Community Development

ACCESSIBILITY GRANT PROGRAM
APPLICATION CHECK LIST
Fiscal Year 2012

All items must be received in the following order to receive approval in the program.

Please place your items in the following order:

1. **Your list of accessible items**
2. **The application**
3. **Proof of income (most recent income tax filing period) 1040\1040 EZ Income Tax Form with W2s or annual wages forms, or 1099 Misc. Income, and\or Pension, Social Security or other income statements such as unemployment, interest, etc. also includes applicable persons residing in the home earning income.**

4. **Include supporting documentation for all assets listed in *Section C*. (Provide copies of checking and savings statements etc.)**

Mail or deliver to:
St. Charles City Hall
200 N. Second St., 3rd Floor, Suite 303
St. Charles, MO 63301
Attn: Anita Telkamp

City Ordinance § 97.01 Policy, was established to assure equal opportunity to all persons, and states that it is unlawful to discriminate against anyone based on their race, color, creed, religion, ancestry or national origin, familiar status, age, sex\gender, income status, and\or handicap status.

EQUAL HOUSING OPPORTUNITY

St. Charles City Hall is wheel chair accessible. Those in need of auxiliary aids should contact the City sufficiently in advance to assure that accommodation may be made. Requests for other assistance or aids including language translations may be made in writing by contacting the Department of Community Development, 200 N. Second St., Suite 303, Attention Anita Telkamp or by telephone (636) 949-3224.

City of Saint Charles, Missouri
ACCESSIBILTY GRANT PROGRAM
APPLICATION
Fiscal Year 2011

Section A.

HOUSEHOLD INFORMATION

ADDRESS: _____Zip Code_____

PHONE NUMBER: ( )_____CELL PHONE: ( )_____

DAY TIME NUMBER: ( )_____ E-MAIL:_____

Race and age demographics listing are required to complete this application. Demographical statistics are reported to HUD for census and financial assistance tracking purposes only.

Please list one or more of the following races for each member of the household: Native American, Hispanic, Black\African American, Asian, White\Caucasian , Pacific Islander Other, or Other Multi-Racial

NAMES /AGE/RACE

Head of Household_____Age:____ Spouse:_____Age:____
Last, First, Middle Initial Last, First, Middle Initial
Race_____ Race:_____

CHILDREN NAME(S):
Last, First, Middle Initial

	Age:	Race:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section B.

HOUSEHOLD INCOME

LIST THE NAMES, (First, Last & Middle Initials), AGE(S), RACE(S) & INCOME OF OTHERS RESIDING IN THE HOME. **Supporting Documentation must also accompany this application.**

_____

_____

_____

See attached definition of income per corresponding number and explanation of whose income to count.
Total Annual Income:_____

List All Applicable Gross Annual Income For The Following Categories For Each Person Residing In The Home.

#	Income Type	Head of Household	Spouse	Other Member(s)	Other Member(s)	Total Combined Income
1.	Wages, Salaries, Tips	$	$	$	$	$
2.	Business Income	$	$	$	$	$
3.	Interest & Dividend Income	$	$	$	$	$
4.	Retirement & Insurance Income	$	$	$	$	$
5.	Unemployment & Disability Income	$	$	$	$	$
6.	Welfare Assistance	$	$	$	$	$
7.	Alimony Child Support& Gift Income	$	$	$	$	$
8.	Armed Forces Income	$	$	$	$	$
	Total Across					

List Total Monthly Gross Income: $_____

Anticipating Income. Six month projected monthly income: $_____

Section C.

ASSESTS & CASH VALUES

1. Cash held in savings account, checking accounts, safe deposit boxes, and cash on hand held at home.
List cash amount:$_____List where held:_____
2. Cash value of revocable trusts available to the applicant:$_____
3. Equity in rental property or other capital investments:$_____
4. Cash value of stocks, bonds Treasury bills, certificates of deposit and money market accounts:
$_____List where held:_____
5. Individual retirement and Keogh accounts:$_____List account:_____
6. Cash value of life insurance policies:$_____ List account:_____
7. Personal property held and cash value as an investment such as gems, jewelry, coin collection, antique cars:
_____

8. Lump sum or one-time receipts, such as inheritances, capital gamins, lottery winnings, victim's restitution, insurance settlements and other amount not intended as periodic payments:$_____

Are utilities paid to date? Yes\No If not list utility company and arrears owed.

_____

_____

Section D. Application Certification

I/We certify that the information above is true and correct to the best of our knowledge.

Date:_____ Applicant:_____

Date

Witness:_____ Applicant:_____

Date

You are required to submit copies of your supporting documentation with this application. If you are unable to provide copies please call and make arrangements for someone to assist you in making copies, 949-3222. Please call Anita Telkamp at 949-3224 if you need assistance completing this application.

File Access Authorization

The information in your file is confidentially maintained and accessed only by qualified HUD, CDBG\HOME staff, to yourself and\or anyone you may designate in writing. A copy of all forms requiring your signature(s) will be provided to you

CDBG\HOME Program Eligibility Release Form

ORGANIZATION REQUESTING RELEASE OF INFORMATION (CITY OF ST. CHARLES, MO, 200 N. SECOND ST. STE 303, ST. CHARLES, MO 63301, 636\949-3224) ***PURPOSE***: YOUR SIGNATURE ON THIS CDBG\HOME PROGRAMS ELIGIBILITY RELEASE FORM, AND THE SIGNATURES OF EACH MEMBER OF YOUR HOUSEHOLD WHO IS 18 YEARS OF AGE OR OLDER, AUTHORIZES THE ABOVE-NAMED ORGANIZATION TO OBTAIN INFORMATION FROM A THIRD PARTY (EMPLOYER, BANK, INSURANCE AGENT ETC.) RELATIVE TO YOUR INCOME ELIGIBILITY AND CONTINUED PARTICIPATION IN THE: HOME\CDBG: HOMEOWNER OCCUPIED REHABILITATION PROGRAM

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THE INFORMATION DERIVED FROM THIS FORM TO DETERMINE AN APPLICANT'S ELIGIBILITY IN CDBG OR HOME PROGRAMS AND THE AMOUNT OF ASSISTANCE NECESSARY USING CDBG\HOME FUNDS. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT FOR THE CDBG AND\OR HOME PROGRAMS TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. THE DEPARTMENT IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

INSTRUCTIONS: EACH ADULT MEMBER OF THE HOUSEHOLD MUST SIGN THE CDBG\ HOME PROGRAMS ELIGIBILITY RELEASE FORM PRIOR TO THE RECEIPT OF BENEFIT AND ON AN ANNUAL BASIS TO ESTABLISH CONTINUED ELIGIBILITY. ADDITIONAL SIGNATURES MUST BE OBTAINED FROM NEW ADULT MEMBERS WHENEVER THEY JOIN THE HOUSEHOLD OR WHENEVER MEMBERS OF THE HOUSEHOLD BECOME 18 YEARS OF AGE.

I (We) authorize _____access to my Accessibility Grant File

First and Last Name

Program file: _____ _____

Applicant Date Co-Applicant Date

_____ _____ _____

Other Household Member Other Household Member Other Household Member