



CITY OF FREDERICKSBURG, VIRGINIA
REMOVAL OF ARCHITECTURAL BARRIERS PROGRAM
APPLICATION

PART A: APPLICANT IDENTIFICATION

APPLICANT NAME _____

ADDRESS (UNIT# AND STREET) _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

SINGLE _____ MARRIED _____ DIVORCED _____ (yr _____) WIDOWED _____ (yr _____)

HOW LONG HAVE YOU OWNED AND/OR LIVED AT THIS PROPERTY? _____

IF RENTING, WHAT IS YOUR MONTHLY RENT PAYMENT? _____

PLEASE DESCRIBE, IN YOUR OWN WORDS, THE EXISTING BARRIERS IN YOUR HOME AND WHAT WORK NEEDS TO BE DONE TO REMOVE THEM: _____

OWNER IDENTIFICATION (IF DIFFERENT FROM THE APPLICANT)

OWNER NAME _____

ADDRESS (UNIT# AND STREET) _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

PART B: HOUSEHOLD COMPOSITION

MEMBER #	NAME	RELATIONSHIP	BIRTHDATE	SEX	RACE*	ETHNICITY*	DISABLED?
1							
2							
3							
4							
5							
6							

*RACE = White (W), Black/African American (B/AA), Asian (A), Native American/Alaskan (NA/A), Hawaiian/Pacific Islander (H/PI), Black/African American and White (B/AA+W), Asian and White (A+W), Native American/Alaskan and White (NA/A+W), Native American/Alaskan and Black/African American (NA/A+B/AA), Other (O)

*ETHNICITY = Hispanic (H) or Non-Hispanic (NH)

*FOR STATISTICAL PURPOSES ONLY (based on HUD definitions)

PART C: ANNUAL INCOME

DO ANY HOUSEHOLD MEMBERS RECEIVE ANY TYPE OF INCOME INCLUDING SOCIAL SECURITY, JOB, ADC, RETIREMENT, UNEMPLOYMENT COMPENSATION, EARNED INCOME, TAX CREDIT, ETC?
 YES _____ NO _____ IF YES, LIST BELOW:

MEMBER #	SS#	SOURCE OF INCOME	TOTAL YEARLY INCOME

TOTAL (GROSS ANNUAL INCOME) _____

PART D: ASSETS

DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD HAVE ANY ASSETS SUCH AS CASH ON HAND, CHECKING ACCOUNTS, SAVINGS ACCOUNTS, BONDS, STOCKS, REAL ESTATE, BURIAL PLOTS, ETC?
 YES _____ NO _____

IF YES, LIST BELOW:

MEMBER #	DESCRIPTION	AMOUNT

TOTAL AMOUNT _____

PART E: CERTIFICATION

I UNDERSTAND THAT AS A PART OF NORMAL PROCEDURE FOR PROCESSING APPLICATIONS, INQUIRY MAY BE MADE CONCERNING MY CREDIT AND EMPLOYMENT.

I UNDERSTAND THAT IF MY APPLICATION IS APPROVED AND I DECIDE TO WITHDRAW IT AFTER LEGAL COSTS ARE INCURRED, I AM TOTALLY RESPONSIBLE FOR THESE COSTS.

I ALSO UNDERSTAND THAT FEDERAL LAW STATES TO KNOWINGLY MAKE FALSE STATEMENTS ON THIS APPLICATION SHALL RESULT IN A FINE OF UP TO \$10,000, AND/OR IMPRISONMENT OF UP TO FIVE YEARS (U.S.C. TITLE 18, SECTION 1001).

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

COMMUNITY DEVELOPMENT PLANNER

DATE

FOR OFFICE USE ONLY

DATE RECEIVED: _____