



? Other \_\_\_\_\_

**If the applicant is female head of household please check (Ö) this box:**

?

Female Head of Household

**Applicant's Signature** \_\_\_\_\_ **Date**

**Residence Confirmation Information:**

- .. **Michigan Driver's License #** \_\_\_\_\_
- .. **State ID #** \_\_\_\_\_
- .. **Utility Bill (Copy Attached)**
- .. **Current Lease/Rental Agreement (Copy Attached)**
- .. **Current Property Tax Bill (Copy Attached)**

**For Office Use Only**

Identification Number \_\_\_\_\_

CDBG Service Area

Yes

No