HOUSING REHABILITATION PROGRAM APPLICATION

Date: _____ Name of Community: City of Marshall

Owner Name: _____

Street Address: _____ PO Box: _____

Telephone Number: _____ Email Address: _____

List names and ages of ALL occupants including applicant:

Name	Age	Name	Age	Name	Age

*If a child is part time, divorced/single parent has visitation etc., you must be claiming the child on your income tax for them to be counted as a full-time occupant of the home.

This application applies to **owner occupied** homes only.

Have you ever received housing grant funds from the City of Marshall? _____Yes _____No

If yes, what year were grant funds received: _____

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 in the United States, knowingly and willfully falsifies or makes false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000, or imprisoned not more than five years, or both."

Signature _____

MUST SIGN

To help determine the ethnic population of your locality, please check the appropriate category:

___ White, Not Hispanic
___ Black, Not Hispanic
___ Asian / Pacific Islander, not Hispanic
___ American Indian / Eskimo or Aleut, not Hispanic
___ Other, not Hispanic
___ Check here if female headed household

___ Hispanic
___ Single / Non-Elderly
___ Single Parent
___ Parents
___ Elderly
___ I choose not to respond

1. How many people 62 years of age or older are there in your home? _____
2. How many people with physical disabilities are there in your home? _____
3. Mortgage Type: ____ Conventional ____ Contract for deed ____ Life Estate ____ Paid Off

COUNTY: Clark

Month/Year *April 2024*

4. Based on number of persons living in the home, is the yearly income before taxes higher or lower than the income eligibility figures for your household size listed below:

Please be specific and check Low or Very Low Income

Number in Household	Income Limit					
	Lower	Higher	**Low Income**	Lower	Higher	**Very Low Income**
1			$48,450			$30,300
2			$55,400			$34,600
3			$62,300			$38,950
4			$69,200			$43,250
5			$74,750			$46,750
6			$80,300			$50,200
7			$85,850			$53,650
8			$91,350			$57,100

*****Income for all occupants aged 18 and older must be included regardless of contribution toward household expenses or obligations.***

Total Household Income per year $_____

5. Income Information for any occupant aged 18 and older (**Must be filled out for each resident living in the home** age 18 and older regardless of contribution toward household expenses or obligations)

Owner _____

Name of Employer _____

Rate per Hr. _____ Hrs. per Wk. _____

Social Security benefits per month _____

Pension benefits per month _____

Chile support received per month _____

Other income _____

Currently not employed _____

Other Occupant _____

Name of Employer _____

Rate per Hr. _____ Hrs. per Wk. _____

Social Security benefits per month _____

Pension benefits per month _____

Chile support received per month _____

Other income _____

Currently not employed _____

Other Occupant _____

Name of Employer _____

Rate per Hr. _____ Hrs. per Wk. _____

Social Security benefits per month _____

Pension benefits per month _____

Chile support received per month _____

Other income _____

Currently not employed _____

Other Occupant _____

Name of Employer _____

Rate per Hr. _____ Hrs. per Wk. _____

Social Security benefits per month _____

Pension benefits per month _____

Chile support received per month _____

Other income _____

Currently not employed _____

6. Monthly Housing Expenses

Monthly Mortgage Payment	$_____	Average Home Phone Per Month	$_____
Annual Insurance Premium	$_____	Average Cell Phone Per Month	$_____
Average Electrical Bill Per Month	$_____	Water/Sewer Payment Per Month	$_____
Average Gas Bill Per Month	$_____	Property Taxes Per Year	$_____

7. Is the house treated for termites on a yearly basis? _____Yes _____No
8. Was the residence built before 1978? _____Yes _____No
9. Is the residence a manufactured / mobile home? _____Yes _____No
   - Is it on a permanent block footing/foundation? _____Yes _____No
   - Has the tongue and axel been removed? _____Yes _____No
   - Do you pay trailer privilege tax? _____Yes _____No
10. How many rooms are in the house? _____
    - How many bedrooms? _____
    - How many bathrooms? _____
11. One Story _____ Two Story _____ Basement _____ Crawl Space _____ Slab _____
12. How many years have you lived at this residence? _____
13. Approximate square footage of house? _____
14. Are you related to any City Official or Employee? _____Yes _____No

    *If yes, please list name and type of relation*_____
15. Please mark or list any **structural improvements needed** to your home below.

    Please only mark or list the items that you feel need to be improved in your home.

