



APPLICATION FOR PURCHASE OF CITY-OWNED PROPERTY (Acquisition Only, Acquisition for Rehabilitation or New Construction)

Please fill out all sections of Part I. If seeking to qualify as a low to moderate income household, please also complete Part I and Part II. Ensure to attach all supportive documentation and return the application with the non-refundable **\$100.00** application fee to:

Department of Community and Economic Development
230 S. Jackson Street, Suite 315
Albany, Ga. 31701

Who should complete this application?

This form is for persons wishing to:

- Purchase City-owned buildings or land for acquisition only; or
- Purchase City-owned buildings or land for planned development (rehabilitation or new construction).

Note: You, or your hired Contractor, must have experience with similar projects.

What will it cost me to acquire the property?

Buildings or Single-family Homes:

Available buildings or single-family homes are marketed for sale at a Fair Market Value as determined by the tax assessed value or an appraisal. The value of structures is typically determined by the condition of the structure, comparable sales in the area, or the tax assessed value.

Vacant Land:

Available vacant land is marketed for sale at a Fair Market Value as determined by the tax assessed value or an appraisal. The value of vacant land is typically determined by its best and highest use.

For both the acquisition of buildings and vacant land, a negotiated price below fair market value is available for eligible developers/organizations that are seeking to carry out an eligible activity under the Community Development Block Grant (CDBG) or HOME Investment Partnership Program (HOME) Programs.

A negotiated price (price below fair market value) will result in the property being sold subject to deed restrictions.

Is earnest money deposit required?

You may be required provide to the City of Albany, City Attorney's Office earnest money deposit of \$500 for acquisition of vacant land, buildings, or single-family homes in the form of a cashier's check. You understand this will be held in a non-interest bearing account. It will be applied to the purchase price at closing or upon your failure to close within 60 days of the City's decision to dispose of the property to you or the funding will become liquidated damages to the City and the parties will have no further obligation to each other. The full purchase price, including closing costs (if applicable) must be paid by the prospective purchaser at closing within 90 days of receipt of notification of an acceptance offer from the City.

How do I see the inside of an available building or single-family home?

Contact the Department of Community and Economic Development with the address of the City-owned property you're interested in buying. Staff will provide you with the contact name and number for the DCED Representative assigned to the property. The DCED Representative will schedule an appointment for you to view the property. All applications for acquisition with rehabilitation are required to complete a walkthrough of the property **prior to** submitting an application.

How long will I have to complete a rehabilitation (building or single-family home)?

You have sixty (60) days to correct all exterior code violations.

You have one hundred eighty (180) days to complete the entire rehabilitation.

You have thirty (30) days after completion to submit pictures of the rehabilitation.

How long will I have to complete new construction or multi-family rehabilitation?

You have six (6) months to start construction and eighteen (18) months to complete construction. (Multiple unit projects are negotiable.)

You have thirty (30) days after completion to submit pictures of the construction.

Please read the following, sign and date that you have read and understand the information provided.

- An application will not be approved unless the applicant has sufficient funds to purchase the property and to perform all proposed improvements. Written documentation of necessary funding is required.
- The City reserves the right to condition the sale on the buyer's acceptance of deed restrictions and/or other agreements. The City reserves the absolute right to accept or reject any and all land use/development proposals and offers for purchase.
- All applications must be approved by the Disposition Review Committee. The City further reserves the right to require a review of the purchase by the City Attorney, City Manager, Board of Commissioners, or other panel established by the Department.
- The potential property owner must obtain the necessary building permits and meet the zoning requirements established for the proposed area in which they plan to develop.
- The Applicant has the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint hazard.
- The Applicant has read and agreed to adhere to the documents entitled "Renovate Right" and "Protect Your Family" located on the EPA website. If the applicant does not have access to the internet, a paper copy will be provided by request. The web addresses are:
 - "Renovate Right" <http://www.epa.gov/lead/pubs/renovaterightbrochure.pdf>
 - "Protect Your Family" <http://www.epa.gov/lead/pubs/leadpdf.pdf>

- **Lead Warning Statement:** Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspection in the seller’s possession and notifies the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.
- Buyer agrees to accept title to the property by Quit Claim Deed from the City; that the sale is AS IS, WHERE IS without any warranties or representations by the City including, without limitation, the property’s suitability; habitability; fitness of buyer’s intended purposes of the property; environmental site conditions; zoning; adequacy of utility services; warranties of merchantability; or defects in the property’s title. Buyer understands he/she should hire an attorney to perform a title exam.
- Buyer agrees to indemnify and hold harmless the City, its agents, officers, elected officials , and employees, their successors and assigns from any claims, losses, damages, costs, or expenses including, without limitation, all reasonable attorneys’ fees asserted against, incurred, or suffered by City arising out of Buyer’s activities or based on alleged negligence of Buyer, whether the claims be for personal injuries (or death) related to the property, provided this indemnity shall not extend to acts or omissions of the City.

Signature (Required)

I have read and understand the information provided above.

X _____ Date _____

Disclaimers and Limitations: The Purchaser fully acknowledges the statutes, limitations, covenants, and provisions set forth by the City of Albany Disposition Policy, and whereby, from henceforth agrees to abide by all guiding regulations as determined by the respective bodies of the City of Albany Department of Community and Economic Development (DCED) and the U.S. Department of Housing and Urban Development (HUD). Purchaser agrees to buy the Property in its present condition, as conveyance of the Property shall be made by Seller to Purchaser on an “as is, where is” basis, with no warranty of condition of habitability or material fitness for a particular purpose of the property, implied or intended. Seller hereby specifically disclaims any warranty or representation thereof, as regarding said Property, any affirmation of the nature and condition of the Property, in part or whole, pertaining but not limited to, its water, soil, or geologic composition, or the suitability of any and all activities and uses the Purchaser may elect to conduct on said Property. Purchaser bears the responsibility for its own examinations and inspections of the Property, thus absolving the Seller against recourse, whether in right, claim, or cause of action, with which Purchaser may have against Seller with respect to environmental conditions existing at the Property on the date of closing. Seller does not warrant either clear title to the Property or in any way, suggests or implies the feasibility of attaining clear title. The provisions set forth by this paragraph, holistically bound to other stipulations as stated by local and federal regulation, shall carry valid weight in perpetuity, signaled by the execution of the deed by Seller and the closing of the transaction contemplated by this agreement.

Part I – PROPERTY INFORMATION

Property Information:

Address of Property/Lot Requested: _____

Square Footage of Building or Lot: _____ Parcel ID Number: _____

Intended Use of Property: _____

Zoning Classification: _____ Purchase Price of the Property: _____

Applicant Information:

Applicant/Organization/Business Name: _____

Home Address (cannot be a PO Box): _____ City, State, Zip: _____

Business Address (if different): _____ City, State, Zip: _____

Phone (home): _____ Phone (other): _____

Email: _____

DUNS Number: _____ Federal I.D.: _____

Contractor Information:

Organization/Business Name (if applicable): _____

Name: _____

Home Address (cannot be a PO Box): _____ City, State, Zip: _____

Business Address (if different): _____ City, State, Zip: _____

Phone (home): _____ Phone (other): _____

Email: _____

Please list any addresses owned by the applicant or currently leased by applicant (include additional sheets, if necessary):

Address: _____ City, State, Zip: _____

Address: _____ City, State, Zip: _____

Address: _____ City, State, Zip: _____

Address: _____ City, State, Zip: _____

Please Respond to the Following Questions:

1. Have you, or any Company/Organization in which you hold interest, ever failed to pay property taxes on time?
Please explain a yes answer below.
 Yes
 No

2. Have you, or any Company/Organization in which you hold interest, ever received a notice from the City indicating that you are in violation of City Code? Please explain a yes answer below.
 Yes
 No

3. Have you, or any Company/Organization in which you hold interest, ever had a property foreclosure filed against you?
Please explain a yes answer below.
 Yes
 No

