**INDIAN WELLS CHAPTER HOUSING DISCRETIONARY APPLICATION**

**FOR HOUSING DISCRETIONARY FUNDING**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INDIAN WELLS REGISTERED VOTER: YES / N0

CENSUS NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MALE ( ) FEMALE ( )

SPOUSE’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NUMBER OF PERSON(S) LIVING IN THE HOUSEHOLD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION OF HOUSE TO BE REPAIRED OR CONSTRUCTED. INCLUDE DIRECTIONS TO THE HOUSE, (GPS READING): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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IS ELECTRICITY AVAILABLE: YES ( ) NO ( ) SOURCE OF POWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEWER SYSTEM: ( ) LAGOON ( ) SEPTIC SYSTEM ( ) OUTHOUSE

WATER SYSTEM: ( ) NTUA ( ) CISTERN ( ) SPRING WATER ( ) OTHER

NUMBER OF BEDROOMS: \_\_\_\_\_\_\_\_\_\_ SIZE OF HOUSE IN FEET: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE A HOMESITE LEASE ON WHICH YOU WISH TO RENOVATE OR BUILD? ( )YES, NAME OF LESSEE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) NO, REASON/EXPLAIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVED HOUSING DISCRETIONARY FUNDNG BEFORE: YES ( ) NO ( )

DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE A SEVERE HEALTH PROBLEM, HANDICAPPED OR DISABLED? YES ( ) NO ( )

I CERTIFY THAT ALL THE ANSWERS GIVEN ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE SIGNATURE OF APPLICANT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE SIGNATURE OF SPOUSE (IF APPLICABLE)