

HOME REHABILITATION ASSISTANCE APPLICATION

Applicant's Name

Date

Property Address (must be within Jonesboro city limits)

Briefly describe the nature of the problem _____

RETURN COMPLETED APPLICATION TO:

City of Jonesboro Grants & Community Development Department

Attn: CDBG Manager

300 S Church St, Jonesboro AR 72401

Fax: (870) 933-4626

(870) 933-4635

grants@jonesboro.org

- The homeowner or head of household must complete this application. Please print all sections in ink. Do not leave any section blank. If you don't know the answer or the question does not apply, please write N/A.
- The application requires information for each member of the household. It is vital that the information is complete and correct. False, incomplete or misleading information will result in your application being delayed or rejected.
- After reviewing your application, we will call you with a preliminary determination of eligibility. If your project is deemed eligible, we will schedule a meeting to discuss how to best proceed.

Rev. 12/2025

Grants Department • Municipal Center

APPLICANT INFORMATION

Name _____ Phone # _____

Address _____ Years at this address _____

Cell phone # _____ Email address _____

Date of birth _____ Social Security # _____

Marital status _____ Number of adults living in household _____

SPOUSAL INFORMATION (if married)

Name _____ DOB: _____ SS# _____

Monthly income _____

HOUSEHOLD MEMBERS' INFORMATION

Name	Relationship to Applicant	Sex (M/F)	Race	Birthdate	Legalized alien?	Date legalized

FINANCIAL INFORMATION

Household member	Employer	Salary/wages	Disability	Social Security	Retirement	TOTAL

Gross Monthly Total Household Income \$ _____

Gross Annual Household Income \$ _____

Additional Annual Income \$ _____

TOTAL ANNUAL INCOME \$ _____

Income totals for all household members will be verified prior to release of funds. Forms of identification to be attached to application include copies of four recent pay stubs, W-2s or income tax returns.

FEDERAL ELIGIBILITY INCOME LIMITS

Please circle the income level that applies to your situation.

2025 ADJUSTED INCOME LIMITS (by household size)								
	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8+ person
Extremely Low	\$16,700	\$21,150	\$26,650	\$32,150	\$37,650	\$43,150	\$48,650	\$52,350
Very Low	\$27,800	\$31,750	\$35,700	\$39,650	\$42,850	\$46,000	\$49,200	\$52,350
Low to Moderate	\$44,450	\$50,800	\$57,150	\$63,450	\$68,550	\$73,650	\$78,700	\$83,800

Source: FY 2025 Dept. of Housing & Urban Development Section 8 income limits.

MONTHLY EXPENSES	
Food	\$
Electricity	\$
Water	\$
Gas	\$
Phone	\$
Internet	\$
Rent	\$
House payment	\$
Car payment	\$
Other expenses (please list)	
	\$
	\$
	\$
	\$
TOTAL EXPENSES	\$

ASSETS	
Checking account	\$
Savings account	\$
Personal retirement account (401k, IRA)	\$
Stocks	\$
Bonds	\$
Home equity	\$
TOTAL ASSETS	\$

NOTICE: The information provided on this application is confidential and will be used solely to determine eligibility for this grant.

ATTESTATION OF TRUTHFULNESS

I/We certify that all information provided verbally and in writing is true and complete to the best of my/our knowledge. I/We consent to the disclosure of this information for the purpose of income verification related to determining my/our eligibility for program assistance. I/We agree to provide any documentation required to make this determination. I acknowledge that false, fictitious or fraudulent statements or representations will void my/our application and is punishable by fines not to exceed \$10,000 or imprisonment for not more than five (5) years, or both, under U.S.C. Title 18. I/we understand that the City of Jonesboro is obliged to prosecute violations. I/We also certify that we will reside at the listed address for the next five years. I/We authorize the City of Jonesboro to investigate the information I/we have provided on this application, which may include contacting the Department of Human Services to verify household size and/or types of assistance I/we are currently receiving from the state.

Applicant

Date

Co-applicant (if necessary)

Date

The following MUST be submitted with your completed application:

- Copy of SOCIAL SECURITY CARD for every person in the household.
- Copy of DRIVER'S LICENSE for every adult in the household.
- Copy of 2024 FEDERAL TAX RETURN for every adult in the household.
- Copy of most recent CHECKING and SAVINGS ACCOUNT STATEMENTS.
- Copy of PROPERTY TITLE or WARRANTY DEED.
- Proof of current HOMEOWNER'S INSURANCE.
- Proof of PROPERTY TAX RECEIPT or most recent PROPERTY ASSESSMENT.
- Proof of INCOME (provide all that apply):
 - Copy of two most recent paystubs from current employer.
 - Verification letter for Social Security benefits.
 - Verification letter for unemployment benefits.
 - Verification letter for disability benefits.