4. Do you, or any Company/Organization in which you hold interest, owe any income taxes, mortgage or other debts to the City of Albany or Dougherty County? Please explain a yes answer below.
 Yes
 No

About the property you wish to purchase:

1. What was the date of your walk-thru of the property? _____ (Your initials)

2. What type of structure will this be upon completion of construction?
 Residential
 Commercial
 Other

3. Following construction, will the applicant occupy the building?
 Yes
 No

4. Are there plans for demolition, in part or whole, of the building?
 Yes
 No

5. Will proposed rehab/construction alter the original appearance of the building?
 Yes
 No

6. If this is a residential structure, will the structure become a rental property?

Yes

No

If yes, Affordable Rent _____ Market-Rate Rent _____

ATTACHMENTS

The following information must be attached to this document before your application will be processed. The application will not be considered complete until it is submitted with all attachments.

Payment:

Non-Refundable Application Fee of \$100.00. Checks or money orders should be made payable to "City of Albany."

About the Project:

A description of the project (no more than one page in length) A detailed breakdown of project costs; and

A marketing plan (a plan on how to sell the completed units, if applicable).

Also for Rehabilitation:

Rehab specifications (include any information on energy efficiencies or green construction practices).

Also for New Construction:

Building elevations & construction drawings; and

A site plan, including at a minimum: 1) the building footprint (how the building will be positioned on the lot)
2) accessory buildings and their placement 3) landscaping.

Tax/Payment Info:

Printout of the tax payment history from the Dougherty County Tax Department or copy of a paid receipt for all properties owned.

Financing:

Documentation is required to verify the funding necessary to purchase the property and to complete the rehabilitation or new construction. This typically includes:

Letters from all banks or other lending institutions approving any financing proposed for the project. The letters should contain the amount, term, and all requirements of the financing; it should state that the financing can be used for the proposed project. The amount of financing must equal or exceed the amount contained in the development project costs.

Personal or business bank statements and a letter from the applicant if the applicant proposes to use existing cash. The amount of the statements must equal or exceed the amount contained in the development project costs.

Specific information on funding to acquire the property and any other proposed source of project funding.

NOTE: *If your project has already been approved to receive funding from DCED, you will not need to provide the financing information listed above. Instead, please attach a copy of the application/proposal you submitted to obtain the funding from DCED. Our office will contact you if more information is required.*

Experience:

- Include specific documentation on two prior projects, including description of projects, before and after photos, development costs and market values, addresses, and any additional information that would assist our staff in determining the Applicant’s ability to complete the proposed project.

All personal information submitted to DCED is confidential, to the extent permitted by law.

If you would like to submit an independent, certified appraisal to the City for consideration of the market value of property, it should be submitted along with the Disposition Application. DCED may elect not to consider any appraisals that are submitted after the application has been submitted.

Signature (Required)

By signing below, the applicant hereby certifies that the information provided herein is correct and true to the best of his or her knowledge and that applicant agrees to maintain the lot requested in accordance with all local ordinances and relevant laws. Falsifying or deliberately omitting any information regarding this application may result in the City of Albany seeking remedies available under the law.

By receiving this application, I understand the City of Albany does not commit to transferring the subject property and that this application is a statement of interest only.

Applicant’s Signature: _____ Date: _____

Applicant’s Signature: _____ Date: _____

Please visit the City of Albany’s Planning and Development website at <http://www.albany.ga.us/content/1798/2879/2963/3320/default.aspx> for information regarding development. (i.e. Development Handbook, Floodplain Ordinance, Albany Design Guidelines, etc.)

PART II – Applicant Income Eligibility

Please complete this section if you seek to qualify as a low to moderate income household.

A checklist has been provided to assist in providing the necessary documentation needed for verification of income for all members 18 years of age or older and identification of household members. In an event, where a member does not receive any income, he/she is required to complete and submit a **Declaration of Zero Income Form**. Children 18 years of age or older attending school must submit verification of school enrollment.

Below is a list of sources of income for which you will need in completing the remainder of the application. In addition, you will need to attach all verification documents to the application prior to returning it to our department.

