



## Application

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

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

Do you agree to a forgivable lien filed against your property? (Program Requirement)  Yes      Initials \_\_\_\_\_

Is the address listed above your primary residence?  Yes      Initials \_\_\_\_\_

**PLEASE SELECT ONE:**

I/We own the property and **do not** have a mortgage nor buying on contract

I/We own the property and **do** have a mortgage – Name of Mortgage Company: \_\_\_\_\_

---

I/We are buying on contract (Filed at County Assessor's Office & Contract Holder **MUST** sign Consent to Lien prior to approval)

Last Name	First Name	MI	Relationship to Head of Household	Male or Female	Race	Ethnicity	Date of Birth
			H				

**Relationship to HOH:**    **H**-Head; **S**-Spouse; **AT**-Adult Co-Tenant; **O**-Other Family Member; **C**-Child; **F**-Foster Child; **L**-Live-In Caretaker

**Race:**                                **W**-White; **B**-Black/African American; **A**-Asian; **AIW**-American Indian/Alaska Native and White; **AIB**-American Indian/Alaska Native and Black/African American; **PI**-Pacific Islander/Hawaiian Native; **AW**- Asian and White; **BW** – Black/African American and White

**Ethnicity:**                        **H**-Hispanic or Latino; **N**-Non-Hispanic or Latino

I/We understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly, making false or fraudulent statement to any department of the United States Government. I/We further understand that any willful misstatement of information will be grounds for disqualification. I/We certify that the application information provided is true and complete to the best of my/our knowledge. I/We consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/We agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record. I/We further understand that if any misrepresentation or fraudulent statement is discovered after assistance has been provided the Polk County / MPLSH will demand and pursue through all legal remedies available, repayment of the funds provided through the HUD Funded Program.

\_\_\_\_\_  
Signature (Head of Household)                      Date                      Signature (Spouse of HOH)                      Date

\_\_\_\_\_  
Signature (Other Adult Household Member)                      Date                      Signature (Other Adult Household Member)                      Date



MPLSH programs are open to all without regard to age, color, creed, disability, gender identity, national origin, pregnancy, race, religion, sex, sexual orientation or veteran's status

# Application



MPLSH programs are open to all without regard to age, color, creed, disability, gender identity, national origin, pregnancy, race, religion, sex, sexual orientation or veteran's status