

# NEIGHBORHOOD STABILIZATION PROGRAM

## Application

Submit to: City of Taylor

23555 Goddard Road

Taylor, Michigan 48180

Attn: Community Development Department

(Please Print)

Date: \_\_\_\_\_

Head of Household: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number: (\_\_\_\_) \_\_\_\_\_

### List names of all persons who will be living with you:

NAME	RELATIONSHIP (Optional)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	EMPLOYED

### Monthly Housing Expense(s):

House Payment/Rent \_\_\_\_\_ Property Taxes (Annually) \_\_\_\_\_

Have you ever received housing assistance? \_\_\_\_\_ From Whom: \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_ From Where? \_\_\_\_\_

Reason: \_\_\_\_\_

Most Recent Past or Present Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Street City State Zip Code

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Employed since: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Weekly (\_\_\_\_\_) Bi-Weekly (\_\_\_\_\_)

Hours worked per week: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Other Forms of Income: FIA \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_ Other Income (explain in full): \_\_\_\_\_

**Bank or Credit Union Accounts:**

Name of Bank/Credit Union: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Savings (\_\_\_\_) or Checking (\_\_\_\_)

Name of Bank/Credit Union: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Savings (\_\_\_\_) or Checking (\_\_\_\_)

**Please list a contact person:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**I understand that the above information must be true and accurate to the best of my knowledge. False or incomplete answers may disqualify me from being eligible for the Neighborhood Stabilization Program.**

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Spouse/Other Adult Date