's Name:	
Employer's Address:	
Salary:	\$ { } Weekly { } Monthly

Other Person or second job:	
Employer's Name:	
Employer's Address:	
Salary:	\$ { } Weekly { } Monthly

5. Does anyone in the household receive any of the following? If YES, please fill in the amount:

OTHER INCOME:	YES	NO	IF YES, AMOUNT
Social Security			\$
Supplemental Income (SSI)			\$
AFDC			\$
Child Support			\$
Disability Pension			\$
Pension or Retirement			\$
Interest income			\$
OTHER Specify:			\$
			\$



6. Does anyone in the family have any of the following adjustments to income? If YES, please fill in the amount.

ADJUSTMENTS TO INCOME	YES	NO	IF YES, AMOUNT
IRA deductions			
Moving Expenses			
½ of self-employment tax			
Self-employed health insurance deduction			
Keogh and self-employed SEP plans			
Penalty on early withdrawal of savings			
Alimony paid			

PROPERTY INFORMATION

1. Are you the sole owner of the property? YES _____ NO _____

If no, list the other owner(S)?

2. Is the property your principal residence? YES _____ NO _____

3. What type of property is your home?

Single family detached

Cooperative

Mobile home

4. How many bedrooms are in your home? _____ bedrooms

5. How many bathrooms are in your home? _____ bathrooms

6. Please list the major repairs which you feel need to be done to your home.

DEMOGRAPHIC INFORMATION

1. The following questions are for **statistical purposes only** and have no bearing on the awarding of any financial assistance. Please place an **“X”** in the box which applies to your household:

White (non-Hispanic)	
Black (non-Hispanic)	
Hispanic	
Asian or Pacific Islander	
American Indian	
Other	

2. Please place an **“X”** in the box which applies to your household:

Single/Non-Elderly	
Related/Single parent	
Related/Parent	
Other	

3. Sex of Head of Household: _____ (F or M)

U.S.C. TITLE 18, SECTION 1001 PROVIDES: “Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies or makes any false, fictitious or fraudulent statement of entry, shall be fined not more than \$10,000, or imprisoned not more than five years, or both. In addition, any fraudulent, fictitious or false statement on this application will result in the calling in of any note, deferred grant or other financial help in full.”

Signature

Signature

Date: _____

Please mail or drop off completed application to
 Housing & Financial Education Center
 114 19th Street, Rock Island, IL 61201
 309.788.6311

You may also email it to: info@growthcorp.org

