

**FORT BEND COUNTY
COMMUNITY DEVELOPMENT DEPARTMENT
HOUSING REHABILITATION APPLICATION**

Applicant Name _____ Age _____

Spouse's Name _____ Age _____

Street Address _____ City, Zip Code _____

Mailing Address _____ City, Zip Code _____

Home Phone() _____ Work Phone() _____

Marital Status Married Single Widow(er) Divorced

List below **ALL** family members who live in your home, **INCLUDING YOU AND YOUR SPOUSE.**

Use additional paper if necessary

Name of person living in home	Relationship to Applicant	Age	Sex

List below **all** family members who are employed, or receive Social Security checks, retirement, or pension. **Please include all information requested.**

Name of person who is employed or is receiving any type of income	Employer's Name and Address (or insert Social Security info if applicable)	Yearly Income

Complete Reverse Side of Form

Race of Head of Household:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Black/African American and White | <input type="checkbox"/> American Indian/Alaska Native and White |
| <input type="checkbox"/> American Indian/Alaska Native and Black/African American | <input type="checkbox"/> Other Multi Racial |

Ethnicity of Head of Household:

- Hispanic** – A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or Origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- Non-Hispanic** – A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

Disability: Adult _____ Yes _____ No
 Child _____ Yes _____ No

Are you a U.S. Citizen? _____ Yes _____ No

Do you own (your home is paid for) or are you buying your home? _____ Yes _____ No

Do you own (in full or in part) any property such as land, rental homes, etc. other than your current place of residence? _____ Yes _____ No

Are your taxes (federal, county, city, school) paid in full? _____ Yes _____ No

Do you have flood insurance? _____ Yes _____ No Homeowners Insurance? _____ Yes _____ No

List below the financial institutions (banks, credit unions, savings and loan associations, etc.) with whom you have accounts. Use back of application if necessary.

Name of financial institution	Address, City	Acct. Type

I/we certify that the above information is true and complete to the best of my/our knowledge. I/we further certify that all information furnished in support of this application is true and complete to the best of my/our knowledge. False statements will result in your application being rejected. I/we understand that the above information will be verified prior to approval.

 Homeowner

 Homeowner

Return your application to: Fort Bend County
 Community Development Department
 301 Jackson
 Richmond, Texas 77469
 Phone (281) 341-4410