INCOME VERIFICATION (per individual over 18 years of age)

- Employment Wages/Salary - - Last three months (most recent) consecutive employer pay-stubs
- Social Security Income - Recent copy of award letter (less than six (6) months old)
- Payment from Annuities, Retirement funds, Pensions- Recent copy of award letter
- Payment in lieu of earning - Recent copy of award letter

Any payments that will begin during the next twelve (12) months must be included. Examples: Unemployment and Disability Compensation, Worker’s Compensation, and Severance Pay

- Self-Employment Income- Recent copy of W’2 and/or 1099 form(s)
- Payment from alimony, Child Support & Gift Income– Most recent award letter and documentation
- TANF Assistance – Recent copy of award letter
- Bank Statements, etc. for verification of assets – Three months of statements (90 days)
- Childcare – Copies of receipts (90 days)

APPLICANT INFORMATION

Applicant's Name: _____

Street Address/City/State/Zip Code: _____

 Please check here, if Street Address the same
Mailing Address/City/State/Zip Code: _____

Date of Birth: _____

Social Security Number: _____

Home Number: _____

Work Number: _____

Fax Number: _____

Email Address: _____

Employer's Company Name: _____

Employer's Address/City/State/Zip Code: _____

Your
Job Position/ Title: _____

How long? _____

Supervisor's Name: _____

Supervisor's
Email Address: _____

Gross Amount (before any deduction): \$ _____

-
- Weekly
-
-
- Bi-weekly
-
-
- Monthly

Annual Gross Amount (before any deduction) \$ _____

CO-APPLICANT INFORMATION

Co-Applicant's Name: _____

Street Address/City/State/Zip Code: _____

 Please check here, if Street Address the same
Mailing Address/City/State/Zip Code: _____

Date of Birth: _____

Social Security Number: _____

Home Number: _____

Work Number: _____

Fax Number: _____

Email Address: _____

Employer's Company Name: _____

Employer's Address/City/State/Zip Code: _____

Your
Job Position/ Title: _____

How long? _____

Supervisor's Name: _____

Supervisor's
Email Address: _____

Gross Amount (before any deduction): \$ _____

-
- Weekly
-
-
- Bi-weekly
-
-
- Monthly

Annual Gross Amount (before any deduction) \$ _____

DISABILITY CERTIFICATION

Please check/complete all that apply:

- I/We certify that I/we DON NOT have a disability.
- I/We certify that I/we DO have a disability. I /WE authorize the release of medical information necessary to complete this form. I/We understand that this form must be returned with the application.

Name of Person Disabled	Name of their Physician	Physician's Phone Number
<i>Please sign below:</i>		
_____	_____	_____
Applicant Name (Print)	Applicant Signature	Date
_____	_____	_____
Co-Applicant Name (Print)	Co-Applicant Signature	Date

APPLICANT: DO NOT WRITE BELOW THIS LINE. OFFICIAL USE

PHYSICIAN CERTIFICATION OF DISABILITY

- The patient has a permanent disability, which has the following mobility restrictions:

- The applicant has a permanent disability, which has the following mobility restriction.
- The application does not have a permanent disability.

By signing below, I/We certify as the patient's physician that the information provided on this Disability Certification is true and complete to the best of my knowledge and belief.

Physician Name (Print)

Physician Signature

Date

LIST ALL HOUSEHOLD MEMBERS & THEIR INCOME, IF ANY (please include yourself)

Person Name	Social Security	Relationship (self, wife son, etc.)	Age	List any Source(s) of Income (employment, social security, etc.)	Pay Period (weekly, bi-weekly, monthly)	Gross Amount of Income (before any deductions)

***Income includes money, wages and salaries before any deductions; net receipts from non-farm or farm self employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses). Income also includes regular payments from social security, railroad retirements, unemployment compensation, strike benefits from union funds, worker's compensation, veteran payments, training stipends, alimony, and military family allotments; private pensions, government pensions (including military retirement pay), and regular insurance annuity payments; dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, welfare assistance (TANF) and net gambling of lottery winnings.

