



Minor Repairs Program

Department of Housing and Citizen Services

I am interested in receiving: (choose **only** one)

- Handicap Accessibility Modifications
- Mechanical Repairs
- Exterior Painting
- Electrical Repair
- Plumbing Repairs
- Safety & Security Improvements
- Insulation & Weatherization Improvements

Application

Applicant Information													
Full Name:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 33%;"></td> <td style="border-bottom: 1px solid black; width: 33%;"></td> <td style="border-bottom: 1px solid black; width: 33%;"></td> </tr> <tr> <td style="text-align: center; font-size: small;"><i>Last</i></td> <td style="text-align: center; font-size: small;"><i>First</i></td> <td style="text-align: center; font-size: small;"><i>M.I.</i></td> </tr> </table>						<i>Last</i>	<i>First</i>	<i>M.I.</i>				
<i>Last</i>	<i>First</i>	<i>M.I.</i>											
Address:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;"></td> <td style="border-bottom: 1px solid black; width: 30%;"></td> </tr> <tr> <td style="text-align: center; font-size: small;"><i>Street Address</i></td> <td style="text-align: center; font-size: small;"><i>Birthday:</i></td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 33%;"></td> <td style="border-bottom: 1px solid black; width: 33%;"></td> <td style="border-bottom: 1px solid black; width: 33%;"></td> </tr> <tr> <td style="text-align: center; font-size: small;"><i>City</i></td> <td style="text-align: center; font-size: small;"><i>State</i></td> <td style="text-align: center; font-size: small;"><i>ZIP Code</i></td> </tr> </table>					<i>Street Address</i>	<i>Birthday:</i>				<i>City</i>	<i>State</i>	<i>ZIP Code</i>
<i>Street Address</i>	<i>Birthday:</i>												
<i>City</i>	<i>State</i>	<i>ZIP Code</i>											
Home Phone:	()	Social Security Number: _____											
<input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I am a permanent resident alien													
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic													
<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Asian and White													
<input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> African American and White <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> American Indian/Alaskan Native and African American													
<input type="checkbox"/> Other Multi-Racial													
Do you have any outstanding judgement? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Is your property in foreclosure or in lieu of? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Are you a party to a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Have you ever received services from this office? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Number persons in Household: _____													
Is this your full-time address? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Do you rent your home? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Co-Applicant: _____			Birthday: _____										
Social Security Number: _____													
<input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I am a permanent resident alien													
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic													
<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Asian and White													
<input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> African American and White <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> American Indian/Alaskan Native and African American													
<input type="checkbox"/> Other Multi-Racial													

Applicant's Household Income

Applicant

Are you employed? Yes No Full-time Part-time Retired

Employer: _____

Employer Address: _____

Employer Phone Number: _____

Do you receive: (check all that apply)

- | | | | | |
|--|-------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> SSI or SSD | <input type="checkbox"/> Pension | <input type="checkbox"/> VA Benefits | <input type="checkbox"/> LEAP |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Alimony | <input type="checkbox"/> Basic Allowance | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Food Stamps |

Monthly Income: \$ _____

Co-Applicant

Are you employed? Yes No Full-time Part-time Retired

Employer: _____

Employer Address: _____

Employer Phone Number: _____

Do you receive: (check all that apply)

- | | | | | |
|--|-------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> SSI or SSD | <input type="checkbox"/> Pension | <input type="checkbox"/> VA Benefits | <input type="checkbox"/> LEAP |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Alimony | <input type="checkbox"/> Basic Allowance | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Food Stamps |

Monthly Income: \$ _____

Assets

Account	Account Holder	Bank	Balance
Checking			
Savings			
Certificate of Deposit			
Money Market			
IRA			
401(k)			
Other			
Total	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	

I/We hereby authorize and provide permission to the City of Pueblo, Department of Housing & Citizen Services to investigate my/our credit background, for the purposes of processing a Minor Repairs Program application. Please release any information requested in the timeliest manner available. I also authorize the credit-reporting agency to use a photocopy of this form to supply to one or more of my creditors and request that such creditors honor the request for credit information.

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 State Code, Section 1001, et seq.

Applicant's Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

