



**City of Rochester  
Community Development  
Mobile Home Assistance Program Application**

Please complete all items on this application. If you need assistance to complete this application call the Community Development Specialist in the Planning and Development Department at 335-1338.

**Date of Application:**

Applicant One:

Applicant Two:

Address of Property:

(circle) ROCHESTER / GONIC / EAST ROCHESTER

Name of Mobile Home Park:

Age of Home:

Year Purchased:

Primary Phone:

Secondary Phone or email:

Do you own other property? *If yes, address:*

**Please complete the demographic information about each person living at the property:**

Name            Relationship    Age    Sex            Social Security #    Disabled?    Race/Ethnicity?

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*Please add additional household members on a separate sheet*

**Please complete the employment information about each person living at the property:**

<u>Name</u>	<u>Occupation</u>	<u>Employer's Name/Number</u>	<u>Monthly Salary</u>
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*Please add additional household members on a separate sheet*

### **Other Sources of Income**

Please describe the other sources of income for all members of the household. Include **ALL** of the following sources if applicable to anyone residing in the home: Social Security, Rental Property Income, TANF, Unemployment, Child Support, Alimony/Maintenance, Interest Income, Dividend Income, IRA income, Pension, and any other sources of income.

<u>Source</u>	<u>Recipient</u>	<u>Amount Received per month</u>
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*Please add additional income sources on a separate sheet*

**Please provide the following information regarding your bank account(s):**

Name, address, phone and fax of Bank or financial institution:

Savings account number and current balance:

Checking account number and current balance:

Money Market account number and current balance:

### **Property Information**

Name of Park Owner:

Park Owner Phone:

Original mortgage:

Balance remaining:

Name, address, phone and fax of mortgage company:

FHA Insured Mortgage?  Yes  No

Monthly Payment: **Principal and Interest Only:**

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Do you have a second (2nd) mortgage on above property?    Yes    No

Unpaid Balance:

**Present Monthly Housing Expenses**

Homeowners Insurance:

Real Estate Taxes:

Water/Sewer:

Oil:

Gas:

Electricity:

Household Debts *(list credit cards, automobile loans, other housing expenses):*


**TOTAL MONTHLY HOUSING EXPENSES (total of above):**

I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provision of Title 18, United States Code, Section 1014 (below):

PENALTY FOR FALSE OR FRAUDULENT STATEMENT 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 statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements of entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years or both".

Applicant One Signature:

Applicant Two Signature:

Date:

Date:

*My signature indicates permission for the City of Rochester to check my credit report with one of the major credit reporting agencies.*



**Conflict of Interest Certification – Must be complete for application to be accepted.**

In order to assure compliance with the conflict-of-interest regulations governing the federal Community Development Block Grant (CDBG) program, set forth at 24 CFR 570.611, and the conflict of interest law (State of New Hampshire) the following Certification must be completed and signed by any person applying for any grant or loan or other assistance to businesses, individuals, or other private entities, supported in whole or part by CDBG funding, or funding under any programs sponsored by the City of Rochester.

CONFLICT OF INTEREST CERTIFICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

I/We certify that My/Our answers to the following questions are true to the best of My/Our knowledge and belief and I/WE understand that the word "you" includes the undersigned and the applicant for the grant, loan, or other assistance, and any principal thereof:

1. Are you presently, or have you been in the last twelve months, an employee, agent, consultant, officer, or elected or appointed official of any Agency (**including the City of Rochester**) receiving CDBG funds directly or indirectly from the City or the Authority.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered "No" to question #1, you need not answer the remaining questions.

2. What is the name of the Agency with which you are, or have been, associated and what is, or was your title?

Agency \_\_\_\_\_

Title \_\_\_\_\_

3. Do you presently exercise, or have you in the last twelve months, exercised any functions or responsibilities with respect to CDBG activities? Yes: \_\_\_\_\_ No: \_\_\_\_\_

4. Are presently, or have you in the last twelve months, been in a position to participate in a decision making process or to gain inside information with regard to CDBG activities? Yes: \_\_\_\_\_ No: \_\_\_\_\_

5. If you answered "Yes" to either question #3 or #4, are there any factors which you believed might justify an exception to the conflict-of interest provision: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain:

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Signature/s: \_\_\_\_\_ Date: \_\_\_\_\_

# COMMUNITY DEVELOPMENT MOBILE HOME ASSISTANCE PROGRAM

THE FOLLOWING INFORMATION IS REQUIRED FOR GOVERNMENT MONITORING PURPOSES SO THE US DEPT. OF HUD CAN DETERMINE THE DEGREE TO WHICH ITS PROGRAMS ARE UTILIZED BY THE PEOPLE FOR WHOM IT IS INTENDED. (This information is strictly confidential and is used for federal reporting purposes only.)

**INSTRUCTIONS:** Please choose the column which represents your family size and put an X in the box that best describes your family income; either above, between or below the number in the column. Family income includes wages and salaries, interest, net business income, social security, pensions, alimony received, VA Benefits, and educational benefit. Alimony paid may be deducted. The easiest way to figure your gross family income is by adding the "wages, tips, other compensation" (box 10 on your W2 form) plus any other income, i.e. interest, alimony, social security. This verification form should reflect your **current** family income.

**EXAMPLES:** You are married and have one child. Both you and your spouse work, and each of you have gross wages (reported on your W2's) of \$20,000. You and your spouse are not receiving any Social Security, VA, or other income benefits. Your total family income would be \$40,000 and you would find the column for a 3-person family and put an X in the **"BETWEEN"** box. If your spouse made \$46,550, you made \$7,450 and received a \$2,000 Veteran's benefit, your three person family income would be \$56,000 and you would put an X in the **"ABOVE"** box.

FAMILY SIZE – NUMBER OF MEMBERS

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	
<b>ABOVE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>ABOVE</b>
	\$39,000	\$44,550	\$50,100	\$55,700	\$60,150	\$64,600	\$69,050	\$73,500	
MY INCOME IS: <b>BETWEEN</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>BETWEEN</b>
	\$24,350	\$27,850	\$31,300	\$34,800	\$37,600	\$40,350	\$43,150	\$45,950	
<b>BELOW</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>BELOW</b>

As of February 2005

I certify the income information above is true and correct and provide proof of household income. I understand that failure to verify the income of my household can result in the revocation of my application from the program.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_