



City of Lawton

Housing and Community Development
1405 SW 11th Street, Lawton, OK 73501
580-581-3347

Referred by:	
<input type="checkbox"/>	COL Neighbor- hood Services
<input type="checkbox"/>	COL Police Department
<input type="checkbox"/>	COL Water Department

HOUSING ASSISTANCE APPLICATION

A. APPLICANT(S) INFORMATION

1. _____

Last Name	First Name	Middle Initial
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed		

2. _____

Last Name	First Name	Middle Initial
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed		

B. PROPERTY INFORMATION

1. _____

Address	Zip Code	Phone Number
---------	----------	--------------

2. Specifically Describe the Type of Housing Repair(s) Requested: _____

3. Has this property received city assistance in the previous twelve (12) months for an **Emergency Repair, Exterior Housing Improvement, or Homeowner Rehabilitation**? Yes No
If yes, Type: _____ Date: _____ Amount: _____

4. Has this property **ever** received city assistance? Yes No

5. Does this property have a mortgage(s)? Yes No
If yes, Mortgage Company Name: _____

6. Is this property covered by homeowner's hazard insurance? Yes No
If yes, Insurance Company Name: _____

7. Besides the property listed above, do you own any other property or real estate? Yes No

C. HOUSEHOLD INFORMATION (Head of Household uses first line)

1. _____

Name	Age	Relationship	Yes <u> </u> No <u> </u> US Citizen
------	-----	--------------	--

2.	_____	_____	_____	Yes No
	Name	Age	Relationship	US Citizen
3.	_____	_____	_____	Yes No
	Name	Age	Relationship	US Citizen
4.	_____	_____	_____	Yes No
	Name	Age	Relationship	US Citizen
5.	_____	_____	_____	Yes No
	Name	Age	Relationship	US Citizen
6.	_____	_____	_____	Yes No
	Name	Age	Relationship	US Citizen

D. EMPLOYMENT

1.	_____	_____
	Applicant's Employer	Employer Address
2.	_____	_____
	Co-Applicant's Employer	Employer Address
3.	_____	_____
	Other Adult's Employer	Employer Address

E. GROSS MONTHLY INCOME (Before taxes and other deductions)

1.	Applicant's Gross Wages	\$ _____
2.	Co-Applicant's Gross Wages	\$ _____
3.	Other Adult's Gross Wages	\$ _____
4.	Retirement/Pension, Veteran's Benefits, Social Security, etc	\$ _____
5.	Other Earnings: Alimony, Child Support, etc	\$ _____
	TOTAL MONTHLY HOUSEHOLD GROSS INCOME	\$ _____

F. LIQUID ASSETS

1.	_____	_____	\$ _____
	Bank Name	Checking Account Number	Balance
2.	_____	_____	\$ _____
	Bank Name	Savings Account Number	Balance
3.	_____	_____	\$ _____
	Bank Name	Other Account Number	Balance

4. Other Liquid Assets: US Savings Bonds, Stocks, Notes, Trust Fund, Cash on hand \$ _____
TOTAL LIQUID ASSETS \$ _____

G. FIXED ASSETS (List values)

1. Real Estate (other than primary residence) \$ _____
 2. Vehicle (other than primary) \$ _____
 3. Personal Property (jewelry, collectables, antiques, etc) \$ _____
TOTAL FIXED ASSETS \$ _____

TOTAL LIQUID & FIXED ASSETS \$ _____

I/we, the applicant(s) certify that all information in this application is given for the purpose of obtaining assistance under the City’s housing programs, and is true and complete to the best of the applicant's knowledge and belief. I/We also understand(s) that I/We am/are subject to all program guideline changes that may be implemented in the future without prior notice. Applicant(s) understands that willful falsification of this information may require the applicant to reimburse the City of Lawton the project cost of housing assistance received. Applicant(s) agrees that any of the information contained in this application may be verified by any source necessary.

WARNING: 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 STATEMENTS TO RECEIVE SERVICES UTILIZING UNITED STATES GOVERNMENT FUNDS.

 Applicant’s Signature Date Co-Applicant’s Signature Date

Above signature(s) have been verified by HCD Staff: Signature _____ Date _____

The below information is requested for Federal reporting purposes and will not be considered in evaluating your application. (*Please mark the Race and Ethnicity box(es) that you feel best describes your Household*)

Race: Please check all appropriate boxes

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/other Pacific Islander
- White
- Black/African American & White
- American Indian/Alaska Native & White
- American Indian/Alaska Native & Black/African American
- Asian & White
- Other Multi-racial

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Are you (Applicant) a female head of household? Yes No