\$ _____
**Total Annual
 Gross
 Household
 Income**

OTHER HOUSEHOLD INFORMATION

Racial/Ethnic Classification: _____
 (Black or African American, White or Caucasian, Hispanic, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander or Other)

Are you an U.S. Citizen or U.S. Permanent Resident: _____

Are you or any member of your household currently receiving SSI? _____

Is anyone in the household handicapped? _____
 If applicable,
 How many persons? _____

Is this a female headed household? _____
 Is applicant over 62 years of age or older? _____
 Are other members in the household 62 years of age or older? _____

ASSETS

I/We certify that we only have the following items as check on the list below:

Which applies <i>(please check)</i>	Line Item	Current Value
_____	Checking Account(s)	\$ _____
_____	Saving Account(s)	\$ _____
_____	Certificate of Deposit Account(s)	\$ _____
_____	IRA Account(s)	\$ _____
_____	Annuity Account(s)	\$ _____
_____	Redeemable Life Insurance Account(s)	\$ _____
_____	Keogh Account(s)	\$ _____
_____	Retirement Account(s)	\$ _____
_____	Money Market or Stock Funds and/or	\$ _____
_____	Assets or Investments owned in partnership with others	\$ _____

Privacy Act Notice Statement: The U.S. Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a CDBG/HOME program; to protect the Governmental financial interest; and to verify the accuracy of the information furnished. It may be released to the appropriate Federal, State and local agencies when relevant, as well as to civil, criminal or regulatory investors, and to persecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask this information by the National Affordable Housing Act (NAHA) of 1990.

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 fraudulent statements to any department of the United States Government.

IMPORTANT

I certify that by signing this form the information stated is true and accurate to the best of my knowledge. I certify that I have no additional income and/or assets other than those described here.

Applicant Signature

Co-Applicant Signature

***** PLEASE INCLUDE A COPY OF THE MOST RECENT STATEMENT FROM EACH ACCOUNT NOTE ABOVE.**

CERTIFICATION OF RESIDENCE

I _____ / We _____ certify that I/we reside at
Name of Homeowner Name of Homeowner

_____, and this is my principal residence and I am Homeowner.
Location of the Property

Applicant Signature

Co-Applicant Signature

Witness Signature: _____

Sworn to and subscribed before me this

the _____ day of _____ 2015

Notary Public

My Commission Expires: _____

INFORMATION RELEASE AUTHORIZATION

To whom it may concern:

I/we, the undersigned applicant(s) have applied through City of Albany, Department of Community & Economic Development (DCED) under the Disposition Program which is a federally-assisted program. You are hereby authorized to release to City of Albany, or its agency, any information necessary for the purpose of processing my/our applicant. Such information includes but it not limited:

Income: history, dates, title, income, hours, etc. from employment and non-employment sources

Mortgage Loan: loan balances, date of loans, payment amount and history, etc.

Pervious Rent History: any related matter of credit

Other: order a consumer credit report/verify other credit information; release disclose personal health information; property title search

Privacy Act Notice Statement: The U.S. Department of Housing and Urban Development (HUD) requires the collection of the information derived from this form to determine an applicant's eligibility in a HOME/CDBG program and the amount of assistance necessary using HOME/CDBG funds. This information will be used to establish level of benefit on the HOME/CDBG Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. IT may be released to the appropriate Federal, State and local agencies when relevant, as well as to civil, criminal, or regulatory investigators, and to persecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. DCED is authorized to ask for this information by the National Affordable Housing Act (NAHA) of 1990.

IMPORTANT

Authorization: I/we authorized the below-named HOME/CDBG recipient and HUD to obtain information about me and my household that is pertinent to eligibility for under the Disposition Program in the HOME/CDBG program.

