



**City of Bessemer
Emergency Housing Grant Application**

Property Owners:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Applicants Birth Date: _____

Applicants Birth Date: _____

Property Address: _____ **Zip:** _____

Telephone No: _____ **Home** _____ **Work**

Social Security Number: _____ **Social Security Number:** _____

Applicant's Income (Includes Income of All Family Members Living at Above Address)

\$ _____

Source: _____

\$ _____

Source: _____

\$ _____

Source: _____

\$ _____

Total Income: _____

Disability Certification: _____

Married: () Yes () No () Widow

Race: () Black () White () Other: Specify _____

Ethnicity: Hispanic () Non-Hispanic ()

I am a U.S. Citizen:

Signature Certifying Citizenship

Birth Certificate: _____ **Naturalization Papers:** _____ **Other:** _____

Number of Dependents _____ **Number of Occupants** _____

Dependent's Name: _____ Social Security #: _____

Dependent's Name: _____ Social Security #: _____

Dependent's Name: _____ Social Security #: _____

Dependent's Name: _____ Social Security #: _____

Please state briefly the purpose of this application.

Certification By Applicants

The applicant certifies that all information in this application and all information furnished is true and accurate to the best of the applicant's knowledge and belief. The applicant further certifies that he or she is the owner of the property described in this application.

Date

Signature

Date

Signature