    _____Roofing (age_____) _____Gutters _____Plumbing _____Electrical Wiring _____Doors

    _____ Windows _____Furnace (age_____) _____Water Heater (age_____) _____Siding

    Other_____

    _____

    _____

    _____

    _____

    (Items not covered by a grant: stoves, refrigerators, freezers, generators, fences, detached garages, detached sheds, walk-in-bathtubs, tankless water heaters, home additions, etc.)

Please return application to the City of Marshall or to:

PSC Civil Engineers, Land Surveyors
201 South Division Street
Carterville, Illinois 62918
Attn: Tammy Campbell

COMMUNITY DEVELOPMENT BLOCK GRANT INCOME SURVEY

Community: City of Marshall County: Clark County

Street Address: _____ Date Conducted: _____

1. How many people are living in the house? _____
2. Check here if female headed household ( )
3 How many people are over 62 years old? _____
4. How many persons with physical or developmental disabilities are there in your household: _____
5. Do you own your own home? _____ Or rent? _____
6. To help determine the ethnic population of your locality or project area, please indicate the number of persons in the household in each appropriate category:

MINORITY BENEFIT DETERMINATION		
Racial Group	**Total Persons**	**# of Hispanic / Latino Ethnicity**
White		
Black/ African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/African American		
Other Individuals Reporting more than One Race		
	I choose to not respond ☐	

Use the most recent Section 8 Income Limits for your county. Indicate Month/Year: 2024 (See Section IX Attachments)
Enter the figures detailed on the line entitled "LOW-INCOME" for 80% and "VERY LOW-INCOME" for 50%.

Number of Persons in Family /Household	Annual Income Limit 30% of median (A)	Annual Income Limit 50% of median (B)	Annual Income Limit 80% of median (C)
1	$18,200.00	$30,300.00	$48,450.00
2	$20,800.00	$34,600.00	$55,400.00
3	$25,820.00	$38,950.00	$62,300.00
4	$31,200.00	$43,250.00	$69,200.00
5	$36,580.00	$46,750.00	$74,750.00
6	$41,960.00	$50,200.00	$80,300.00
7	$47,350.00	$53,650.00	$85,850.00
8	$52,720.00	$57,100.00	$91,350.00

7. Based on the number of persons in your household, check whether your entire household income is:

Lower than Column A …….. ____ Between Columns B & C …. ____
Between Columns A & B ….. ____ **Higher** than Column C ……. ____

COMMENTS: _____

_____

HOUSING NEEDS SURVEY

Address: _____

To be completed for ALL housing rehabilitation projects.

1. How many rooms are in the house – not counting bathrooms? _____
2. Is your house connected to a central sewer system ☐ Yes ☐ No
3. Are any major improvements needed to your home ☐ Yes ☐ No

If yes, please describe below

Roofing	☐	☐
Plumbing	☐	☐
Electrical/Wiring	☐	☐
Heating/AC	☐	☐
Foundation	☐	☐
Other	☐	☐

Is your home One-story ☐ or Two-story ☐

Does your home have a Basement ☐ or Crawl Space ☐

FOR INTERVIEWER ONLY!

Place corresponding points to describe the extent of each structural deficiency.

SECTION A – Major Deficiencies **Points: (6) Remove/Replace (3) Repair (0) No Repairs Needed**			
Roofing		Plumbing – Drain/Waste/Vent	
Framing – Exterior walls & Sills		Plumbing – Supply & Fixtures	
Framing – Load bearing beams & joists		Electrical Service & Distribution	
Foundation		Electrical Fixtures	
Furnace		**Section A Total (Max. 54)**	
SECTION B – Minor Deficiencies **Points: (4) Remove/Replace (2) Repair (0) No Repairs Needed**			
Doors – Interior		Interior Flooring	
Doors – Exterior		Windows	
Porches/Entrances		Siding/Painting	
		Section B Total (Max. 24)	
Approximate Square Footage: _____		**Total Points (A + B)**	
Designate if housing unit is a Mobile Home Yes ☐ No ☐ Eligible? Yes ☐ No ☐			

Type of Survey Conducted: ☐ Door-to-Door ☐ By Mail: ☒ Combination

INCOME & HOUSING NEEDS SURVEYS APPROVED BY:

_____ _____ _____

Printed Name *Signature* *Date*

Surveys submitted without the occupant's address, date conducted and signature and date of approver will be considered spoiled/unusable. Further, verification of survey results may be randomly conducted by CDBG Program Staff.