I/we acknowledge that:

- (1) A photographic, carbon or facsimile copy of this authorization (being a valid copy of the signature of the undersigned) may be deemed to be the equivalent of and used as a duplicate original.
- (2) I have the right to review the file and the information received using this form with a person of my choice to accompany me.
- (3) I have the right to copy information from this file and to request correction of information I believe accurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Applicant Signature

Social Security Number

Date

Co-Applicant Signature

Social Security Number

Date

APPLICANT SIGNATURE AUTHORIZATION FORM

I/We hereby authorize the City of Albany, Department of Community & Economic Development (DCED) to verify my past and present employment earnings records, bank accounts, stockholdings, and any other asset balance that are needed to process my mortgage loan or grant application. I/We further authorized DCED to order a consumer credit report and verify other credit information, including past and present mortgages, landlord reference and release, title search information, and/or disclose personal health information.

DCED may also utilize services to further verify my personal credit information and the information DCED obtain is only to be used in the processing of my application. It is understood that a copy of this form will also serve as authorization. This authorization expires within six (6) months from the date indicated below.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining where you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency expected as required and permitted by law. You do not have to provide this information, but if you do not your application for approval will be rejected. The information requested in this form is authorized by Title 38.

Applicant Signature

Social Security Number

Date

Co-Applicant Signature

Social Security Number

Date

DECLARATION OF ZERO INCOME

I, _____ /We _____, have been unemployed since
Applicant Name Applicant Name

_____ and do not have any source of income at this time.
Month/Date/Year

The last place I/We worked was: _____
Company/Agency Name

City State Zip Code

Company/Agency Address

City State Zip Code

Do you receive Welfare Assistance: _____ *This assistance is made under the Temporary Assistance for Needy (TANF) program. Welfare assistance payment may include an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income.*

Please check one:

I am: _____ not eligible for unemployment benefits. State reason _____;or
_____ eligible for unemployment benefits but have not received a check yet

Please answer the following questions:

I am unable to work because: _____

I understand that if any or all of the information which I have given is found to be invalid falsified, that I can and will be required to repay the State of Georgia for all goods and services rendered to me during and under this program.

Applicant Signature

Date

Co-Applicant Signature

Date

AUTHORIZATION TO VERIFY EMPLOYMENT

Date: _____

Applicant Name: _____ Social Security No.: _____ - _____ - _____

Address: _____ City/State/Zip Code: _____

This will give **City of Albany** the authority to advise the agency of the monetary benefits I am receiving from this agency or company. Please furnish the information requested below where applicable.

Applicant Signature

Date

APPLICANT(S) DO NOT COMPLETE BELOW THIS LINE

Rate: \$ _____ Hours Worked Weekly: _____

Date of Employment: _____

Amount of Annual Gross Benefits: \$ _____ \$ _____
(Present Year) (Present Year)

Pay Period: _____ to _____ Next Payment Date: _____

Amount of Social Security Withheld Annually: \$ _____ \$ _____
(Present Year) (Present Year) (Present Year)

Amount of Federal & State Taxes Withheld Annually: \$ _____ \$ _____
(Present Year) (Present Year)

Effective Date of Present Entitlement or Salary: _____

Wages, Rate, Entitlement or Salary Prior to Increase: \$ _____ Effective Date: _____

Verified By: _____ Date: _____
Individual Furnishing Information

PLEASE RETURN TO: DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT

AUTHORIZATION TO VERIFY SOURCES OF INCOME

Date: _____

Applicant Name: _____ Social Security No.: _____ - _____ - _____

Address: _____ City/State/Zip Code: _____

Please check your funding source(s):

_____ Social Security	_____ Dept. of Family & Children Services
_____ Veteran Administration	_____ TANF (Welfare Assistance)
_____ Pension	_____ Assets
_____ Child Support	_____ Other

This will give **City of Albany** the authority to advise the agency of the monetary benefits I am receiving from this agency or company. Please furnish the information requested below where applicable.

Applicant Signature

DCED Staff Signature

DO NOT COMPLETE BELOW THIS LINE MONETARY BENEFITS' SUMMARY

Social Security \$ _____ AFDC \$ _____ Food Stamp \$ _____

Child Support \$ _____ Pension: \$ _____ Veteran Administration: \$ _____

Other \$ _____

Effective Date of Present Entitlement: _____

Date: _____ Verified By: _____

Individual Furnishing Information

PLEASE RETURN TO: DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT