

# CITY OF LAS CRUCES

## MOBILE HOME RAMP INSTALLATION PROGRAM

### PRE-APPLICATION

The information collected below will be used to determine whether you qualify to be placed on the waiting list for the Mobile Home Ramp Installation Program. By filling out this short pre-application your probability of being qualified to receive HUD funds can be assessed. Going on the waiting list, however, does not assure you will be accepted into the program; this is only a pre-screening to help obviously unqualified applicants avoid long waits only to find out they are ineligible. You will be notified of your waiting list status as soon as the staff has determined it. Return this form to: **Raymond Burchfield, Community Development Dept., City of Las Cruces, P.O. Box 20000, Las Cruces, NM 88004. 575-528-3094ofc**

APPLICANT INFORMATION				<i>Staff Use Only:</i> APPLICATION #	
Applicant's NAME: (Last) (First) (MI)			Home Phone No.		
CO-Applicant's NAME: (Last) (First) (MI)			Home Phone No.		
Present Street Address:		City:	State	Zip Code	Own _____ Rent _____ No. of Years _____
Marital Status ____ Married ____ Unmarried (single, divorced, or widowed) ____ Separated			No. of People (Living in home)		Age of Applicant:
Is Applicant currently employed? ____ Yes ____ No    Is Applicant currently self-employed? ____ Yes ____ No Is Co-Applicant currently employed? ____ Yes ____ No    Is Co-Applicant currently self-employed? ____ Yes ____ No  Additional Phone Numbers or other persons we can contact on your behalf, if any:  Name: _____ # _____ Work/Home/Cell  Name: _____ # _____ Work/Home/Cell					

HOUSEHOLD COMPOSITION (List all additional persons who live in your home. Give the relationship of each household member to the head. If additional space is needed, please print on the back of this form.)			
#	Full Name	Relationship	Age
1			
2			
3			
4			
5			
6			
7			

TOTAL ANNUAL INCOME				
Most Recent Year	Applicant	Co-Applicant	Other Household Member 18 or Older	Total Household Income
	\$	\$	\$	\$

ACKNOWLEDGMENT AND AGREEMENT			
The information provided above is true and complete to the best of my/our knowledge and belief. I/We understand that any willful misstatement of material fact may be grounds for disqualification.			
Applicant Signature <b>X</b>	Date:	Co-Applicant Signature <b>X</b>	Date: