

**PROJECTED YEARLY INCOME**

<b><u>Source</u></b>	<b><u>Amount</u></b>	<b><u>Verification</u></b>
<u>Wages/salary</u>	_____	_____
<u>Self Employment</u>	_____	_____
<u>Interest/Dividends</u>	_____	_____
<u>Rental Income</u>	_____	_____
<u>Social Security/Retirement Benefit</u>	_____	_____
<u>Black Lung Benefits</u>	_____	_____
<u>Unemployment Compensation</u>	_____	_____
<u>SSI-AFDC-Survivor/Other Public Asst.</u>	_____	_____
<u>Child Support, VA Benefits</u>	_____	_____
<u>Other Income (Type)</u>	_____	_____
<b><u>Total Household Income (Per Year)</u></b>	_____	_____

**I/We have submitted an application to the Greene County Housing Rehabilitation Program. If eligible and approved for the program, I/We agree to have my/our house Rehabilitated according to the terms and conditions or the Housing Rehabilitation Program. I/We understand participation in the program is dependant upon the availability of funds.**

**I/We certify that the above information is true and correct. I/We give the Grant Administrator of the Housing Rehabilitation Program permission to obtain verification of the information from any source given in this application.**

**I/We understand that any applicant that knowingly and willfully makes any false statements in the application or other supporting documents may be subject to Title 1B penalties for making false statements.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date