

Neighborhood Enhancement Program (NEP) Household Income Self Certification Form

Applicant Name _____

Home Address _____

Project Description _____

	NEP Applicant Qualifications Checklist
	<input type="checkbox"/> The applicant is the owner and occupies the assisted property.
	<input type="checkbox"/> The applicant does not own any property that is tax delinquent .
	<input type="checkbox"/> There is current insurance coverage on the property.
	<input type="checkbox"/> The applicant does not own any property that is subject to any citation of violation of the state and/or local codes and ordinances.
	<input type="checkbox"/> The applicant has not been the prior owner of any property transferred to the Treasurer or to a local government as a result of tax foreclosure proceedings.
	<input type="checkbox"/> The applicant has a household income at or below 120% of the XXX County median income (located below).

XXX	XXX County (For Information Only – Do Not Mark)							
Household Size	1	2	3	4	5	6	7	8
Income Limits 80% AMI	\$XX,XXX	\$XX,XXX	\$XX,XXX	\$XX,XXX	\$XX,XXX	\$XX,XXX	\$XX,XXX	\$XX,XXX

BY MY SIGNATURE BELOW, I CERTIFY THAT MY INDIVIDUAL INCOME OR HOUSEHOLD INCOME IS APPROXIMATELY \$_____ ANNUALLY AND _____ NUMBER OF PERSONS RESIDE IN MY HOME. I FURTHER CERTIFY THAT I AM ABLE TO DOCUMENT MY ANNUAL INCOME WITH PAYSTUBS, OR OTHER EVIDENCE.

I CERTIFY ALL THE INFORMATION ON THIS APPLICATION AND ALL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY BELIEF AND KNOWLEDGE. I UNDERSTAND THAT THE GRANTEE WILL REVIEW THIS REQUEST AND DETERMINE IF IT IS IN COMPLIANCE WITH THE PROGRAMS POLICIES, HID REGULATIONS AND PRIORITIES, AND THE NEIGHBORHOOD ENHANCEMENT PROGRAM. IF THIS APPLICATION IS APPROVED, I WILL CARE FOR AND MAINTAIN THE PROPERTY.

SIGNATURE OF APPLICANT: _____ **DATE:** _____