



CITY OF O'FALLON
NEIGHBORHOOD PRESERVATION TEAM
ASSISTANCE APPLICATION

100 North Main St.
O'Fallon, MO 63366

1) Applicant's Name _____
[Please attach copy of driver's license.]

2) Address _____ Zip Code _____

3) Phone: Home _____ Business _____

4) Please check each category below that applies to a member of your household:

Disabled _____ Veteran _____ Disabled Veteran _____

5) List **all** household members living at your address, including yourself:

| <u>Name (First, Middle, Last)</u> | <u>Social Security #</u> | <u>Age</u> | <u>Relationship to Applicant</u> | <u>Gender</u> | <u>Annual Income</u> |
|-----------------------------------|--------------------------|------------|----------------------------------|---------------|----------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

6) Age of Home or Year Built: _____

7) Is your home located in a floodplain? _____

8) Are there any federal, state or local tax liens on the property? _____

9) Are all loans (i.e. first mortgage, second mortgage, home equity, etc.) that are secured by this real property paid to date/current? _____

[Please attach copies of your most recent loan statement(s).]

10) Are you a first-time participant in the program, or any other financial assistance program provided by the City of O’Fallon? _____

11) When is the best time to contact you? _____

Please list projects or repairs you would like to complete. Please note that all code violations take precedence over other projects and repairs.

1) _____

2) _____

1) _____

2) _____

3) _____

All applicants will be subject to a record check through the O’Fallon Police Department

The undersigned hereby represents and warrants said information in this two-page Household Information form, to the best of his/her/their knowledge, is true and correct.

Applicant’s signature

Address

Date

Co-Applicant’s signature

Address

Date

**Return to: Citizens First
City Hall
100 North Main St.
O’Fallon, MO 63366**