



Date of Application  
(Office Stamp Only) \_\_\_\_\_

## Southern United Neighborhoods Owner-Occupied Housing Rehabilitation Program

### Preliminary Application

3401 St. Claude Avenue Suite 2B New Orleans, LA 70117  
504-941-2852 or 800-239-7379 ext 101

The information collected below will be used to place your name as someone who is interested in owner-occupied housing rehabilitation. This does not determine whether you qualify for housing rehabilitation assistance provided through Southern United Neighborhoods. Information provided will not be disclosed without your consent except to your employer for verification of income and employment and to financial institutions for verification of information, and as required and permitted by law.

**HUD Income Guidelines for 2012**

Household Size	1	2	3	4	5	6	7	8
Income Limit (<80% MI)	\$34,650	\$39,600	\$44,550	\$49,500	\$53,500	\$57,450	\$61,400	\$65,350

**Qualification Criteria:**

Must be a current New Orleans homeowner residing within the northside of Lower 9<sup>th</sup> Ward neighborhood (bounded by St. Claude Avenue to Florida and the Industrial Canal bridge and the St. Bernard Parish line).

Must meet the Department of Housing and Urban Development's (HUD) definition of low income based on verified gross household income, based household size (outlined in the table above).

Must have standard homeowner's and/or flood insurance, currently up to date.

Must be current on property taxes.

Must document proof of ownership, mortgage in good standing.

Must certify that the property is not being offered for sale and is the primary residence of applicant.

Homes must have the market value of less than the annual FHA 203b single family mortgage limit of \$185,000.

**Household Race – Race and Ethnicity of Head of Household (Check One):**

(This information is being collected to assure compliance with fair housing and equal opportunity rules).	
Do you consider yourself Hispanic?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> Native American or Alaska Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black or African American & White	
<input type="checkbox"/> Native American or Alaska Native & Black or African American <input type="checkbox"/> Other/ Multi-Racial	

<b>Applicant Information</b>				<b>Date:</b>	
Homeowner's Name: Last _____ First _____ MI _____			Co-Homeowner's Name: Last _____ First _____ MI _____		
Address of property to be rehabilitated			City	State	Zip code
Do you have Homeowner's Insurance? _____ Yes _____ No	Are your property taxes current? _____ Yes _____ No		Do you have a mortgage or liens on the property? _____ Yes _____ No		
Social Security #	Birth Date	Age	Social Security #	Birth Date	Age
Is this your primary residence? _____ Yes _____ No	How Long? _____ Yrs _____ Mo		Is this your primary residence? _____ Yes _____ No		
Telephone Number	Email Address		If you answered No above, what is your primary residence?		
Marital Status: _____ Married _____ Unmarried (widowed, single, or divorced)  _____ Married but separated  Are you or does anyone in your household have a physical disability: _____ Yes _____ No			Relation to Owner? _____ Spouse _____ Child _____ Brother/Sister _____ Mother/Father _____ Boyfriend/Girlfriend _____ Other  Marital Status: _____ Married _____ Unmarried (widowed, single, or divorced)  _____ Married but separated		
Employed? Yes _____ No _____	Retired? Yes _____ No _____ Yr Retired _____		Employed? Yes _____ No _____	Retired? Yes _____ No _____ Yr Retired _____	
Name and Address of Employer:			Name and Address of Employer:		

**Household Composition** (List all members not already listed above who live in your home. Please use a separate sheet for additional people in the household not listed above or below.)

Others in household over 18 years old:			Others in household over 18 years old:		
Last	First	MI	Last	First	MI
Relation to Owner? _____ Spouse _____ Child _____ Brother/Sister _____ Mother/Father _____ Boyfriend/Girlfriend _____ Other			Relation to Owner? _____ Spouse _____ Child _____ Brother/Sister _____ Mother/Father _____ Boyfriend/Girlfriend _____ Other		
Are you employed? _____ Yes _____ No			Are you employed? _____ Yes _____ No		
Name and Address of Employer:			Name and Address of Employer:		
Social Security #		Birth Date	Social Security #		Birth Date
Are you receiving public assistance? _____ Yes _____ No			Are you receiving public assistance? _____ Yes _____ No		
Full Name (children under age of 18)	Date of Birth	Relationship	Social Security #	Are you physically disabled?	
				_____ Yes _____ No	
				_____ Yes _____ No	
				_____ Yes _____ No	
				_____ Yes _____ No	
				_____ Yes _____ No	
				_____ Yes _____ No	

## Reasonable Accommodation Information

The information gathered in this section will us better serve the housing needs of persons with physical disabilities. The special features are known as "reasonable accommodation." A reasonable accommodation is a change that can be made to allow a person with physical disabilities to have the same opportunity for housing as any other participant. **You are not required to disclose a physical disability.**

I am not requesting reasonable accommodation at this time.

If you are requesting reasonable accommodation, complete the information below:

1. Do you or anyone you live with use any of the following devices? (Check all that apply.)

Wheelchair     Walker     Crutches     Cane     Other specify \_\_\_\_\_

2. What, if any, modifications do you or anyone in household need in your bathroom? (Check all that apply)

Grab bars     Roll in shower     Extendable hand shower     Raised toilet seat     Lower toilet seats

Extended handles on faucets     Other (specify) \_\_\_\_\_

3. Do you need flashing warning lights for any of the following?

Smoke-detection     Doorbell     Security purposes

4. What, if any, other modifications do you or anyone in your household need?


How did you hear about our program? \_\_\_\_\_

The applicant certifies that all information furnished in this application is given for the purpose of obtaining home repair assistance. The applicant also certifies that all information is true and complete to the best of the applicant's knowledge and belief. The applicant authorizes Southern United Neighborhoods and its designated agents to contact any source to solicit and/or verify information necessary for any eligibility determination for the purpose of the Housing Rehabilitation Program. The applicant certifies that he/she is the owner-occupant of the property to be repaired and that the property is his/her principal residence. I understand that any discrepancy or omission in the information I have provided may disqualify me from participation in the Housing Rehabilitation Program. If such discrepancies or omissions are discovered after any grant award is approved or granted to me, I understand that any outstanding grant balance may immediately become due and payable.

\_\_\_\_\_  
Homeowner's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Homeowner's Signature \_\_\_\_\_  
Date

Return Application to:

Southern United Neighborhoods  
3401 St. Claude Avenue Suite 2B  
New Orleans, LA 70117  
A Community Voice 504-941-2852 ext 101  
504-617-6215 fax  
[director@southernunitedneighborhoods.org](mailto:director@southernunitedneighborhoods.org)

**WARNING:** It is a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States Government as to any matters within its jurisdiction (Section 1001 of Title 18, U.S. Code).

**Pre-Qualification Document Checklist for Home Ownership & Income Verification**

Preliminary Application

Proof of Identification/Residency

\_\_ID \_\_award letter \_\_property tax bills \_\_utility bills

Proof of Ownership

\_\_ Deed \_\_ Copy of Mortgage \_\_ Homestead Exemption

Proof of being current on property taxes

\_\_ receipt from city \_\_ canceled check \_\_ mortgage statement

Proof of Income

\_\_ Tax Return \_\_ Child Support \_\_ Pay stubs \_\_ award letters \_\_ W2

\_\_ unemployment \_\_ other, Please explain \_\_\_\_\_

Copy of Flood Insurance

Copy of Property Insurance

Asset Verification

\_\_ Bank Statements \_\_ Stocks, bonds, retirement, other funds

Statement certifying that property is not for sale

SUN Credit Report Authorization form

---

Office Use only

Census Tract Data for Property Owner