

Please Return To  
 PLANNING DEPARTMENT  
 220 South Main Street  
 Newark, Delaware 19711  
 (302) 366-7000



**COMMUNITY DEVELOPMENT  
 HOME IMPROVEMENT  
 PROGRAM APPLICATION**

Case Number \_\_\_\_\_

Information provided on this application shall be kept confidential and shall be used only for the purpose of determining eligibility for the Home Improvement Program.

\_\_\_\_\_ Date

**PERSONAL INFORMATION**

**APPLICANT**

Last Name	First Name	Middle Initial
Address	Zip Code	Number of Years at this Residence
Social Security Number	Date of Birth	Age
Home Telephone Number	Previous Address	

**SPOUSE**

Last Name	First Name	Middle Initial
Address (if other than applicant's)	City	State Zip Code
Social Security Number	Date of Birth	Age
Home Telephone (if other than applicant's)		

**DEPENDENTS**

Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age

**OTHERS LIVING IN YOUR HOME**

Name	Relationship	Age
Name	Relationship	Age

**INCOME**  
(indicate whether monthly or weekly)

**APPLICANT**

Salary or Wages	Pension
Social Security Income	Welfare Income
Annuities	Other Income

**SPOUSE**

Salary or Wages	Pension
Social Security Income	Welfare Income
Annuities	Other Income

**EMPLOYMENT INFORMATION**

**APPLICANT**

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Your Position \_\_\_\_\_

Length of Employment \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Previous Employer & Address \_\_\_\_\_

Length of Employment \_\_\_\_\_ Miscellaneous Data \_\_\_\_\_

**EMPLOYMENT INFORMATION**

**SPOUSE**

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Your Position \_\_\_\_\_

Length of Employment \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Previous Employer & Address \_\_\_\_\_

Length of Employment \_\_\_\_\_ Miscellaneous Data \_\_\_\_\_

## BANKING, FINANCIAL ASSETS

(1) \_\_\_\_\_  
Name of Bank Address

Checking Account Number \_\_\_\_\_ Balance \$ \_\_\_\_\_

Savings Account Number \_\_\_\_\_ Balance \$ \_\_\_\_\_

(2) \_\_\_\_\_  
Name of Bank Address

Checking Account Number \_\_\_\_\_ Balance \$ \_\_\_\_\_

Savings Account Number \_\_\_\_\_ Balance \$ \_\_\_\_\_

(3) \_\_\_\_\_  
Name of Bank Address

Checking Account Number \_\_\_\_\_ Balance \$ \_\_\_\_\_

Savings Account Number \_\_\_\_\_ Balance \$ \_\_\_\_\_

(4) U.S. Savings Bonds \_\_\_\_\_

(5) Marketable Securities (Titles, Amounts, Addresses)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## REAL ESTATE

### PRIMARY RESIDENCE

Name of Mortgage Lender \_\_\_\_\_

Address of Mortgage Lender \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Mortgage (Conventional, VA or FHA)	Account Number	Monthly Payment	Balance Owed
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Approximate Age of Structure	Year Property Purchased	Year Mortgage Satisfied
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### OTHER REAL ESTATE OWNED

Address of Real Estate \_\_\_\_\_

Mortgage Lender \_\_\_\_\_

Purchase Price	Date of Purchase	Monthly Payment	Balance Owed
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Year Mortgage Satisfied	Income from Property (Monthly)
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\_\_\_\_\_

### INSURANCE

#### HOME INSURANCE

Name of Company	Amount of Insurance in Force
Address	Monthly or Annual Premium

#### LIFE INSURANCE

Name of Company	Amount of Insurance in Force
Address	Monthly or Annual Premium

#### AUTO INSURANCE

Name of Company	Amount of Insurance in Force
Address	Monthly or Annual Premium

### CREDIT INFORMATION

List all loans and installment accounts outstanding now and for the past two years.

	Lender	Account #	Monthly Payment	Balance Owed
Automobile				
Personal Loans				
Personal Loans				
Bank Credit Card				
Bank Credit Card				
Bank Credit Card				
Store Credit Card				
Store Credit Card				
Store Credit Card				
Other Credit Card				

### EXPENSES

#### UTILITY (Monthly)

Electricity	\$ _____	Paid To _____
Oil	\$ _____	Paid To _____
Gas	\$ _____	Paid To _____
Water/Sewer	\$ _____	Paid To _____
Telephone	\$ _____	Paid To _____
Cable	\$ _____	Paid To _____
Other	\$ _____	Paid To _____

MEDICAL \$ \_\_\_\_\_ Paid To \_\_\_\_\_

EDUCATIONAL \$ \_\_\_\_\_ Paid To \_\_\_\_\_

OTHER \$ \_\_\_\_\_ Paid To \_\_\_\_\_

\$ \_\_\_\_\_ Paid To \_\_\_\_\_

End of Application

Please return, with signed "Authorization for Verification" form (insert), to the Newark Planning Department