

Household Data Questionnaire (please check the appropriate answer)

Do you own your property?

Yes

No

Is the property in need of repair your primary residence?

Yes

No

Check the box that best describes your property:

House

Mobile Home (on owned parcel)

Mobile Home (on rented lot)

Current household residents (beginning with yourself, please list every person living in your household and the information requested)

First and Last Name	Relation to Homeowner	Gender	Race/Ethnicity	Birth Date	Social Security Number	Gross Monthly Income*	Source of Income**

Total: _____

*Gross income is total income before taxes or other items are deducted.

**Sources include employment, retirement/pensions, Social Security, SSI, VA Benefits, Work First, annuities, alimony, child support, regular contributions from family, rental income, or other regular payments.

Number of dependents in household: _____

Does anyone in the home receive disability or SSI?

Yes

No

If yes, please list the individual(s)' name(s) below and describe their disability, handicap, or illness(es):

FAMILY ASSETS

Bank Accounts Checking _____ \$ _____

 Savings _____ \$ _____

Stocks/Securities – If you own any stocks or securities, list their value \$ _____

Home/Land – List the tax value of your... Home (without land) \$ _____

 Land your house is on \$ _____

 Number of Acres _____

 Other Real Property \$ _____

 Number of Acres \$ _____

If you currently hold a mortgage, list your... Monthly Payment \$ _____

 Balance Owed \$ _____

Please describe the concerns you have about your home: _____

How long have you needed these repairs? _____

CERTIFICATION

I hereby certify that I own and occupy the home described above, that the above information is complete and true to the best of my knowledge, and I give Buncombe County and any partner agencies permission to verify the contents of this application and to facilitate the repair of my home.

Applicant Signature Date

Co-Applicant Signature Date