



**Department of Neighborhood &
Economic Operations
Rehabilitation Assistance Application**
*(two-sided)

City of Jackson
161 W. Michigan Avenue
Jackson, MI 49201
(517) 768-6407
(866) 971-2151 (Fax)
www.cityofjackson.org

DATE: ____/____/____

SECTION I- OWNER IDENTIFICATION

Property Owner's Information:

Property Owner Name: _____	Home Phone: (____) _____
E-mail Address: _____	Cell Phone No. (____) _____
Address: _____	
Number in household: _____	Best time to Contact: _____
What repairs need to be made at your home? _____	

SECTION II- HOUSING COSTS

Name on deed and date: _____
Mortgage Payment: _____ Mortgage Balance: _____
Is your mortgage payment current? Yes ___ No ___
Are your taxes current? Yes ___ No ___
What is your annual House Insurance Premium? _____
Have you received assistance from our Department in the Past? Yes ___ No ___
If yes, what type of assistance? _____

SECTION III- INCOME DATA

Are you employed? Yes ___ No ___ If yes, name of employer: _____
Gross Pay (before taxes): _____ Weekly/Bi-Weekly/Monthly
Is your spouse or other household member of the age of 18 employed? Yes ___ No ___
If yes, name of employer(s): _____
Gross pay (before taxes): _____ Weekly/Bi-weekly/Monthly
Other sources of income? (ex. Social Security, Pension, ADC, etc.)
Source: _____ \$ _____ per _____
Source: _____ \$ _____ per _____
Source: _____ \$ _____ per _____

SECTION III- ASSEST

Stocks: _____ Bonds: _____ Savings: _____
Other: _____
Other real estate owned: _____

SECTION IV- APPLICANT CREDIT STATUS

Credit Accounts you own (credit cards, car payments, home equity loans, etc.):		
Name:	Monthly Payment:	Balance:
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total:	_____

SECTION V: APPLICANT(S) SIGNATURE

_____	____/____/____
Signature of applicant	Date
_____	____/____/____
Signature of Co-applicant	Date

SECTION VI: OFFICE USE ONLY

Financial Letter Mailed: _____	Date entered into CDM: _____
Area: _____	Entered by: _____
Assistance previously received: _____	
Funding Source: _____	
Assigned to: _____	
Date Assigned: _____	